ATTACHMENT L

Baseline – Session 1 (Modules)

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Section	Respondent	Device
Baseline Questionnaire	Parent	Interviewer laptop

Quality of Life Inventory	Generic
	   Parent for Child Age 3-4
	   Parent for Child Age 5-7
	   Child Age 5-7
	   Parent for Child Age 8-12
	   Child Age 8-12
	   Parent for Child Age 13-18
	   Teen Age 13-18
	Asthma
	   Parent for Child Age 3-4
	   Parent for Child Age 5-7
	   Child Age 5-7
	   Parent for Child Age 8-12
	   Child Age 8-12
	   Parent for Child Age 13-18
	   Teen Age 13-18
		Interviewer laptop

Time & Activity Diary Introduction	Parent and Child	Interviewer laptop/Paper
Background and Contact Questions	Parent	Interviewer laptop
Environmental Assessment (Home Inspection and Equipment Deployment)	Parent and Child	PDA/Interviewer laptop
Session 1 Incentive Payment	Parent and Child	Interviewer laptop/Paper

BASELINE QUESTIONNAIRE

QLAUNCH.   INTERVIEWER SELECT THE LANGUAGE FOR THIS INTERVIEW
1. ENGLISH
2. SPANISH
3. VIETNAMESE – DISPLAY LANGUAGE WILL STILL BE ENGLISH

SNAME.   INTERVIEWER: ENTER CHILD'S NAME FROM THE SCREENER IN HANDHELD DEVICE

_____ [ALLOW 20 CHARACTERS]

SBDAY.   INTERVIEWER: ENTER THE CHILD'S BIRTHDAY FROM THE SCREENER IN HANDHELD DEVICE
MM___[ALLOW 2 DIGITS]
DD___[ALLOW 2 DIGITS]
YYYY_____[ALLOW 1995-2008]

PROGRAMMER: LATER MENTIONS OF SBDAY SHOULD APPEAR SEMANTICALLY AS "May 12, 2002"
INSTEAD OF NUMERICALLY 5/12/2002.

GENDER.   IF KNOWN, RECORD GENDER OF CHILD (IF NECESSARY: Is [SNAME] a boy or girl?
1   Boy
2   Girl

PROGRAMMER: INHIBIT DK/REF IN GENDER. SET GENDER BASED ON RESPONSE AND USE FOR FUTURE FILLS
(he/she, son/daughter)

SRESP.   IS THIS PARENT/GUARDIAN THE SAME PERSON WHO COMPLETED THE SCREENING?
1   YES
2   NO
NODK
NOREF

PROGRAMMER: IF SRESP=NO, GO TO CONF1 (EXPOSED GROUP) OR CONF5 (UNEXPOSED GROUP). IF SRESP =YES
THEN GO TO CONSENT_INTRO.

CONF1.   May I confirm that [SNAME] is a child who lives here?
1   YES
2   NO

PROGRAMMER: INHIBIT DK/REF IN CONF1. IF CONF1=YES, CONTINUE WITH CONF2. IF CONF1=NO, SKIP TO
CONF15.

CONF2.   And is [SNAME]'s birthday [SBDAY]?
              1   YES
              2   NO

PROGRAMMER: IF CONF2=YES, CALCULATE CHILDAGE=FROM SBDAY.

CONF3.   [IF CONF2=NO] What is [SNAME] 's birthday?

              MM___[ALLOW 2 DIGITS]
              DD___[ALLOW 2 DIGITS]
              YYYY_____[ALLOW 1995-2008]

PROGRAMMER: IF CONF2=NO, CALCULATE CHILDAGE=FROM CONF3.

PROGRAMMER: CALCULATE WHETHER THIS CHILD WHOSE BIRTHDAY IS REPORTED IN CONF3 IS ELIGIBLE. THE
              ONLY ELIGIBLE CHILDREN ARE THOSE WHOSE CALCULATED AGE = 3 to 15 AS OF JUNE 1, 2011. IF
              BIRTHDAY REPORTED IN CONF3 IS ELIGIBLE, CONTINUE WITH CONF4. IF NOT ELIGIBLE, SKIP TO
              CONF15.

CONF4.   Did [SNAME] ever live in a FEMA trailer for at least 2 months?
              1   YES
              2   NO

PROGRAMMER: IF CONF4=YES, GO TO CONSENT INTRO. IF CONF4=NO, DK, OR REF, GO TO CONF15.

CONF5.   May I confirm that [SNAME] is a child who lives here?
              1   YES
              2   NO

PROGRAMMER: INHIBIT DK/REF IN CONF5. IF CONF5=YES, CONTINUE WITH CONF6. IF CONF5=NO, SKIP TO
              CONF15.

CONF6.   And is [SNAME]'s birthday [FILL: SBDAY]?
              1   YES
              2   NO

PROGRAMMER: IF CONF6=YES, CALCULATE CHILDAGE=FROM CONF6.

CONF7.   [IF CONF6=NO] What is [SNAME]'s birthday?
              MM/DD/YYYY

PROGRAMMER: IF CONF6=NO, CALCULATE CHILDAGE=FROM CONF7.

PROGRAMMER: CALCULATE WHETHER THIS CHILD WHOSE BIRTHDAY IS REPORTED IN CONF6 IS
              ELIGIBLE. THE ONLY ELIGIBLE CHILDREN ARE THOSE WHOSE CALCULATED AGE = 3 to 15
              AS OF JUNE 1, 2011. IF BIRTHDAY REPORTED IN CONF7 IS ELIGIBLE, CONTINUE WITH
              CONF8. IF NOT ELIGIBLE, SKIP TO CONF15.

CONF8.   After Hurricanes Katrina and Rita, did [SNAME] ever live in a FEMA trailer?
              1   YES
              2   NO

PROGRAMMER: IF CONF8=NO, CONTINUE WITH CONF9. IF CONF8=YES, DK, OR REF, GO TO CONF15.

CONF9.   [IF CONF8=NO] Did the mother of [SNAME] ever live in any FEMA trailer during her pregnancy with [SNAME] ?
             1   YES
             2   NO

PROGRAMMER: IF CONF9=NO, GO TO CONSENT INTRO. IF CONF9=YES, DK, OR REF, GO TO CONF15.

CONSENT INTRO. [IF CONF4=YES OR CONF9=NO] I would like to take a few minutes to explain what is involved before asking if you agree to participate in this important study. I am going to give you a form to keep for your records that fully explains what we will be asking of both you and the child selected to participate in CHATS if you agree to take part.

PROGRAMMER: IF CONF4=YES OR CONF9=NO INTERVIEWER WILL ADMINISTER CONSENT FOR PARENT/GUARDIAN AND CHILD PERMISSION FOR PARTICIPATION SCRIPT HERE, SCREENS INTRO1 THROUGH CONSENT 12

INSERT CONSENT SCRIPT HERE

CONF11.   [IF CONSENT8=NO]Thank you for your time and consideration. I have just a few more questions if you can spare just a couple more minutes. Can you tell me more about your reasons for not participating in this study?

             _____ (allow 100 characters)

CONF12.   [IF CONSENT7Y7b OR CONSENT8-117b OR CONSENT12-151=NO] DIRECT NEXT QUESTIONS TO PARENT/GUARDIAN: [SNAME] has decided [he/she] is not interested in participating in the study. I have just a few more questions for you if you can spare a couple more minutes. [IF CONSENT8=NO]Are you part of a lawsuit that is related to Hurricane Katrina or Rita?
             1   YES
             2   NO

CONF13.   [IF CONF12=NO]Are you considering joining a lawsuit that is related to Hurricane Katrina or Rita?
             1   YES
             2   NO

CONF14.   [IF CONSENT8=NO]Has a doctor or other health professional ever diagnosed a child in this household with asthma?
             1   YES
             2   NO

CONF15.   [IF CONSENT8=NO OR CONF1=NO OR CONF3 FINDS CHILD INELIGIBLE FOR AGE OR CONF4=NO, DK, REF OR CONF5=NO OR CONF7 FINDS CHILD INELIGIBLE FOR AGE OR CONF8=YES, DK, REF OR CONF9=YES, DK, REF] Those are all the questions I have. Thank you for your assistance.

             PRESS 1 TO CONTINUE

CONF16.   [IF CONF15=1] INTERVIEWER RECORD THIS RESPONDENT'S GENDER
       1   MALE
       2   FEMALE

CONF17.   [IF CONF15=1] INTERVIEWER RECORD THIS RESPONDENT'S ETHNICITY.
       1   Hispanic or Latino
       2   Not Hispanic or Latino

CONF18.   [IF CONF15=1] INTERVIEWER RECORD THIS RESPONDENT'S RACE. YOU MAY SELECT MORE THAN ONE CATEGORY.
       1   White
       2   Black or African American
       3   Asian
       4   Native Hawaiian or Other Pacific Islander
       5   American Indian or Alaska Native

PROGRAMMER: IF CONF17 NE BLANK AND CONF15=1, SEND USER TO FINISH SCREEN. TESTER: YOU WILL NOW GO TO FINISH SCREEN IF CONSENT8_117b=2, CHILD DECLINED PARTICIPATION.

FISUMMARY   FI: THE STUDY CHILD IS [SNAME]. [HE/SHE] IS [CHILDAGE] YEARS OLD. WE OBTAINED CONSENT FOR THE FOLLOWING:
[IF CONSENT7Y9=YES OR CONSENT7Y9b=YES OR CONSENT8-119=YES OR CONSENT8-119b =YES OR CONSENT12-159 =YES OR CONSENT12-159b=YES] URINE COLLECTION
[IF AGE>=5 AND (CONSENT7Y10=YES OR CONSENT7Y10b=YES OR CONSENT8-1110=YES OR CONSENT8-1110b=YES OR CONSENT12-1510=YES OR CONSENT12-1510b=YES] BLOOD COLLECTION
[IF H1=YES AND CHILDAGE>5] PULMONARY FUNCTION (e.g., NIOX AND SPIROMETRY)

     * * *
[IF CHILDAGE<8 AND CONSENT11=YES] v1.c
[IF CHILDAGE>=8 AND CONSENT8-1111=YES OR CONSENT8-1111b=YES OR CONSENT12-
    1511=YES OR CONSENT12-1511b=YES] v1.c

PRESS 1 TO CONTINUE

PROGRAMMER: NOTE BLANK SPACES FOLLOWED BY ASTERISKS, OR USE SIMILAR ICONS

INTRO.   (Hello, my name is _____ and I am from RTI International.) Thank you so much for agreeing to participate in this very important health study. The purpose of this interview is to collect background information about [SNAME]'s health and where you have lived since Hurricane Katrina/Rita. If there is a question that you do not want to answer, please let me know and we can skip it. Please know that all of your responses are kept private and will not affect any of the home or health care services that you currently receive.
PRESS 1 TO CONTINUE

BA1.   What is [SNAME]'s full name?

First name

middle name

last name

PROGRAMMER: CREATE A FILL CALLED [CHILD] FROM USER'S ENTRY IN FIRST NAME FIELD OF BA1.

BA2.   What is your full name?

First name

middle name

last name

BA3.   What is your relationship to [CHILD]?
        1   MOTHER
        2   FATHER
        3   GRANDMOTHER
        4   GRANDFATHER
        5   LEGAL GUARDIAN
        6   OTHER
        [IF BA3=6] DESCRIBE_____ [ALLOW 30 CHARACTERS]

QMOM.   [IF BA3=1] Are you [CHILD's] biological mother?
        1   YES
        2   NO

BA4.   [IF BA3=5 OR 6] INTERVIEWER: IS THIS RESPONDENT MALE OR FEMALE?
        1   MALE
        2   FEMALE

REVIEWER NOTE: SOME QUESTIONS THAT FOLLOW ARE SPECIFIED SO THE PROGRAM FILLS THE
APPROPRIATE CUSTOMIZED TEXT. THAT IS TO SAY WE WILL ASK QUESTIONS THAT SAY "YOU", "MOTHER
OF THIS CHILD", "YOUR CHILD", "CHILD ENROLLED IN THE STUDY" BASED ON THE ANSWER TO QMOM.

BA5.   To begin, I would like to ask some background questions about [CHILD] and you. ASK IF NEEDED:
        Is [CHILD male or female?

        1   MALE

2   FEMALE

PROGRAMMER: DEVELOP A FILL CALLED HE_SHE TO TAKE ON TEXT VALUE OF "he" when BA5=1, "she"
        when BA5=2. DEVELOP ANOTHER FILL CALLED HIS_HER TO TAKE ON TEXT VALUE OF "his" when
        BA5=1, "her" when BA5=2. WHERE SPECIFICATIONS READ "[he/she]" or "[his/her]," APPLY THE
        APPROPRIATE FILL.

BA6.   [IF SRESP=YES] And is [SNAME] 's birthday [SBDAY]?
        1   YES
        2   NO
PROGRAMMER: IF BA6=YES, CALCULATE CHILDAGE=FROM BA6.

BA7.   [IF BA6=NO] What is [his/her] birthday?

        MM/DD/YYYY

PROGRAMMER: IF BA6=NO, CALCULATE CHILDAGE=FROM BA7.

BA8.   Is [he/she] of Hispanic or Latino origin or descent?
        1   YES
        2   NO

BA9.   Which of the following categories describes [him/her]? Select one or more.
        1   White
        2   Black or African American
        3   Asian
        4   Native Hawaiian or Other Pacific Islander
        5   American Indian or Alaska Native

BA10.   Does [CHILD] regularly attend school outside the home?
        1   YES
        2   NO

BA10a. [IF BA10=2] Is [CHILD] being home-schooled?
        1   YES
        2   NO

BA11.   [IF BA10=1: What grade or level is [CHILD] attending? [IF BA10a=2: What was the last grade or
        level [CHILD] completed?
        [IF B10a=1: What is [CHILD]'s grade equivalent?]

        PRESCHOOL   SEVENTH GRADE
        KINDERGARDEN   EIGHTH GRADE
        FIRST GRADE   NINTH GRADE
        SECOND GRADE   TENTH GRADE
        THIRD GRADE   ELEVENTH GRADE
        FOURTH GRADE   TWELTH GRADE
        FIFTH GRADE   VOCATIONAL OR TECHNICAL SCHOOL

SIXTH GRADE   COLLEGE OR OTHER POSTSECONDARY SCHOOL

BA12.   [IF BA10=1] What school does [CHILD] regularly attend?
        SCHOOL NAME: _____[ALLOW 50 CHARACTERS]
        STREET ADDRESS: _____[ALLOW 60 CHARACTERS]
        CITY _____ [ALLOW 20 CHARACTERS]
        STATE: ____[USER TO TYPE MANY CHARACTERS, BUT SAVE ONLY JUST 2-CHARACTER
            ABBREVIATION]
        ZIP CODE: _____[REQUIRE 5 DIGITS]

PROGRAMMER: EMPLOY A LOOK-UP TABLE OF STATES FOR STATE. APPLY THE SAME CHARACTER LIMITS
AND STATE LOOK-UP FOR ALL OTHER QUESTIONS RECORDING CITY, STATE, ZIP CODE.

PARTICIPANT RESIDENCES SINCE 2005

RINTRO1 We want to ask about homes where [CHILD] has lived since the storms hit the Gulf Coast in 2005. By home we mean any place [he/she] lived; it might include a house, apartment, trailer and so on. We will start with the current home and work backwards in time. Let's refer to this calendar.
PRESS 1 TO CONTINUE

REVIEWER NOTE (PROGRAMMER IGNORE): CALENDAR TO CONSIST OF A GRID WITH SEPARATE ROW FOR EACH YEAR 2005-2011, SEPARATE COLUMNS FOR MONTHS JANUARY TO DECEMBER.

PROGRAMMER NOTE: REVISION 11/23 TO RESIDENTIAL HISTORY MEANS THAT INTERVIEWER WILL HELP SELECT THE CORRECT HOME, THE PROGRAM WILL NOT NEED TO.

R1.   In what month and year did [CHILD] move into this **current** home?

INTERVIEWER IF BORN WHILE MOTHER RESIDED AT THIS HOME, ENTER BIRTH MONTH AND YEAR

MOVE-IN: MM/YYYY

PROGRAMMER: THE NAME FOR THIS HOME SHOULD BE "CURRENT HOME" AS WAS DONE PREVIOUSLY IN ROSTER OF ALL HOMES WITH USER INDICATING CURRENT=YES.

R2.   [IF EXPOSED] Earlier you reported that [CHILD] lived in a FEMA-issued trailer. How many different FEMA-issued trailers did [CHILD] stay in?

____ ALLOW 1-10

R3.   [IF EXPOSED] How many FEMA-issued trailers did [CHILD] stay in for two months or more?

____ ALLOW 0-10

R3a.   [IF R3=DK OR REF] Do you think [CHILD] stayed in at least one FEMA-issued trailer for two months or more?

1 YES
2 NO

R3b.   [IF R3a=YES OR DK OR REF] Was it just one trailer? Two or three trailers? Four or five trailers? Six to eight trailers? More than eight trailers? Again, we are interested in trailers where [CHILD] stayed two months or more.

1   ONE TRAILER
2   2 OR 3 TRAILERS
3   4 OR 5 TRAILERS
4   6 TO 8 TRAILERS
3   MORE THAN 8 TRAILERS

PROGRAMMER: R3a = DK/REF WILL FOLLOW R3a=YES PATH

R3c1.   [IF EXPOSED] I will record the move-in and move out dates for [IF (R3=0) OR (R3a=NO) OR (R3>=2) OR (R3b=2, 3, 4, OR 5) THEN FILL: the trailer where [CHILD] lived the longest / IF R3=1 FILL: that trailer / IF R3b=1, FILL: that trailer where [CHILD] lived two months or more]

MOVE IN: MM/YYYY

MOVE OUT: MM/YYYY

PROGRAMMER: MOVE-OUT DATE MUST BE LATER THAN MOVE-IN DATE

R3c2.   [IF R3>=2 or R3b=2, 3, 4, OR 5 FILL] I will record the move-in and move out dates for a second trailer where [CHILD] lived. [IF R3>2 OR R3b=2, 3, 4, OR 5 FILL: This should be the trailer where [CHILD] lived the next longest.]

MOVE IN: MM/YYYY

MOVE OUT: MM/YYYY

PROGRAMMER: MOVE-OUT DATE MUST BE LATER THAN MOVE-IN DATE

R4a.   [IF UNEXPOSED AND R1 later than 4/2007] We are interested in other homes where [CHILD] lived between August 2005 and December 2008. By home we mean any place [he/she] lived; it might include a house, apartment, trailer and so on. Not including this current home, how many homes did [CHILD] live in for at least two years between August 2005 and December 2008?

_____ [ALLOW 0-1]

R4b.   [IF R4a=0, DK, OR RE] Between Aug 2005 and Dec 2008, how many homes did [CHILD] live in at least one year? Please do not include the current home.

_____ [ALLOW 0-3]

R4c.   [IF R4b=0, DK, OR RE] Between Aug 2005 and Dec 2008, how many homes did [CHILD] live in at least six months? (Not including the current home.)

_____ [ALLOW 0-6]

R5a.   [IF R4b>1 or R4c=DK OR RE OR >1] Now think about the home where [CHILD] lived the longest other than the current home. [IF R4a=1 or R4b>1 or R4c=DK or RE or >1]I will record the move-in and move-out dates for that home.

MoveIn: MM/YYYY

MoveOut: MM/YYYY

R5b   [IF R4b=1 or R4c=1] Now think about the home where [CHILD] lived [(IF R4b=1)at least a year/(if R4c=1)at least six months]. I will record the move-in and move-out dates for that home.

MoveIn: MM/YYYY

MoveOut: MM/YYYY

R6a.   [IF R4a=1 or R4b>1 or R4c NE blank] We will refer to the home where [CHILD] lives now as the "current home." You described another home that [CHILD] moved into [FILL R5a_MOVEINDD/ R5a_MOVEINYY]. What is a name that we can use to refer to that home?

_____ [ALLOW 30 CHARACTERS]

PROGRAMMER: THE FOLLOWING SHOWS HOW NEWLY ADDED QUESTIONS MAP TO PREVIOUSLY DEFINED VARIABLES FOR R8_1 AND R8_2, FOR UNEXPOSED GROUP:

- IF OTHER HOME, R6a=R8_1 AND CURRENT HOME=R8_2.
- IF NO OTHER HOME (R5a NE DK/RE AND R5b NE DK/RE), CURRENT HOME=R8_1.

R6b.   [IF R4b=1 or R4c=1] We will refer to the home where [CHILD] lives now as the "current home." You described another home that [CHILD] moved into [FILL R5b_MOVEINDD/ R5b MOVEINYY]. What is a name that we can use to refer to that home?

_____ [ALLOW 30 CHARACTERS]

PROGRAMMER: NEWLY ADDED Qs MAPPED TO R8_1 AND R8_2 VARIABLES FOR UNEXPOSED:

- IF OTHER HOME, R6b=R8_1 AND CURRENT HOME=R8_2.

IF NO OTHER HOME (R5a NE DK/RE AND R5b NE DK/RE), CURRENT HOME=R8_1.R6c.　　[IF EXPOSED]
We will refer to the home where [CHILD] lives now as the "current home." You described a
FEMA-issued trailer that [CHILD] moved into [FILL R3c1_MOVEINDD/ MOVEINYY]. What is a
name that we can use to refer to that home?

　　　_____ [ALLOW 30 CHARACTERS]

　　　PROGRAMMER: NEWLY ADDED Qs MAPPED TO R8_1 AND R8_2 VARIABLES FOR EXPOSED:

- IF 1 FEMA TRAILER, R6c=R8_1 AND CURRENT HOME=R8_2)

R6d.　[IF R3>=2 or R3b=2, 3, 4, OR 5 FILL] You also described a second FEMA-issued trailer that [CHILD]
moved into [FILL R3c2_MOVEINDD/ R3c2_MOVEINYY]. What is a name that we can use to refer
to that home?

　　　_____ [ALLOW 30 CHARACTERS]

　　　PROGRAMMER: NEWLY ADDED Qs MAPPED TO R8_1, R8_2, AND R8_3 VARIABLES FOR
EXPOSED:

- IF 2 FEMA TRAILERS, R6d=R8_2 AND CURRENT HOME =R8_3)
R7a.　[IF R4a=1 or R4b>1 or R4c NE blank] Was the home called [FILL R6a] damaged by
Hurricane Katrina or Hurricane Rita?

1　YES

2　NO

R7b.　[IF R4a=1 or R4b=1 or R4c=1] Was the home called [FILL R6b] damaged by Hurricane Katrina or
Hurricane Rita?

1　YES

2　NO

PROGRAMMER: THE FOLLOWING SHOWS THE CORRESPONDENCE BETWEEN NEW QUESTIONS AND
FORMER 8a-8d PARADIGM:

R8a NAME=R6a, R6b, R6c, R6d

R8b MOVE-IN AND R8c MOVE-OUT DATES: R1MM/R1YYYY for current home;
R3c1MM/R3c1YYYY for first trailer; R3c2MM/ R3C2,YYYY for second trailer (if applicable);
R5aMM/R5aYYYY or R5bMM/R5BYYYY for second non-trailer home (if applicable)

R8d FEMA TRAILER Y/N=R3c1 NE BLANK, R3c2 NE BLANK

R8e HURRICANE DAMAGE=R7a EQ YES, R7b EQ YES

RCONF1 As I mentioned before, this is a feasibility study, so we are trying to get an idea of how difficult
some of these questions may be for people. At several points I will ask if some things were
difficult for you to remember. We may use this information in the future to improve our
questionnaire. I have just asked you to describe all the homes where [CHILD] has lived in the
past 5 years. That may have been difficult to remember. How confident are you of **your**

answers? Would you say that you feel very confident, somewhat confident, somewhat uncertain, or very uncertain of your answers?

1 VERY CONFIDENT
2 SOMEWHAT CONFIDENT
3 SOMEWHAT UNCERTAIN
4 VERY UNCERTAIN

R10. Tell me the city, state and zip code for [FILL: R8 DESCRIPTION]?
CITY
STATE
ZIP CODE
PROGRAMMER: THE FILL FOR R10 SHOULD START WITH THE R8_1 AND CONTINUE WITH R8_1 FOR QUESTIONS R11 THROUGH R18. THE SERIES OF QUESTIONS (R10 THROUGH R18) SHOULD LOOP AGAIN WITH R8_2 NEXT (IF APPLICABLE) AND LOOP AGAIN WITH R8_3 (IF APPLICABLE)

R11. [R8d=NO] [Is/Was] the home owned or rented?

1 OWNED
2 RENTED
3 SOME OTHER ARRANGEMENT (USE ONLY IF VOLUNTEERED)
   R11OTH [IF R11=3] DESCRIBE_____ [ALLOW 30 CHARACTERS]

R12. [IF R8d=NO] [Is/Was] the home we described as [FILL: R8 DESCRIPTION]…

1 A single family home
2 An attached home such as townhome, duplex, apartment, condo
3 A mobile home or trailer that was **not** provided by FEMA
4 A hotel or motel
5 Something else
   (DESCRIBE)_____ ALLOW 30 CHARACTERS

R13. [IF R8d=YES] What type of trailer was it?
1 Travel trailer
2 Mobile home
3 Park model
4 FEMA-built cottage

R14. [IF R8d=YES] Where was the trailer located?
1 On private land that you owned
2 On private land that someone else owned
3 In a trailer park or group site

R15. [IF R14=3] What was the name of the trailer park?
_____ ALLOW 30 CHARACTERS

R16.   How many adults over the age of 18 usually lived at [FILL: R8 DESCRIPTION]? We understand people may have moved in and out, but we want to know how many were there **most** of the time [CHILD] was there? _____[ALLOW 1-20]

R17.   How many children **under** the age of 18 usually lived at [FILL: R8 DESCRIPTION]? We understand people may have been moving in and out, but we want to know how many were there **most** of the time [CHILD] was there?
        _____[ALLOW 1-20]

R18.   [IF R8d=YES] Which of following activities did [CHILD] do in a typical week in the FEMA-supplied trailer...
        INTERVIEWER: SELECT ALL THAT APPLY
        1   Cook or prepare food?   YES   NO
        2   Eat meals or snacks?   YES   NO
        3   Sleep?   YES   NO
        4   Play or recreation?   YES   NO

HEALTH-RELATED QUESTIONS

HIntro. Now I have some health questions for you about [CHILD].

        PRESS 1 TO CONTINUE.

H1.   Has a doctor or other health professional **ever** told you that [CHILD] had asthma?
        1   YES
        2   NO

H2a.   [IF H1=1 AND CHILD BIRTHDAY IS BEFORE 08/29/05] In what year were you first told this?

        INTERVIEWER: IF PARENT IS NOT SURE PROBE FOR BEST GUESS.
        YYYY_____[REQUIRE 4 DIGITS]

H2b.   [IF H2a=2005] In what month during 2005 were you told this?

        INTERVIEWER: IF PARENT IS NOT SURE PROBE FOR BEST GUESS.

        MM_____[REQUIRE 2 DIGITS]

H3.   Has [CHILD] ever had wheezing or whistling in the chest at any time in the past?
        1   YES
        2   NO

H4a.   [If H3=1 AND CHILD BIRTHDAY IS BEFORE 8/29/2005] In what year did this first occur?

        INTERVIEWER: IF PARENT IS NOT SURE PROBE FOR BEST GUESS.

        YYYY_____[REQUIRE 4 DIGITS]

H4b.   [IF H4a=2005] In what month during 2005 did this first occur?

        INTERVIEWER: IF PARENT IS NOT SURE PROBE FOR BEST GUESS.

        MM_____[REQUIRE 2 DIGITS]

H5a.   [IF H4a=2005 and H4b=<08 (August) or H4<2005] How many times in the 12 months from September 2004 to August 2005 did [CHILD] have an attack of wheezing or whistling?
        1   1 to 3
        2   4 to 12
        3   More than 12

H6.   [IF H3=1] How many attacks of wheezing or whistling has [he/she] had in the last 12 months?
        1   None
        2   1 to 3
        3   4 to 12
        4   More than 12

H7.   [IF H3=1] Has [CHILD's] sleep ever been disturbed due to wheezing or whistling?
        1 Yes
        2 No

H8a.   [If H7=1 AND CHILD BIRTHDAY IS BEFORE 8/29/2005] In what year did this first occur?

        INTERVIEWER: IF PARENT IS NOT SURE PROBE FOR BEST GUESS.

        YYYY____[REQUIRE 4 DIGITS]

H8b.   [IF H8a=2005] In what month during 2005 did this first occur?

        INTERVIEWER: IF PARENT IS NOT SURE PROBE FOR BEST GUESS.

        MM____[REQUIRE 2 DIGITS]

H9a.   [IF H8a=2005 and H8b<=08(August) OR H8a<2005] How many times in the 12 months from
        September 2004 to August 2005 was [CHILD's] sleep disturbed due to wheezing or whistling?
        1   Less than one night per week
        2   One or more nights per week

H10.   [IF H7=1] How often, on average, was [his/her] sleep disturbed due to wheezing or whistling in
        the last 12 months?
        1   Never woken with wheezing
        2   Less than one night per week
        3   One or more nights per week

H11.   [IF H3=1] Has the wheezing ever been severe enough to limit [his/her] speech to only one or two
        words at a time between breaths?
        1   YES
        2   NO

H12a.   [If H11=1 AND BIRTHDAY BEFORE 8/29/2005] In what year did this first occur?

        INTERVIEWER: IF PARENT IS NOT SURE PROBE FOR BEST GUESS.

        YYYY____[REQUIRE 4 DIGITS]

H12b.   [IF H12a=2005] In what month during 2005 did this first occur?

        INTERVIEWER: IF PARENT IS NOT SURE PROBE FOR BEST GUESS.

        MM____[REQUIRE 2 DIGITS]

H13. [IF H3=1] Has [CHILD]'s chest ever sounded wheezy during or after exercise?
1 YES
2 NO

H14a. [If H13=1 AND CHILD BIRTHDAY IS BEFORE 8/29/2005] In what year did this first occur?

INTERVIEWER: IF PARENT IS NOT SURE PROBE FOR BEST GUESS.

YYYY____[REQUIRE 4 DIGITS]

H14b. [IF H14a=2005] In what month during 2005 did this first occur?

INTERVIEWER: IF PARENT IS NOT SURE PROBE FOR BEST GUESS.

MM____[REQUIRE 2 DIGITS]

H15. [IF H3=1] Has [CHILD] ever gone to the doctor's office, clinic, or the hospital emergency room for asthma or an attack of wheezing?

1 Yes
2 No

H16a. [If H15=1 AND CHILD BIRTHDAY IS BEFORE 8/29/2005] In what year did [CHILD] first go to the doctor's office, clinic, or the hospital emergency room for asthma or an attack of wheezing?

INTERVIEWER: IF PARENT IS NOT SURE PROBE FOR BEST GUESS.

YYYY____[REQUIRE 4 DIGITS]

H16b. [IF H16a=2005] In what month during 2005 did this first occur?

INTERVIEWER: IF PARENT IS NOT SURE PROBE FOR BEST GUESS.

MM____[REQUIRE 2 DIGITS]

H17. [IF H16a=2005 and H16b<08 (August) OR H16a<2005] How many time(s) in the 12 months from September 2004 to August 2005 did [CHILD] go to the doctor's office, clinic, or hospital emergency room for asthma or an attack of wheezing?
1 1 to 5
2 6 to 10
3 11+

H18. [IF H15=1] How many time(s) did [CHILD] go to the doctor's office, clinic, or hospital emergency room for asthma or an attack of wheezing in the last 12 months?
1 None
2 1 to 5

3   6 to 10

4   11+

H19.   [IF H15=1] Has [he/she] ever been admitted to the hospital because of asthma or an attack of wheezing?

1   Yes

2   No

H20a.   [If H19=1 AND CHILD BIRTHDAY IS BEFORE 8/29/2005] In what year was [CHILD] first admitted to a hospital because of asthma or an attack of wheezing?

INTERVIEWER: IF PARENT IS NOT SURE PROBE FOR BEST GUESS.

YYYY____[REQUIRE 4 DIGITS]

H20b.   [IF H20a=2005] In what month during 2005 did this first occur?

INTERVIEWER: IF PARENT IS NOT SURE PROBE FOR BEST GUESS.

MM____[REQUIRE 2 DIGITS]

H21.   [IF H20a=2005 and H20b<08 (August) OR H20a<2005] How many time(s) in the 12 months from September 2004 to August 2005 was [he/she] admitted to the hospital because of asthma or an attack of wheezing?

2   1 to 5

3   6 to 10

4   11+

H22.   [IF H19=1] How many times has [he/she] been admitted to the hospital because of asthma or an attack of wheezing in the last 12 months?

1   None

2   1 to 5

3   6 to 10

4   11+

H23.   Have any of [CHILD]'s blood relatives, including [his/her] father, mother, sisters or brothers, had wheezing attacks or been told by a health professional that they had asthma?

1   YES

2   NO

H24a.   [IF H23=1] When were they told this?

INTERVIEWER: IF PARENT IS NOT SURE PROBE FOR BEST GUESS.

YYYY_____[REQUIRE 4 DIGITS]

H24b.   [IF H24a=2005] In what month during 2005 did this first occur?

INTERVIEWER: IF PARENT IS NOT SURE PROBE FOR BEST GUESS.

MM_____[REQUIRE 2 DIGITS]

H25.   [IF H23=1] What was their relationship to [CHILD]? CODE ONE OF THE FOLLOWING.
        1   FATHER/MOTHER
        2   SISTER/BROTHER
        3   OTHER BLOOD RELATIVE

H26.   Apart from a cough associated with a cold or chest infection, has [CHILD] ever had a dry cough
        at night for as many as 60 days out of the entire year?
        1   YES
        2   NO

H27a.   [If H26=1 AND CHILD BIRTHDAY IS BEFORE 8/29/2005] In what year did this first occur?

INTERVIEWER: IF PARENT IS NOT SURE PROBE FOR BEST GUESS.

YYYY_____[REQUIRE 4 DIGITS]

H27b.   [IF H27a=2005] In what month during 2005 did this first occur?

INTERVIEWER: IF PARENT IS NOT SURE PROBE FOR BEST GUESS.

MM_____[REQUIRE 2 DIGITS]

H28.   Has [CHILD] ever used any prescribed medicines or home remedies for any breathing problems
        in the past? Include such medications as inhalers, pills, Advair, or Singulair.
        1   YES
        2   NO

H29.   [IF H28=1] Which prescribed medicines or home remedies has [he/she] used in the past?
        INTERVIEWER: BEGIN TYPING DRUG NAME OR HOME REMEDY. IF NOT SHOWN IN LOOK-UP
        LIST, THEN TYPE "NOT LISTED" TO BRING UP A BOX TO DESCRIBE.

PROGRAMMER: WE WILL PROVIDE LOOK-UP TABLE OF *FREQUENTLY PRESCRIBED MEDS* TO INCLUDE AN
OPTION "NOT LISTED." THAT SELECTION WILL ALLOW USER TO ENTER TEST IN AN *OTHER-SPECIFY* BOX.
LIST OF MEDICATIONS FOR LOOK-UP TABLE:

Inhaled medications:

        1.   Accolate (Zafirlukast)

2. Advair (Fluticasone and salmeterol)

3. Albuterol (Proventil, Ventolin, Volmax, Volspire)

4. Alvesco (Ciclesonide)

5. Asmanex (Mometasone)

6. Flovent Diskus, Flovent HFA (Fluticasone)

7. Pulmicort Flexhaler (Budesonide)

8. Qvar (Beclomethasone)

9. Singulair (Montelukast)

10. Symbicort (Budesonide and formoterol)

11. Theo-24, Uniphyl (Theophylline)

12. Zyflo, Zyflo CR (Zileuton)

13. MEDICATION NOT LISTED

H29a.   [IF H29=13 (MEDICATION NOT LISTED)] TYPE DRUG NAME OR HOME REMEDY IN BOX BELOW

_____[ALLOW 35 CHARACTERS]

H30.   [IF H28=1] How often (does/did) [he/she] use this?
    1   1-2 times/week
    2   >2 times/week
    3   Every day

H31.   [IF H28=1] Are there other prescribed medicines or home remedies has [he/she] used for any breathing problems?
    1   YES
    2   NO

PROGRAMMER: LOOP H29-H31a UNTIL USER ENTERS H31=2, THEN CONTINUE TO H28_1. ALLOW 20 LOOPS.

H28_1. Does [CHILD] currently use any medicines or home remedies for any breathing problems? Include such medications as inhalers, pills, Advair, or Singulair.
    1   YES
    2   NO

H29_1. [IF H28_1=1] Which prescribed medicines or home remedies does [he/she] currently use?
    INTERVIEWER: BEGIN TYPING DRUG NAME OR HOME REMEDY. IF NOT SHOWN IN LOOK-UP LIST, THEN TYPE "NOT LISTED" TO BRING UP A BOX TO DESCRIBE.

PROGRAMMER: SAME FUNCTIONALITY AS H29, e.g., ENUMERATED LIST WHERE 13=MEDICATION NOT LISTED.

H29_1a.   [IF H29_1=13 (MEDICATION NOT LISTED)] TYPE DRUG NAME OR HOME REMEDY IN BOX
           BELOW

           _____[ALLOW 35 CHARACTERS]

H30_1. [IF H28_1=1] How often does [he/she] use this?
       1   Less than once a week
       2   1-2 times/week
       32   More than twice a>2 times/ week
       34   Every day

H31_1. [IF H28_1=1] Are there other prescribed medicines or home remedies has [he/she] has used for
       any breathing problems?
       1   YES
       2   NO

H31a_1.   [IF H31_1=1] How often does [he/she] use this?
       1   1-2 times/week
       2   >2 times/week
       3   Every day

PROGRAMMER: LOOP H29_1-H31_1a UNTIL USER ENTERS H31=2, THEN CONTINUE TO H32. ALLOW 20
LOOPS.

H32.   Have you ever been told by a doctor or other health professional that [CHILD] had hay fever or
       other allergies?
       1   YES
       2   NO

H33a. [If H32=1 AND BIRTHDAY BEFORE 8/29/2005] In what year were you first told this?

       INTERVIEWER: IF PARENT IS NOT SURE PROBE FOR BEST GUESS.

        YYYY_____[REQUIRE 4 DIGITS]

H33b. [IF H33a=2005] In what month during 2005 did this first occur?

       INTERVIEWER: IF PARENT IS NOT SURE PROBE FOR BEST GUESS.

       MM_____[REQUIRE 2 DIGITS]

H34.   Has [he/she] ever had a problem with sneezing or a runny or blocked nose[IF H32=1(, including
       hay fever,)] when [he/she] did **not** have a cold or the flu?

1   YES
2   NO

H35a.   [If H34=1 AND BIRTHDAY BEFORE 8/29/2005] In what year did this first occur?

INTERVIEWER: IF PARENT IS NOT SURE PROBE FOR BEST GUESS.

YYYY____[REQUIRE 4 DIGITS]

H35b.   [IF H35a=2005] In what month during 2005 did this first occur?

INTERVIEWER: IF PARENT IS NOT SURE PROBE FOR BEST GUESS.

MM____[REQUIRE 2 DIGITS]

H36.   [FI H43=1]Has this nose problem[IF H32=1(, including hay fever,)] ever been accompanied by itchy, watery eyes?
1   YES
2   NO

H37a.   [If H36=1 AND BIRTHDAY BEFORE 8/29/2005] In what year did this first occur?

INTERVIEWER: IF PARENT IS NOT SURE PROBE FOR BEST GUESS.

YYYY____[REQUIRE 4 DIGITS]

H37b.   [IF H37a=2005] In what month during 2005 did this first occur?

INTERVIEWER: IF PARENT IS NOT SURE PROBE FOR BEST GUESS.

MM____[REQUIRE 2 DIGITS]

H38.   [IF H34=1] Has this nose problem [IF H32=1(, including hay fever,)] ever interfered with [his/her] daily activities?
1   YES
2   NO

H39a.   [If H38=1 AND BIRTHDAY BEFORE 8/29/2005] In what year did this first occur?

INTERVIEWER: IF PARENT IS NOT SURE PROBE FOR BEST GUESS.

YYYY____[REQUIRE 4 DIGITS]

H39b.   [IF H39a=2005] In what month during 2005 did this first occur?

INTERVIEWER: IF PARENT IS NOT SURE PROBE FOR BEST GUESS.

MM____[REQUIRE 2 DIGITS]

H40.   [IF H39a=2005 and H39b<08 (August) OR H39a<2005] How much did this nose problem [IF
        H32=1(,including hay fever,)] interfere with [his/her] daily activities in the 12 months from
        September 2004 to August 2005? Would you say…

        1   A little
        2   A moderate amount
        3   A lot

H41.   [IFH38=1] How much did this nose problem[IF H32=1(, including hay fever,)] interfere with
        [his/her] daily activities in the last 12 months? Would you say…
        1   Not at all
        2   A little
        3   A moderate amount
        4   A lot

H42.   Has a doctor or other health professional ever told you that [CHILD] had eczema or any kind of
        skin allergy?
        1   YES
        2   NO

H43a.   [If H42=1 AND BIRTHDAY BEFORE 8/29/2005] In what year were you first told this?

        INTERVIEWER: IF PARENT IS NOT SURE PROBE FOR BEST GUESS.

         YYYY____[REQUIRE 4 DIGITS]

H43b.   [IF H43a=2005] In what month during 2005 did this first occur?

        INTERVIEWER: IF PARENT IS NOT SURE PROBE FOR BEST GUESS.

        MM____[REQUIRE 2 DIGITS]

H44.   [IF H42=2]Has [CHILD] ever had an itchy rash which was coming and going for at least 6 months?
        1   YES
        2   NO

H45a.   [If H44=1 AND BIRTHDAY BEFORE 8/29/2005] In what year did this first occur?

        INTERVIEWER: IF PARENT IS NOT SURE PROBE FOR BEST GUESS.

         YYYY____[REQUIRE 4 DIGITS]

H45b.   [IF H45a=2005] In what month during 2005 did this first occur?

   INTERVIEWER: IF PARENT IS NOT SURE PROBE FOR BEST GUESS.

   MM_____[REQUIRE 2 DIGITS]

H46.   [IF H45a=2005 and H45b<08 (August) OR H45a<2005]Did this itchy rash[IF H42=1(, including eczema,)] affect any of the following places in the 12 months from September 2004 to August 2005?

   1   Fold of the elbows
   2   Behind the knees
   3   On top of the feet In front of the ankles
   4   Under the buttocks
   5   Around the neck, ears, or eyes
   6   Other areas (Specify: _____ (allow 50 characters]

H46alt.   [IF H45a=2005 and H45b=>08(August)] Did this itchy rash[IF H42=1(, including eczema,)] affect any of the following places ?

   1   Fold of the elbows
   2   Behind the knees
   3   On top of the feet In front of the ankles
   4   Under the buttocks
   5   Around the neck, ears, or eyes
   6   Other areas (Specify: _____ (allow 50 characters]

H47.   [IF H42 OR H44=1] At what age did this itchy rash[IF H42=1(, including eczema,)] first occur?
   1   Under 2 years
   2   Age 2-4 years
   3   Age 5 or more

H48.   [IF H42 OR H44=1] Has this rash[IF H42=1, (including eczema,)] cleared completely at any time?
   1   YES
   2   NO

H49.   [IF H42 OR H44=1] Has [he/she] ever been kept awake by this itchy rash[IF H42=1(, including eczema,)]?
   1   YES
   2   NO

H50a.   [If H49=1 AND BIRTHDAY BEFORE 8/29/2005] In what year did this first occur?

   INTERVIEWER: IF PARENT IS NOT SURE PROBE FOR BEST GUESS.

   YYYY_____[REQUIRE 4 DIGITS]

H50b.   [IF H50a=2005] In what month during 2005 did this first occur?

INTERVIEWER: IF PARENT IS NOT SURE PROBE FOR BEST GUESS.

MM____[REQUIRE 2 DIGITS]

H51.   [IF H50a=2005 and H50b<08 (August) OR H50a<2005] How often on average was [he/she] kept awake by this itchy rash[IF H42=1(, including eczema,)] in the 12 months from September 2004 to August 2005?

1   Less than one night per week
2   One or more times a week

H52.   Is [CHILD] allergic to any foods?
1   YES
2   NO

H53a.   [IF H53=1] SPECIFY FOODS_____ [ALLOW 100 CHARACTERS]

H53.   Has [he/she] been ever been skin tested for allergies?
1   YES
2   NO

H54a.   [If H53=1 AND BIRTHDAY BEFORE 8/29/2005] In what year did this first occur?

INTERVIEWER: IF PARENT IS NOT SURE PROBE FOR BEST GUESS.

YYYY____[REQUIRE 4 DIGITS]

H54b.   [IF H54a=2005] In what month during 2005 did this first occur?

INTERVIEWER: IF PARENT IS NOT SURE PROBE FOR BEST GUESS.

MM____[REQUIRE 2 DIGITS]

H55.   [IF H54a=2005 and H54b<08 (August) OR H54a<2005] Did the skin testing determine that [CHILD] was allergic to any of the following? SELECT ALL THAT APPLY.
a) Dogs
b) Cats
c) Dust
d) Grass
e) Pollen
f) Something else

H55oth [IF H55f=1] DESCRIBE _____[ALLOW 100 CHARACTERS]

H56. [IF H54a=2005 and H54b=>08 (August) OR H54a>2005] Did the skin testing determine that [CHILD] was allergic to any of the following? SELECT ALL THAT APPLY.
a) Dogs
b) Cats
c) Dust
d) Grass
e) Pollen
f) Something else

H56oth [IF H56f=1] DESCRIBE _____[ALLOW 100 CHARACTERS]

H57. [IF H54=1] Does/Did [CHILD] receive any shots for [his/her] allergies?
1 YES
2 NO

H58. Has [CHILD] ever used any prescribed medicines or home remedies for any allergies, runny nose, or itchy rash?
1 YES
2 NO

H59. [IF H58=1] Which prescribed medicines or home remedies has [he/she] used? INTERVIEWER: BEGIN TYPING DRUG NAME OR HOME REMEDY. IF NOT SHOWN IN LOOK-UP LIST, THEN TYPE "NOT LISTED" TO BRING UP A BOX TO DESCRIBE.

PROGRAMMER: WE WILL PROVIDE LOOK-UP TABLE OF *FREQUENTLY PRESCRIBED MEDS* TO INCLUDE AN OPTION "NOT LISTED." THAT SELECTION WILL ALLOW USER TO ENTER TEST IN AN *OTHER-SPECIFY* BOX. LIST OF MEDICATIONS FOR LOOK-UP TABLE:

1. Allegra (Fexofenadine)
2. Allerhist, **or** Tavist (Clemastine)
3. Benadryl (Diphenhydramine)
4. Chlorpheniramine (Chlor-trimeton)
5. Clarinex (Desloratadine)
6. Claritin (Loratadine)
7. Dimetapp (Brompheniramine)
8. Patanase (Olopatadine)
9. Polaramine (Dexchlorpheniramine)
10. Xyzal (Levocetirizine)
11. Zyrtec (Cetirizine)

[IF H44=1 (ITCHY SKIN/RASH), ALSO SHOW ANSWER CATEGORY 12]

12. Hydrocortisone cream

13. MEDICATION NOT LISTED

H59a.　[IF H29=13 (MEDICATION NOT LISTED)] TYPE DRUG NAME OR HOME REMEDY IN BOX BELOW

　　　　　_____[ALLOW 35 CHARACTERS]

H60.　[IF H58=1] How often did [he/she] use this/?
1　Less than once a week
2　1-2 times/week
3　More than twice a week
4　Every day

H61.　[IF H58=1] Are there other medicines or home remedies [he/she] has used for allergies, runny nose or itchy rash?
1　YES
2　NO

PROGRAMMER: WILL NEED TO ADD LOOK-UP TABLE HERE TOO [TBD]

PROGRAMMER: LOOP H59-H61 UNTIL USER ENTERS H61=2, THEN CONTINUE TO H62. ALLOW 20 LOOPS.

H62.　Is [CHILD] allergic to any medications?
1　YES
2　NO

H63.　[IF H62=1] What medications is [he/she] allergic to?

　　　　　_____ [ALLOW 30 CHARACTERS]

H64.　Any other medications?
1　YES
2　NO

PROGRAMMER: ADMINISTER H63 UNTIL USER ENTERS H64=2, THEN CONTINUE TO H65. ALLOW 20 LOOPS.

H66.　Was [CHILD] ever diagnosed by a doctor or other health professional with a blood disorder or anemia?
1　YES
2　NO

H66a.　[If H66=1 AND BIRTHDAY BEFORE 8/29/2005] In what year was [he/she] diagnosed with a blood disorder or anemia?

　　　　　INTERVIEWER: IF PARENT IS NOT SURE PROBE FOR BEST GUESS.

YYYY____[REQUIRE 4 DIGITS]

H66b.   [IF H66a=2005] In what month during 2005 did this first occur?

INTERVIEWER: IF PARENT IS NOT SURE PROBE FOR BEST GUESS.

MM____[REQUIRE 2 DIGITS]

H68.   Was [CHILD] ever diagnosed by a doctor or other health professional with cancer?
1   YES
2   NO

H68a.   [If H68=1 AND BIRTHDAY BEFORE 8/29/2005] In what year was [he/she] diagnosed with cancer?

INTERVIEWER: IF PARENT IS NOT SURE PROBE FOR BEST GUESS.

YYYY____[REQUIRE 4 DIGITS]

H68b.   [IF H68a=2005] In what month during 2005 did this first occur?

INTERVIEWER: IF PARENT IS NOT SURE PROBE FOR BEST GUESS.

MM____[REQUIRE 2 DIGITS]

H68b.   [IF H68=1] What kind of cancer was [CHILD] diagnosed with? SELECT ALL THAT APPLY.
a.   Leukemia, also called blood cells cancer
b.   Sarcoma, also called bone cancer
c.   Lymphoma, also called cancer of lymph or immune system
d.   Brain or nervous system cancer
e.   Kidney cancer
f.   Liver cancer
g.   Some other type?
H68oth [IF H68g=1] DESCRIBE _____ [ALLOW 30 CHARACTERS]

H69.   Has a doctor or other health professional, teacher, or school official told you that [CHILD] has Attention Deficit and Hyperactivity Disorder (ADHD), Dyslexia, or some other learning disability?
1   YES
2   NO

H70.   Was [CHILD] born early or prematurely?
1   YES
2   NO

H71.   [IF H70=1] At what month or week of pregnancy was [he/she] born? RESPONDENT CAN PROVIDE AN ANSWER IN EITHER MONTHS OR WEEKS
____ MONTH [ALLOW 5-9]

_____ WEEK [ALLOW 30-40]

H72.   [IF H70=1] Does [he/she] have any breathing or respiratory problems as a result of the early or preterm birth?
1   YES
2   NO

RCONF3   Here we've asked you to remember about [CHILD's] health at different points in time. That may be difficult to remember. How confident are you of **your answers**? Would you say that you feel very confident, somewhat confident, somewhat uncertain, or very uncertain of your answers?

1   VERY CONFIDENT
2   SOMEWHAT CONFIDENT
3   SOMEWHAT UNCERTAIN
4   VERY UNCERTAIN

PRIMARY CARE PROVIDER INFORMATION AND MEDICAL RECORDS REQUEST
PROGRAMMER NOTE: ADMINISTER THIS SECTION FOR ALL CASES WHERE H1=YES (EVER DIAGNOSED WITH ASTHMA) AND ALL CASES WHERE H28=YES (EVER DIAGNOSED WITH CANCER), AND A RANDOM SELECTION OF 50 CHILDREN WHO DO NOT MEET SUCH CRITERIA (e.g., RANDOM PROPORTIONAL BY STATE, 17 FOR MS, 33 FOR LA).

PCP CONSENT PROGRAMMER: DISPLAY PARENTAL PERMISSION AUTHORIZATION TO OBTAIN INFORMATION FROM MEDICAL RECORDS SCRIPT HERE, CONSENT SCREENS 40 THROUGH 45.

INSERT CONSENT SCRIPT HERE

PCPPREP. [IF CONSENT45=YES OR CONSENT45b=YES]

Thank you, I will leave one form for each of three doctors or clinics that saw your child about a breathing problem, allergy, hay fever, [FILL IF H28a=YES: or cancer] since the summer of 2003.

Please use your personal directory or phone book to complete the contact information for these doctors or clinics. When I return next week I will pick up the completed forms from you.

HAND THREE (3) FORMS TO PARENT/GUARDIAN

EXPOSURE QUESTIONNAIRE

THE INTERVIEWER WILL RECORD THE SELECTED HOMES, RATHER THAN REQUIRE COMPUTER SELECTION. 12/5/2011
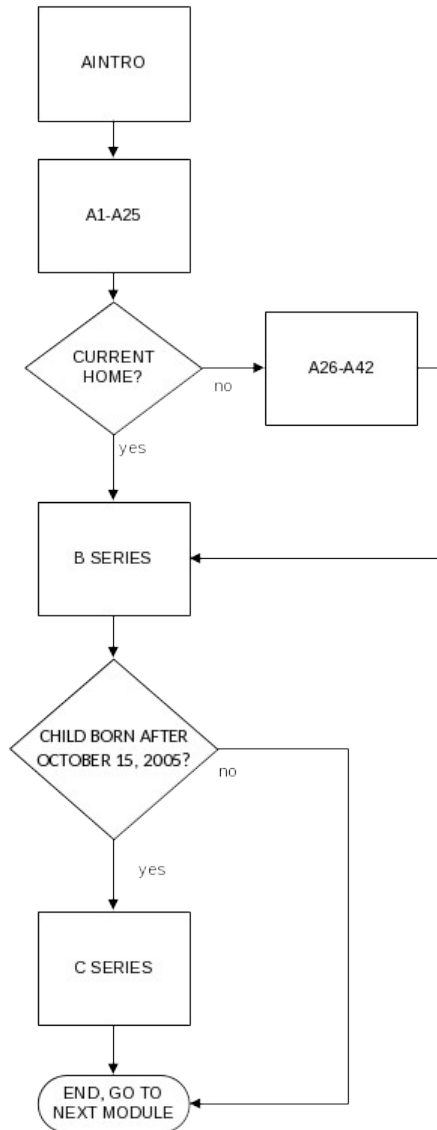
AINTRO. We are interested in learning about the characteristics of the current home, activity in and around the home, and comparison to any previous homes.
PRESS 1 TO CONTINUE

A1. [IF R8_*d = NO, e.g., NON-TRAILER HOME] Let us now talk about [the current home/FILL: R8 DESCRIPTION OF HOUSE]. I will list some possible renovations that may have been made to the home. For each one, let me know whether the renovation took place in [the current home FILL: R8 DESCRIPTION OF HOUSE] while[CHILD] lived in the home.

INTERVIEWER: THIS QUESTION IS ASKING ABOUT [THE CURRENT HOME/ FILL: R8 DESCRIPTION OF HOUSE]

a	New painting indoors	YES	NO
b	New flooring, carpet or rugs	YES	NO
c	New furniture	YES	NO
d	New drywall	YES	NO
e	New wallpaper	YES	NO
f	New stove	YES	NO
g	New furnace	YES	NO
h	New air conditioner	YES	NO
i	New clothes dryer	YES	NO
j	New water heater	YES	NO
k	Other renovations	YES	NO

A1a.[IF A1=K] Please describe the other renovations that took place in [THE CURRENT HOME/ FILL: R8 DESCRIPTION OF HOUSE] while [CHILD] lived in the home.
_____ [ALLOW 100 CHARACTERS]

A2.   INTERVIEWER: THIS QUESTION IS ASKING ABOUT [THE CURRENT HOME/ FILL: R8 DESCRIPTION OF HOUSE]
What [is/was] the regular air conditioning source in [the current home/FILL: R8 DESCRIPTION OF HOUSE]? (MARK ALL THAT APPLY)
1   Central AC unit
2   Window/wall AC units
3   Something else _____
4   NO AIR CONDITIONING SOURCE IN HOME

A2OTH. [IF A2=3] What was the regular air conditioning source?
_____ [ALLOW 50 CHARACTERS]

A3.   INTERVIEWER: THIS QUESTION IS ASKING ABOUT [THE CURRENT HOME/ FILL: R8 DESCRIPTION OF HOUSE] [IF A2=2] How many window or wall AC units [are/were] there in [the current home/FILL: R8 DESCRIPTION OF HOUSE]?
_____ [ALLOW 1-10]

A4.   INTERVIEWER: THIS QUESTION IS ASKING ABOUT [THE CURRENT HOME/ FILL: R8 DESCRIPTION OF HOUSE] [IF A2=1 OR 2] What [temperature is/was] the air conditioning usually set when running?
1   Under 70 degrees
2   Between 70 and 80 degrees
3   Over 80 degrees

A5.   INTERVIEWER: THIS QUESTION IS ASKING ABOUT [THE CURRENT HOME/ FILL: R8 DESCRIPTION OF HOUSE] In [the current home/FILL: R8 DESCRIPTION OF HOUSE][are/were] the windows or doors opened on a regular basis for more than 12 hours per day ?
1   YES
2   NO

A5a.   [IF A5=YES] INTERVIEWER: THIS QUESTION IS ASKING ABOUT [THE CURRENT HOME/ FILL: R8 DESCRIPTION OF HOUSE] What [is/was] the approximate temperature indoors when windows or doors [are/were] open? [Was/Is] it...
1   Under 70 degrees
2   Between 70 and 80 degrees
3   Over 80 degrees

A6.   INTERVIEWER: THIS QUESTION IS ASKING ABOUT [THE CURRENT HOME/ FILL: R8 DESCRIPTION OF HOUSE] Not including a bathroom fan, [do/did] you use a fan in the home on a regular basis?
1   YES
2   NO

A7.   What [is/was] the heating source in the home? (MARK ALL THAT APPLY)
1.   Forced air   YES   NO
2.   Forced water, radiator   YES   NO

3. Wood burning stove   YES   NO
4. Fire place   YES   NO
5. Portable space heaters   YES   NO
6. Heat pump   YES   NO
7. Other heating source   YES   NO

      A7OTH [IF A7_7=YES] DESCRIBE_____ ALLOW 30 CHARACTERS

A7a. [IF A7=1]
1. gas
2. electricity
3. oil

A7b. [IF A7=4]
1. wood
2. gas
3. electricity

A7c. [IF A7=5]
1. gas/kerosene/oil
2. electricity

A8.   INTERVIEWER: THIS QUESTION IS ASKING ABOUT [THE CURRENT HOME/ FILL: R8 DESCRIPTION OF HOUSE] [Is/was] the heating source centrally controlled by thermostat?
1   YES
2   NO

A9.   [IF A8=YES] INTERVIEWER: THIS QUESTION IS ASKING ABOUT [THE CURRENT HOME/ FILL: R8 DESCRIPTION OF HOUSE] What [Is/was] the typical heating set-point temperature?
1   Under 70 degrees
2   Between 70 and 80 degrees
3   Over 80 degrees

A10.   INTERVIEWER: THIS QUESTION IS ASKING ABOUT [THE CURRENT HOME/ FILL: R8 DESCRIPTION OF HOUSE] Does/Did [the current home/FILL: R8 DESCRIPTION OF HOUSE]have a septic tank?
1 YES
2 NO

A11.   [IF A10=YES] INTERVIEWER: THIS QUESTION IS ASKING ABOUT [THE CURRENT HOME/ FILL: R8 DESCRIPTION OF HOUSE] Did you use a tank deodorizer?
1 YES
2 NO

A12.   [Are/Were] any of the following kinds of mechanical air purifier or filtration units regularly used inside the home for more than 12 hours per day? INTERVIEWER: ADMINISTER SHOWCARD A12 WITH PICTURES OF FILTRATION TYPES.
1   None
2   Electrostatic
3   HEPA
4   Some other kind

      A12OTH   [IF A12=4] DESCRIBE_____ ALLOW 30 CHARACTERS

A13.   INTERVIEWER: THIS QUESTION IS ASKING ABOUT [THE CURRENT HOME/ FILL: R8 DESCRIPTION OF HOUSE] [Do/Did] you use a dehumidifier in the home?
1   YES
2   NO

A13a.   [IF A13=YES] INTERVIEWER: THIS QUESTION IS ASKING ABOUT [THE CURRENT HOME/ FILL: R8 DESCRIPTION OF HOUSE] How often [do/did] you use a dehumidifier inside the home?
1   Never
2   Seasonally
3   Daily

A14.   [Do/Did] any of the following appliances in [the current home/FILL: R8 DESCRIPTION OF HOUSE] use natural gas or propane? (select all that apply)
1   Range/Oven
2   Clothes dryer
3   Water heater

A15.   How often [do/did] meals get cooked on the stove in a typical week?
_____ TIMES [0-30]

A16.   How often [are/were] household cleaners used in [the current home/FILL: R8 DESCRIPTION OF HOUSE]?
1   Under 3 times per week
2   3 to 7 times per week
3   More than 7 times per week

A17.   [Does/Did] [CHILD] use any of following products more than weekly? INTERVIEWER: EXPLAIN IF NEEDED: A solvent is a liquid or chemical that has a strong smell. We are asking about things other than normal household cleaners.
1   Glue   YES   NO
2   Nail polish/nail polish remover YES   NO
3   Paints   YES   NO
4   Other solvent   YES   NO
    A17OTH   [IF A17_4=YES] DESCRIBE_____ALLOW 30 CHARACTERS

A18.   [SKIP IF R18_3=NO] Where [does/did] [CHILD] usually sleep [the current home/FILL: R8 DESCRIPTION OF HOUSE]?
1   Bedroom
2   Living Room/family room
3   Somewhere else
4   NOT APPLICABLE/CHILD DID NOT SLEEP HERE
A18OTH[A18=4]DESCRIBE_____ALLOW 30 CHARACTERS

A19.   How often (are the floor of the room where [CHILD] currently sleeps and the floor of the room and main living area vacuumed/were the floors of the room where [CHILD] slept and main living area vacuumed)? FI NOTE: GET MOST FREQUENT USAGE.
1   Never
2   About once a month

3   About every two weeks
4   Every week
5   Every few days
6   Every day
7   NOT APPLICABLE/CHILD DID NOT SLEEP HERE

A20.   INTERVIEWER: THIS QUESTION IS ASKING ABOUT [THE CURRENT HOME/ FILL: R8 DESCRIPTION OF HOUSE] How often [is/was] the cloth-covered furniture in the main living area of [the current home/FILL: R8 DESCRIPTION OF HOUSE]vacuumed?
1   Never
2   About once a month
3   About every two weeks
4   Every week
5   Every few days
6   Every day

A21.   Do you/Did you use any air fresheners such as aerosol can spray, pump spray, candle, or plug-in in the home more than weekly?
1   YES
2   NO

A22.   INTERVIEWER: THIS QUESTION IS ASKING ABOUT [THE CURRENT HOME/ FILL: R8 DESCRIPTION OF HOUSE] [Do/did] you own any dogs, cats or other animals with fur, such as a rabbit, guinea pig or hamster in [the current home/FILL: R8 DESCRIPTION OF HOUSE]?
1   YES
2   NO

A23.   [IF A22=YES] INTERVIEWER: THIS QUESTION IS ASKING ABOUT [THE CURRENT HOME/ FILL: R8 DESCRIPTION OF HOUSE] [How many of the following kinds of pets do you have? / How many pets did you have?] If the number of these changed over time in the home, tell me the highest number at any one time. CHECK ALL THAT APPLY, THEN ENTER NUMER
1   dogs? YES NO
      number of dogs [ALLOW 0-10]
2   cats? YES NO
      number of cats [ALLOW 0-10]
3   other furry animals? YES NO
      number of other furry animals [ALLOW 0-10]

    A23OTH.[IF A23=3] DESCRIBE _____ALLOW 30 CHARACTERS

A24.   [IF A22=YES] INTERVIEWER: THIS QUESTION IS ASKING ABOUT [THE CURRENT HOME/ FILL: R8 DESCRIPTION OF HOUSE] Do/did the animals mainly live inside or outside or was it about equal?
1   Mainly inside
2   Mainly outside
3   Equal inside/outside

A25.   [IF A24=YES] INTERVIEWER: THIS QUESTION IS ASKING ABOUT [THE CURRENT HOME/ FILL: R8 DESCRIPTION OF HOUSE] Where do/did the

animals sleep most often?
1   Child's room
2   Main living area
3   Other room
4   Outdoors

PROGRAMMER: ADMINISTER A26- A42 FOR THE PAST HOMES ONLY, e.g., IF 3 HOMES, THEN ASK FOR HOMES IN FIELDS R8_1, R8_2; IF 2 HOMES, THEN ASK FOR HOMES IN FIELD R1; IF ONLY 1 HOME, DO NOT ASK FOR CURRENT HOME

A26.   INTERVIEWER: THIS QUESTION IS ASKING ABOUT [FILL: R8 DESCRIPTION OF HOUSE] Did you use the exhaust fan on the stove when cooking in [FILL: R8 DESCRIPTION OF HOUSE]?
1   YES
2   NO
3   N/A - NO COOKING STOVE

A27.   INTERVIEWER: THIS QUESTION IS ASKING ABOUT [FILL: R8 DESCRIPTION OF HOUSE] Was there a whole-house or attic fan in [FILL: R8 DESCRIPTION OF HOUSE]?
1   YES
2   NO

A28.   INTERVIEWER: THIS QUESTION IS ASKING ABOUT [FILL: R8 DESCRIPTION OF HOUSE] Were there storm windows in the home?
1   YES
2   NO

A29.   INTERVIEWER: THIS QUESTION IS ASKING ABOUT [FILL: R8 DESCRIPTION OF HOUSE] Was there a plastic shower curtain in the home?
1   YES
2   NO

A30.   INTERVIEWER: THIS QUESTION IS ASKING ABOUT [FILL: R8 DESCRIPTION OF HOUSE] Was there a clothes dryer in the home?
1   YES
2   NO

A31.   INTERVIEWER: THIS QUESTION IS ASKING ABOUT [FILL: R8 DESCRIPTION OF HOUSE] [IF A30=YES] Was the clothes dryer vented out of the dwelling?
1   YES
2   NO

A32.   INTERVIEWER: THIS QUESTION IS ASKING ABOUT [FILL: R8 DESCRIPTION OF HOUSE] Was there mold visible on walls, carpet, or other surfaces inside [FILL: R8 DESCRIPTION OF HOUSE]?
1   YES
2   NO

A33.   INTERVIEWER: THIS QUESTION IS ASKING ABOUT [FILL: R8 DESCRIPTION OF HOUSE] Did the home have a moldy smell?
1   YES
2   NO

A34.   INTERVIEWER: THIS QUESTION IS ASKING ABOUT [FILL: R8 DESCRIPTION OF HOUSE] Did the [FILL: R8 DESCRIPTION OF HOUSE] have any visible water damage?
1   YES
2   NO

A35.   INTERVIEWER: THIS QUESTION IS ASKING ABOUT [FILL: R8 DESCRIPTION OF HOUSE] [IF A34=YES] Was the source of the water problem ever fixed?
1   YES
2   NO

A36.   [IF R8d = NO] INTERVIEWER: THIS QUESTION IS ASKING ABOUT [FILL: R8 DESCRIPTION OF HOUSE] Did [FILL: R8 DESCRIPTION OF HOUSE] have an attached garage with a door leading into the house?
1   YES
2   NO

A37.   [IF A36=YES] INTERVIEWER: THIS QUESTION IS ASKING ABOUT [FILL: R8 DESCRIPTION OF HOUSE]. SELECT ONE RESPONSE. Was the garage mostly used for...
EXPLAIN IF NEEDED: A solvent is a liquid or chemical that has a strong smell. We are asking about things other than normal household cleaners.
A38.
1   Parking cars
2   Storage of gasoline cans, paints, or solvents
3   Both
4   Neither

A39.   INTERVIEWER: THIS QUESTION IS ASKING ABOUT [FILL: R8 DESCRIPTION OF HOUSE] Did anyone living in [FILL: R8 DESCRIPTION OF HOUSE] or frequent guests smoke cigarettes, cigars, or pipes anywhere inside this home on a regular basis?
1   YES
2   NO

A40.   INTERVIEWER: THIS QUESTION IS ASKING ABOUT [FILL: R8 DESCRIPTION OF HOUSE] What type of flooring was in the **kitchen** in [FILL: R8 DESCRIPTION OF HOUSE] ? (CHECK ALL THAT APPLY)

a	Carpeting	YES	NO
b	Hardwood or wood laminate	YES	NO
c	Vinyl	YES	NO
d	Area/throw rugs	YES	NO
e	Other	YES	NO

A39OTH [IF A39e=YES] DESCRIBE_____ALLOW 30 CHARACTERS

A41.   INTERVIEWER: THIS QUESTION IS ASKING ABOUT [FILL: R8 DESCRIPTION OF HOUSE] What type of flooring was in [CHILD]**'s bedroom** in [FILL: R8 DESCRIPTION OF HOUSE] ? (CHECK ALL THAT APPLY)

a	Carpeting	YES	NO
b	Hardwood or wood laminate	YES	NO
c	Vinyl	YES	NO
d	Area/throw rugs	YES	NO
e	Other	YES	NO

A40OTH [IF A40e=YES] DESCRIBE_____ ALLOW 30 CHARACTERS

A42.   INTERVIEWER: THIS QUESTION IS ASKING ABOUT [FILL: R8 DESCRIPTION OF HOUSE] Think about the main area where [CHILD] spent the most time in [FILL: R8 DESCRIPTION OF HOUSE]. What type of flooring was in [CHILD]**'s main living area**? (CHECK ALL THAT APPLY)

1	Carpeting	YES	NO
2	Hardwood or wood laminate	YES	NO
3	Vinyl	YES	NO
4	Area/throw rugs	YES	NO
5	Other	YES	NO

A41OTH [IF A41e=YES] DESCRIBE_____ALLOW 30 CHARACTERS

A43.   INTERVIEWER: THIS QUESTION IS ASKING ABOUT [FILL: R8 DESCRIPTION OF HOUSE] In [FILL: R8 DESCRIPTION OF HOUSE] did [CHILD]'s bed or pillow have a plastic or allergen-proof cover?

1   YES
2   NO

PROGRAMMER: THEN CONTINUE WITH B SERIES, THEN RETURN TO A1 FOR PREVIOUS HOME.

PART B. CHILD'S ACTIVITIES

BIntro. Next I have some questions about time [CHILD] spent outside of home.

PROGRAMMER: ADMINISTER B SERIES FOR CURRENT AND PAST HOMES

B1.   While living at [the current home, has [CHILD] attended school/the next home, FILL: R8
        DESCRIPTION OF HOUSE, did [CHILD] attend school]?
        1   YES
        2   NO

        B1a.   [IF B1=YES] While living at [the current home, has [CHILD]'s classroom ever been
                 held/the home, FILL: R8 DESCRIPTION OF HOUSE was [CHILD]'s classroom ever been
                 held] in a trailer?
                 1   YES
                 2   NO

        B1_desc. [IF B1a=YES] What school did [CHILD] attend that held classes in a trailer? If there was
                 more than one school, we will record each one separately.
                 Name of school: _____[ALLOW 30 CHARACTERS]
                 City: _____
                 State:_____

PROGRAMMER: EMPLOY A LOOK-UP TABLE OF STATES

        B1b.   [IF B1a=YES] How long did [CHILD] attend classes in a trailer at that school?

                 ___WEEKS [1-52]
                 ___MONTHS [1-12]

        B1c.   [IF B1a=YES] About how many days per week did [CHILD] spend there?
                 _____DAYS PER WEEK [1 – 7 DAYS]

        B1d.   [IF B1a=YES] About how many hours per day did [CHILD] spend there?
                 _____HOURS PER DAY [ALLOW 1-10]

        B1e.   [IF B1a=YES] Did [CHILD] attend classes in a trailer at another school while living at [the
                 current home/R8 DESCRIPTION]?
                 1   YES
                 2   NO

PROGRAMMER: IF B1e=YES, ADMINISTER B1_desc – B1e again. LOOP UP TO 10 TIMES.

B2.   While living at [the current home, has [CHILD] ever attended/the home, FILL: R8 DESCRIPTION OF HOUSE did [CHILD] ever attend] day care?
1   YES
2   NO

    B2a.   [B2=YES] While living at [the current home, has [CHILD] ever attended/the home, FILL: R8 DESCRIPTION OF HOUSE did [CHILD] ever attend day care] held in a trailer?
    1   YES
    2   NO

    B2_desc. [IF B2a=YES] What day care did [CHILD] attend that was held in a trailer? If there was more than one day care, we will record each one separately.

        Name of day care: _____[ALLOW 30 CHARACTERS]
        City: _____
        State:_____

PROGRAMMER: EMPLOY A LOOK-UP TABLE OF STATES

    B2b.   [IF B2a=YES] How long did [CHILD] attend day care there?
    ___WEEKS [1-52]
    ___MONTHS [1-12]

    B2c.   [IF B2a=YES] About how many days per week did [CHILD] spend there?
    _____DAYS PER WEEK [1 – 7 DAYS]

    B2d.   [IF B2a=YES] About how many hours per day did [CHILD] spend there?
    _____HOURS PER DAY [ALLOW 1-10]

    B2e.   [IF B2a=YES] Did [CHILD] attend day care in another trailer while living at [the current home/FILL: R8 DESCRIPTION]?
    1   YES
    2   NO

PROGRAMMER: IF B2e=YES, ADMINISTER B2_desc - B2e again. LOOP UP TO 10 TIMES.

B3.   While living at [the current home has [CHILD] stayed at/the home, FILL: R8 DESCRIPTION OF HOUSE did [CHILD] stay at] any caregiver's homes?
1   YES
2   NO

    B3a.   [IF B3=YES] While living at [the current home, did [CHILD] ever stay/the home, FILL: R8 DESCRIPTION OF HOUSE did [CHILD] ever stay] at a caregiver's home that was a trailer? If there was more than one such caregiver, we will record each one separately.
    1   YES
    2   NO

B3b.   [IF B3a=YES] How long did [CHILD] attend day care at a caregiver's home that was a trailer?
___WEEKS [ALLOW 1-52]
___MONTHS [ALLOW 1-12]

B3c.   [IF B3a=YES] About how many days per week did [CHILD] spend there?
_____DAYS PER WEEK [1 – 7 DAYS]

B3d.   [IF B3a=YES] About how many hours per day did [CHILD] spend there?
_____HOURS PER DAY

B3e.   [IF B3a=YES] Did [CHILD] stay with a caregiver in another trailer while living at [the current home/FILL: R8 DESCRIPTION]?
1   YES
2   NO

PROGRAMMER: IF B3e=YES, ADMINISTER B3b - B3e again. LOOP UP TO 10 TIMES.

B4.   While living at [the current home, has [CHILD] lived/the home, FILL: R1 DESCRIPTION OF HOUSE did [CHILD] ever live] at another home for one day a week or more? For instance, at the home of a grandparent or divorced parent?
1   YES
2   NO

B4a.   [IF B4=YES] About how many days per week [does/did] [CHILD] spend there?
_____ DAYS PER WEEK [ALLOW 1-6]

B4b.   [IF B4=YES] Is that home
1   A single family home
2   An attached home such as a townhome, duplex, apartment, condo
3   A FEMA-provided mobile home, trailer, or cottage
4   A mobile home or trailer that was **not** provided by FEMA
5   A hotel or motel
6   Something else
(Describe)_____ ALLOW 30 CHARACTERS

B4c.   [IF B4b=3] What type of FEMA-provided trailer was it?
1   Travel trailer
2   Mobile home
3   Park model
4   FEMA-built cottage

B4d.   [IF B4b not 3] Was that home damaged by Hurricanes Katrina or Rita?
1   YES
2   NO

PROGRAMMER: C1-C3 SERIES BELOW SHOULD BE ADMINISTERED ONCE (NOT LOOPED) FOR THE STUDY CHILD IN THE EXPOSED GROUP WHO WAS BORN AFTER OCTOBER 15, 2005. QUESTIONS FILL WITH "YOU" WHEN CURRENT INTERVIEW IS WITH MOTHER (QMOM=YES), WITH "MOTHER OF THE CHILD" WHEN IT IS WITH ANOTHER HOUSEHOLD MEMBER (QMOM=NO).

C1.　　Did [you/mother of child] ever live in a trailer while pregnant with [CHILD] ?
　　　　1　YES
　　　　2　NO

C2.　　[IF C1=YES] Did [you/mother of child] ever live in a trailer the whole time [you were/she was] pregnant or only part of the time?
　　　　1　THE WHOLE TIME
　　　　2　FOR PART OF THE TIME

C3.　　[IF C2=2] During what months of the pregnancy with [CHILD] did [you/mother of child] live in a trailer? SELECT ALL THAT APPLY

During the first trimester, which is the first 3 months of pregnancy	YES	NO
During the second trimester, which is months 4 through 6 of pregnancy	YES	NO
During the last trimester, which is month 7 through delivery	YES	NO

RCONF4.　Here we've asked you to remember the characteristics of the specific homes and activities that [CHILD] did while living at the homes. That may be difficult to remember. How confident are you of **your answers**? Would you say that you feel very confident, somewhat confident, somewhat uncertain, or very uncertain of your answers?
　　　　1　VERY CONFIDENT
　　　　2　SOMEWHAT CONFIDENT
　　　　3　SOMEWHAT UNCERTAIN
　　　　4　VERY UNCERTAIN

QUALITY OF LIFE INVENTORY
PROGRAMMER: IF H1=NO AND CHILDAGE BETWEEN 3 AND 4 YEARS, ADMINISTER THE FOLLOWING PEDSQL SHORT FORM 15 GENERIC CORE SCALE.

PEDSQL™ SHORT FORM 15 GENERIC CORE SCALES: PARENT REPORT FOR YOUNG CHILDREN (AGES 3-4)

PG34Intro [INTERVIEWER: HAND R SHOWCARD QOL-1] During this part of the CHATS interview, I will ask you some questions about [CHILD]'s feelings about events and activities going on in [his/her] life. Please tell me how much of a problem each one has been for your child during the past ONE month. There are no right or wrong answers to these questions. The answers you can pick are listed on this showcard for your reference and are as follows:

    0 if it is never a problem
    1 if it is almost never a problem
    2 if it is sometimes a problem
    3 if it is often a problem
    4 if it is almost always a problem

    PRESS 1 TO CONTINUE

Physical Functioning (PF)

PG34PF1. In the past ONE month, how much of a problem has your child had with...
    Walking?
    0   Never
    1   Almost Never
    2   Sometimes
    3   Often
    4   Almost Always

PG34PF2. In the past ONE month, how much of a problem has your child had with...
    Running?
    0   Never
    1   Almost Never
    2   Sometimes
    3   Often
    4   Almost Always

PG34PF3. In the past ONE month, how much of a problem has your child had with...
    Participating in active play or exercise?
    0   Never
    1   Almost Never
    2   Sometimes
    3   Often
    4   Almost Always

PG34PF4. (In the past ONE month, how much of a problem has your child had with…)
Lifting something heavy?
    0   Never
    1   Almost Never
    2   Sometimes
    3   Often
    4   Almost Always

PG34PF5. Helping to pick up [his/her] toys?
    0   Never
    1   Almost Never
    2   Sometimes
    3   Often
    4   Almost Always

Emotional Functioning (EF)

PG34EF1. Feeling afraid or scared?
    0   Never
    1   Almost Never
    2   Sometimes
    3   Often
    4   Almost Always

PG34EF2. Feeling sad or blue?
    0   Never
    1   Almost Never
    2   Sometimes
    3   Often
    4   Almost Always

PG34EF3. Feeling angry?
    0   Never
    1   Almost Never
    2   Sometimes
    3   Often
    4   Almost Always

PG34EF4. Worrying?
    0   Never
    1   Almost Never
    2   Sometimes
    3   Often
    4   Almost Always

Social Functioning (SF)

PG34SF1. Playing with other children?
      0   Never
      1   Almost Never
      2   Sometimes
      3   Often
      4   Almost Always

PG34SF2. Other kids not wanting to play with [him/her]?
      0   Never
      1   Almost Never
      2   Sometimes
      3   Often
      4   Almost Always

PG34SF3. Getting teased by other children?
      0   Never
      1   Almost Never
      2   Sometimes
      3   Often
      4   Almost Always

School Functioning (ScF)

PG34ScF1. Doing the same school activities as peers?
      0 Never
      1 Almost Never
      2 Sometimes
      3 Often
      4 Almost Always

PG34ScF2. Missing school/daycare because of not feeling well
      0 Never
      1 Almost Never
      2 Sometimes
      3 Often
      4 Almost Always

PG34ScF3. Missing school/daycare to go to the doctor or hospital?
      0 Never
      1 Almost Never
      2 Sometimes
      3 Often
      4 Almost Always

PROGRAMMER: SKIP TO NEXT SECTION, TADD1
PROGRAMMER: IF H1=NO AND CHILDAGE BETWEEN 5 AND 7 YEARS, ADMINISTER THE FOLLOWING
PEDSQL SHORT FORM 15 GENERIC CORE SCALE.

PEDSQL™ SHORT FORM 15 GENERIC CORE SCALES: PARENT REPORT FOR YOUNG CHILDREN (AGES 5-7)

PG57Intro. [INTERVIEWER: HAND R SHOWCARD QOL-1] During this part of the CHATS interview, I will ask both you and your child some questions on [his/her] feelings about events and activities going on in [his/her] life. Please tell me how much of a problem each one has been for your child during the past ONE month. There are no right or wrong answers to these questions. The answers you can pick are listed on this showcard for your reference and are as follows:
0 if it is never a problem
1 if it is almost never a problem
2 if it is sometimes a problem
3 if it is often a problem
4 if it is almost always a problem

PRESS 1 TO CONTINUE

Physical Functioning (PF)

PG57PF1. In the past ONE month, how much of a problem has your child had with...
Walking more than one block?
0 Never
1 Almost Never
2 Sometimes
3 Often
4 Almost Always

PG57PF2. In the past ONE month, how much of a problem has your child had with...
Running?
0 Never
1 Almost Never
2 Sometimes
3 Often
4 Almost Always

PG57PF3. In the past ONE month, how much of a problem has your child had with...
Participating in sports activity or exercise?
0 Never
1 Almost Never
2 Sometimes
3 Often
4 Almost Always

PG57PF4. (In the past ONE month, how much of a problem has your child had with...)
Lifting something heavy?

      0 Never
      1 Almost Never
      2 Sometimes
      3 Often
      4 Almost Always

PG57PF5. Doing chores, like picking up [his/her] toys?
      0 Never
      1 Almost Never
      2 Sometimes
      3 Often
      4 Almost Always

Emotional Functioning (EF)

PG57EF1. Feeling afraid or scared?
      0 Never
      1 Almost Never
      2 Sometimes
      3 Often
      4 Almost Always

PG57EF2. Feeling sad or blue?
      0 Never
      1 Almost Never
      2 Sometimes
      3 Often
      4 Almost Always

PG57EF3. Feeling angry?
      0 Never
      1 Almost Never
      2 Sometimes
      3 Often
      4 Almost Always

PG57EF4. Worrying about what will happen to [him/her]?
      0 Never
      1 Almost Never
      2 Sometimes
      3 Often
      4 Almost Always

Social Functioning (SF)

PG57SF1. Getting along with other children?
- 0 Never
- 1 Almost Never
- 2 Sometimes
- 3 Often
- 4 Almost Always

PG57SF2. Other kids not wanting to be [his/her] friend?
- 0 Never
- 1 Almost Never
- 2 Sometimes
- 3 Often
- 4 Almost Always

PG57SF3. Getting teased by other children?
- 0 Never
- 1 Almost Never
- 2 Sometimes
- 3 Often
- 4 Almost Always

School Functioning (ScF)

PG57ScF1.   Paying attention in class?
- 0 Never
- 1 Almost Never
- 2 Sometimes
- 3 Often
- 4 Almost Always

PG57ScF2. Forgetting things?
- 0 Never
- 1 Almost Never
- 2 Sometimes
- 3 Often
- 4 Almost Always

PG57ScF3. Keeping up with school activities?
- 0 Never
- 1 Almost Never
- 2 Sometimes
- 3 Often
- 4 Almost Always

PG57Close.   Now I would like to speak to [CHILD] to ask [him/her] a few similar questions. Is [he/she]
           available now?
           1 CHILD IS HERE AND READY TO INTERVIEW
           2 CHILD IS UNAVAILABLE
           NODK
           NOREF

PROGRAMMER: IF PG57CLOSE = 2, SKIP TO NEXT MODULE. IF PG57CLOSE = 1, GO TO CG57INTRO

PEDSQL™ SHORT FORM 15 GENERIC CORE SCALES: CHILD REPORT (AGES 5-7)

CG57INTRO1. I am going to ask you some questions about things that might be a problem for some kids. I want to know how much of a problem any of these things might be for you.

PRESS 1 TO CONTINUE

CG57INTRO2 SHOW THE CHILD SHOWCARD QOL-2 AND POINT TO THE RESPONSES AS YOU READ.

If it is <u>not at all</u> a problem for you, point to the smiling face. If it is <u>sometimes</u> a problem for you, point to the middle face. If it is a problem for you <u>a lot</u>, point to the frowning face.
I will read each question. Point to the pictures to show me how much of a problem it is for you. Let's try a practice one first.

Is it hard for you to snap your fingers?

ASK THE CHILD TO DEMONSTRATE SNAPPING HIS OR HER FINGERS TO DETERMINE WHETHER OR NOT THE QUESTION WAS ANSWERED CORRECTLY. REPEAT THE QUESTION IF THE CHILD DEMONSTRATES A RESPONSE THAT IS DIFFERENT FROM HIS OR HER ACTION.
0   Not at all
2   Sometimes
4   A lot

CG57INTRO3. HAS THE CHILD DEMONSTRATED THAT HE OR SHE CAN ACCURATELY ANSWER THE QUESTIONS?
1   YES
2   NO

CG57INTRO3a. [READ IF CG57INTRO3 = NO] Thank you [CHILD]. Those are all the questions I have for you right now. Now I am going to talk to you and your [FILL IF BA3=1: mother/FILL IF BA3=2: father/FILL IF BA3=3: grandmother/FILL IF BA3=4: grandfather/FILL IF BA3=5: guardian] about something else we would like your help with.

PROGRAMMER: IF CG57INTRO3 = NO, MOVE TO NEXT MODULE, TIME ACTIVITY DIARY. IF CG57INTRO3 = YES, CONTINUE TO CG57INTRO4

CG57INTRO4. Think about how you have been doing for the last few weeks. Please listen carefully to each sentence and tell me how much of a problem this is for you.

INTERIVEWER: AFTER READING THE QUESTION, GESTURE TO THE SHOWCARD. IF THE CHILD HESITATES OR DOES NOT SEEM TO UNDERSTAND HOW TO ANSWER, READ THE RESPONSE OPTIONS WHILE POINTING AT THE FACES.

PRESS 1 TO CONTINUE

About My Physical Functioning (PF)

CG57PF1.   Is it hard for you to walk?
        0   Not at all
        2   Sometimes
        4   A lot

CG57PF2.   Is it hard for you to run?
        0   Not at all
        2   Sometimes
        4   A lot

CG57PF3.   Is it hard for you to play sports or exercise?
        0   Not at all
        2   Sometimes
        4   A lot

CG57PF4.   Is it hard for you to pick up big things?
        0   Not at all
        2   Sometimes
        4   A lot

About My Emotional Functioning (EF)

CG57EF1.   Do you feel scared?
        0   Not at all
        2   Sometimes
        4   A lot

CG57EF2.   Do you feel sad?
        0   Not at all
        2   Sometimes
        4   A lot

CG57EF3.   Do you feel mad?
        0   Not at all
        2   Sometimes
        4   A lot

CG57EF4.   Do you worry about what will happen to you?
        0   Not at all
        2   Sometimes
        4   A lot

About My Social Functioning (SF)

CG57SF1.   Is it hard for you to get along with other kids?

0   Not at all
        2   Sometimes
        4   A lot

CG57SF2.   Do other kids say they do not want to play with you?
        0   Not at all
        2   Sometimes
        4   A lot

CG57SF3.   Do other kids tease you?
        0   Not at all
        2   Sometimes
        4   A lot

About My School Functioning (ScF)

CG57ScF1.   Is it hard for you to pay attention in school?
        0   Not at all
        2   Sometimes
        4   A lot

CG57ScF2.   Do you forget things?
        0   Not at all
        2   Sometimes
        4   A lot

CG57ScF3.   Is it hard to keep up with schoolwork?
        0   Not at all
        2   Sometimes
        4   A lot

CG57Close.   Thank you [CHILD]. Those are all the questions I have for you. Now I am going to talk you and your [FILL IF BA3=1: mother/FILL IF BA3=2: father/FILL IF BA3=3: grandmother/FILL IF BA3=4: grandfather/FILL IF BA3=5: guardian] about something else we would like your help with.

        PRESS 1 TO CONTINUE TO NEXT MODULE

PROGRAMMER: IF H1=NO AND CHILDAGE BETWEEN 8 AND 12 YEARS, ADMINISTER THE FOLLOWING PEDSQL SHORT FORM 15 GENERIC CORE SCALE.

PEDSQL™ SHORT FORM 15 GENERIC CORE SCALES: PARENT REPORT FOR CHILDREN (AGES 8-12)

PG812Intro. [INTERVIEWER: HAND R SHOWCARD QOL-1] During this part of the CHATS interview, I will ask both you and your child some questions on [his/her] feelings about events and activities going on in [his/her] life. Please tell me how much of a problem each one has been for your child during the past ONE month. There are no right or wrong answers to these questions. The answers you can pick are listed on this showcard for your reference as follows:

0   if it is never a problem
1   if it is almost never a problem
2   if it is sometimes a problem
3   if it is often a problem
4   if it is almost always a problem

PRESS 1 TO CONTINUE

Physical Functioning (PF)

PG812PF1.   In the past ONE month, how much of a problem has your child had with...
Walking more than one block?
0   Never
1   Almost Never
2   Sometimes
3   Often
4   Almost Always

PG812PF2.   (In the past ONE month, how much of a problem has your child had with...)
Running?
0   Never
1   Almost Never
2   Sometimes
3   Often
4   Almost Always

PG812PF3.   Participating in sports activity or exercise?
0   Never
1   Almost Never
2   Sometimes
3   Often
4   Almost Always

PG812PF4.   Lifting something heavy?
0   Never
1   Almost Never
2   Sometimes

3   Often
4   Almost Always

PG812PF5.   Doing chores around the house?
0   Never
1   Almost Never
2   Sometimes
3   Often
4   Almost Always

Emotional Functioning (EF)

PG812EF1.   Feeling afraid or scared?
0   Never
1   Almost Never
2   Sometimes
3   Often
4   Almost Always

PG812EF2.   Feeling sad or blue?
0   Never
1   Almost Never
2   Sometimes
3   Often
4   Almost Always

PG812EF3.   Feeling angry?
0   Never
1   Almost Never
2   Sometimes
3   Often
4   Almost Always

PG812EF4.   Worrying about what will happen to [him/her]?
0   Never
1   Almost Never
2   Sometimes
3   Often
4   Almost Always

Social Functioning (SF)

PG812SF1.   Getting along with other children?
0   Never
1   Almost Never
2   Sometimes
3   Often

4   Almost Always

PG812SF2.   Other kids not wanting to be [his/her] friends?
         0   Never
         1   Almost Never
         2   Sometimes
         3   Often
         4   Almost Always

PG812SF3.   Getting teased by other children?
         0   Never
         1   Almost Never
         2   Sometimes
         3   Often
         4   Almost Always

School Functioning (ScF)

PG812ScF1.   Paying attention in class?
         0   Never
         1   Almost Never
         2   Sometimes
         3   Often
         4   Almost Always

PG812ScF2. Forgetting things?
         0   Never
         1   Almost Never
         2   Sometimes
         3   Often
         4   Almost Always

PG812ScF3.   Keeping up with schoolwork?
         0   Never
         1   Almost Never
         2   Sometimes
         3   Often
         4   Almost Always

PG812Close. Now I would like to speak to [CHILD] to ask [him/her] a few similar questions. Is [he/she] available now?
         1   CHILD IS HERE AND READY TO INTERVIEW
         2   CHILD IS UNAVAILABLE
            NODK
            NOREF

PROGRAMMER: IF PG812CLOSE = 2, SKIP TO NEXT MODULE. IF PG812CLOSE = 1, GO TO CG812INTRO

PROGRAMMER: IF H1=NO AND CHILDAGE BETWEEN 8 AND 12 YEARS, ADMINISTER THE FOLLOWING
PEDSQL SHORT FORM 15 GENERIC CORE SCALE.

PEDSQL^{TM} SHORT FORM 15 GENERIC CORE SCALES: CHILD REPORT (AGES 8-12)

CG812Intro. [INTERVIEWER: HAND R SHOWCARD QOL-1] Earlier, you agreed that I could ask you some questions for the CHATS study. During this part of the interview, I would like to ask you how you feel about some activities and events that are going on in your life. For each question, please tell us how much of a problem the event or activity has been for you during the past ONE month. There are no right or wrong answers to these questions. The answers you can pick are listed on this card for you in case you need to see them. You can answer as follows:

0   if it is never a problem
1   if it is almost never a problem
2   if it is sometimes a problem
3   if it is often a problem
4   if it is almost always a problem

PRESS 1 TO CONTINUE

About My Health and Activities (HA)

CG812HA1. It is hard for me to walk more than one block.
0   Never
1   Almost Never
2   Sometimes
3   Often
4   Almost Always

CG812HA2. It is hard for me to run.
0   Never
1   Almost Never
2   Sometimes
3   Often
4   Almost Always

CG812HA3. It is hard for me to do sports activity and exercise.
0   Never
1   Almost Never
2   Sometimes
3   Often
4   Almost Always

CG812HA4. It is hard for me to lift something heavy.
0   Never
1   Almost Never
2   Sometimes
3   Often
4   Almost Always

CG812HA5. It is hard for me to do chores around the house.
       0   Never
       1   Almost Never
       2   Sometimes
       3   Often
       4   Almost Always

About My Feelings (MF)

CG812MF1. I feel afraid or scared.
       0   Never
       1   Almost Never
       2   Sometimes
       3   Often
       4   Almost Always

CG812MF2. I feel sad or blue.
       0   Never
       1   Almost Never
       2   Sometimes
       3   Often
       4   Almost Always

CG812MF3. I feel angry.
       0   Never
       1   Almost Never
       2   Sometimes
       3   Often
       4   Almost Always

CG812MF4. I worry about what will happen to me.
       0   Never
       1   Almost Never
       2   Sometimes
       3   Often
       4   Almost Always

How I Get Along with Others (GA)

CG812GA1. I have trouble getting along with other kids.
       0   Never
       1   Almost Never
       2   Sometimes
       3   Often
       4   Almost Always

CG812GA2. Other kids do not want to be my friends.
>	0	Never
>	1	Almost Never
>	2	Sometimes
>	3	Often
>	4	Almost Always

CG812GA3. Other kids tease me.
>	0	Never
>	1	Almost Never
>	2	Sometimes
>	3	Often
>	4	Almost Always

About School (ASc)

CG812ASc1	It is hard to pay attention in class.
>	0	Never
>	1	Almost Never
>	2	Sometimes
>	3	Often
>	4	Almost Always

CG812ASc2. I forget things.
>	0	Never
>	1	Almost Never
>	2	Sometimes
>	3	Often
>	4	Almost Always

CG812ASc3. I have trouble keeping up with schoolwork.
>	0	Never
>	1	Almost Never
>	2	Sometimes
>	3	Often
>	4	Almost Always

CG812Close.   Thank you [CHILD'S NAME]. Those are all the questions I have for this part of the interview. Next I want to talk to you and your [FILL IF BA3=1: mother/FILL IF BA3=2: father/FILL IF BA3=3: grandmother/FILL IF BA3=4: grandfather/FILL IF BA3=5: guardian] about how to complete the CHATS Time Activity Diary.

PRESS 1 TO CONTINUE TO NEXT MODULE (TIME ACTIVITY DIARY)

PROGRAMMER: IF H1=NO AND CHILDAGE IS 13 OR OLDER, ADMINISTER THE FOLLOWING PEDSQL SHORT FORM 15 GENERIC CORE SCALE.

PEDSQL™ SHORT FORM 15 GENERIC CORE SCALES: PARENT REPORT FOR TEENS (AGES 13-18)

PG13upIntro. [INTERVIEWER: HAND R SHOWCARD QOL-1] During this part of the CHATS interview, I will ask both you and your child some questions on [his/her] feelings about events and activities going on in [his/her] life. Please tell me how much of a problem each one has been for your child during the past ONE month. There are no right or wrong answers to these questions. The answers you can pick are listed on this showcard for your reference and are as follows:

    0   if it is never a problem
    1   if it is almost never a problem
    2   if it is sometimes a problem
    3   if it is often a problem
    4   if it is almost always a problem

PRESS 1 TO CONTINUE

Physical Functioning (PF)

PG13upPF1. In the past ONE month, how much of a problem has your child had with…
Walking more than one block?
    0   Never
    1   Almost Never
    2   Sometimes
    3   Often
    4   Almost Always

PG13upPF2. (In the past ONE month, how much of a problem has your child had with…)
Running?
    0   Never
    1   Almost Never
    2   Sometimes
    3   Often
    4   Almost Always

PG13upPF3. Participating in sports activity or exercise?
    0   Never
    1   Almost Never
    2   Sometimes
    3   Often
    4   Almost Always

PG13upPF4. Lifting something heavy?
    0   Never
    1   Almost Never
    2   Sometimes
    3   Often

4   Almost Always

PG13upPF5.   Doing chores around the house?
    0   Never
    1   Almost Never
    2   Sometimes
    3   Often
    4   Almost Always

Emotional Functioning (EF)

PG13upEF1.   Feeling afraid or scared?
    0   Never
    1   Almost Never
    2   Sometimes
    3   Often
    4   Almost Always

PG13upEF2.   Feeling sad or blue?
    0   Never
    1   Almost Never
    2   Sometimes
    3   Often
    4   Almost Always

PG13upEF3.   Feeling angry?
    0   Never
    1   Almost Never
    2   Sometimes
    3   Often
    4   Almost Always

PG13upEF4.   Worrying about what will happen to [him/her]?
    0   Never
    1   Almost Never
    2   Sometimes
    3   Often
    4   Almost Always

Social Functioning (SF)

PG13upSF1.   Getting along with other teens?
    0   Never
    1   Almost Never
    2   Sometimes
    3   Often
    4   Almost Always

PG13upSF2   Other teens not wanting to be [his/her] friend?
        0   Never
        1   Almost Never
        2   Sometimes
        3   Often
        4   Almost Always

PG13upSF3.   Getting teased by other teens?
        0   Never
        1   Almost Never
        2   Sometimes
        3   Often
        4   Almost Always

School Functioning (ScF)

PG13upScF1.   Paying attention in class?
        0   Never
        1   Almost Never
        2   Sometimes
        3   Often
        4   Almost Always

PG13upScF2. Forgetting things?
        0   Never
        1   Almost Never
        2   Sometimes
        3   Often
        4   Almost Always

PG13upScF3. Keeping up with schoolwork?
        0   Never
        1   Almost Never
        2   Sometimes
        3   Often
        4   Almost Always

PG13upClose.Now I would like to speak to [CHILD] to ask [him/her] a few similar questions. Is [he/she] available now?
        1   CHILD IS HERE AND READY TO INTERVIEW
        2   CHILD IS UNAVAILABLE
        NODK
        NOREF

PROGRAMMER: IF PG13upCLOSE = 2, SKIP TO NEXT MODULE. IF PG13upCLOSE = 1, GO TO
        CG13upINTRO

PROGRAMMER: IF H1=NO AND CHILDAGE IS 13 OR OLDER, ADMINISTER THE FOLLOWING PEDSQL SHORT FORM 15 GENERIC CORE SCALE.

PEDSQL^{TM} SHORT FORM 15 GENERIC CORE SCALES: TEEN REPORT (AGES 13-18)

CG13upIntro. [INTERVIEWER: HAND R SHOWCARD QOL-1] Earlier, you agreed that I could ask you some questions for the CHATS study. During this part of the interview, I would like to ask you how you feel about some activities and events that that you may have experienced. For each question, please tell us how much of a problem the event or activity has been for you during the past ONE month. There are no right or wrong answers to these questions. The answers you can pick are listed on this card for you in case you need to see them. You can answer as follows:

    0   f it is never a problem
    1   if it is almost never a problem
    2   if it is sometimes a problem
    3   if it is often a problem
    4   if it is almost always a problem

    PRESS 1 TO CONTINUE

About My Health and Activities (HA)

CG13upHA1. In the past ONE month, how much of a problem has this been for you …
    It is hard for me to walk more than one block.
    0   Never
    1   Almost Never
    2   Sometimes
    3   Often
    4   Almost Always

CG13upHA2. (In the past ONE month, how much of a problem has this been for you …)
    It is hard for me to run.
    0   Never
    1   Almost Never
    2   Sometimes
    3   Often
    4   Almost Always

CG13upHA3. It is hard for me to do sports activity or exercise.
    0   Never
    1   Almost Never
    2   Sometimes
    3   Often
    4   Almost Always

CG13upHA4. It is hard for me to lift something heavy.
    0   Never
    1   Almost Never
    2   Sometimes

3   Often
4   Almost Always

CG13upHA5. It is hard for me to do chores around the house.
0   Never
1   Almost Never
2   Sometimes
3   Often
4   Almost Always

About My Feelings (MF)

CG13upMF1. I feel afraid or scared.
0   Never
1   Almost Never
2   Sometimes
3   Often
4   Almost Always

CG13upMF2. I feel sad or blue.
0   Never
1   Almost Never
2   Sometimes
3   Often
4   Almost Always

CG13upMF3. I feel angry.
0   Never
1   Almost Never
2   Sometimes
3   Often
4   Almost Always

CG13upMF4. I worry about what will happen to me.
0   Never
1   Almost Never
2   Sometimes
3   Often
4   Almost Always

How I Get Along with Others (GA)

CG13upGA1.   I have trouble getting along with other teens.
0   Never
1   Almost Never
2   Sometimes
3   Often
4   Almost Always

CG13upGA2. Other teens do not want to be my friend.

       0   Never
       1   Almost Never
       2   Sometimes
       3   Often
       4   Almost Always

CG13upGA3. Other teens tease me.

       0   Never
       1   Almost Never
       2   Sometimes
       3   Often
       4   Almost Always

About School (ASc)

CG13upASc1.   It is hard to pay attention in class.

       0   Never
       1   Almost Never
       2   Sometimes
       3   Often
       4   Almost Always

CG13upASc2. I forget things.

       0   Never
       1   Almost Never
       2   Sometimes
       3   Often
       4   Almost Always

CG13upASc3. I have trouble keeping up with my schoolwork.

       0   Never
       1   Almost Never
       2   Sometimes
       3   Often
       4   Almost Always

CG13upClose. Thank you [CHILD'S NAME]. Those are all the questions I have for this part of the interview. Next I want to talk to you and your [FILL IF BA3=1: mother/FILL IF BA3=2: father/FILL IF BA3=3: grandmother/FILL IF BA3=4: grandfather/FILL IF BA3=5: guardian] about how to complete the CHATS Time Activity Diary.

      PRESS 1 TO CONTINUE TO NEXT MODULE (TIME ACTIVITY DIARY)

PROGRAMMER: IF H1=YES AND CHILDAGE BETWEEN 3 AND 4 YEARS, ADMINISTER THE FOLLOWING PEDSQL SHORT FORM 22 ASTHMA MODULE.

PEDSQL™SHORT FORM 22 ASTHMA MODULE: PARENT REPORT FOR YOUNG CHILDREN (AGES 3-4)

PA34Intro. [INTERVIEWER: HAND R SHOWCARD QOL-1] During this part of the CHATS interview, I will ask you some questions about [CHILD]'s feelings about [his/her] asthma. Please tell me how much of a problem each one has been for your child during the past ONE month. There are no right or wrong answers to these questions. The answers you can pick are listed on this showcard for your reference and are as follows:

0   if it is never a problem
1   if it is almost never a problem
2   if it is sometimes a problem
3   if it is often a problem
4   if it is almost always a problem

PRESS 1 TO CONTINUE

Asthma

PA34As1.   In the past ONE month, how much of a problem has your child had with...
Pain or tightness in [his/her] chest?
0   Never
1   Almost Never
2   Sometimes
3   Often
4   Almost Always

PA34As2.   (In the past ONE month, how much of a problem has your child had with...)
0   Never
1   Almost Never
2   Sometimes
3   Often
4   Almost Always

PA34As3.   Having asthma attacks?
0   Never
1   Almost Never
2   Sometimes
3   Often
4   Almost Always

PA34As4.   Getting scared while having asthma attacks?
            0   Never
            1   Almost Never
            2   Sometimes
            3   Often
            4   Almost Always

PA34As5.   Getting out of breath?
            0   Never
            1   Almost Never
            2   Sometimes
            3   Often
            4   Almost Always

PA34As6.   Coughing?
            0   Never
            1   Almost Never
            2   Sometimes
            3   Often
            4   Almost Always

PA34As7.   Taking a deep breath?
            0   Never
            1   Almost Never
            2   Sometimes
            3   Often
            4   Almost Always

PA34As8.   Having a stuffy or runny nose?
            0   Never
            1   Almost Never
            2   Sometimes
            3   Often
            4   Almost Always

PA34As9.   Waking up at night with trouble breathing?
            0   Never
            1   Almost Never
            2   Sometimes
            3   Often
            4   Almost Always

PA34As10.   Playing with pets?
            0   Never
            1   Almost Never
            2   Sometimes
            3   Often
            4   Almost Always

PA34As11.   Playing outside?
        0   Never
        1   Almost Never
        2   Sometimes
        3   Often
        4   Almost Always

Treatment (Tr)

PA34Tr1.   Medicines making [him/her] feel sick?
        0   Never
        1   Almost Never
        2   Sometimes
        3   Often
        4   Almost Always

PA34Tr2.   Trouble sleeping because of medicines?
        0   Never
        1   Almost Never
        2   Sometimes
        3   Often
        4   Almost Always

PA34Tr3.   Trouble using [his/her] inhaler?
        0   Never
        1   Almost Never
        2   Sometimes
        3   Often
        4   Almost Always

PA34Tr4.   Not liking to carry [his/her] inhaler?
        0   Never
        1   Almost Never
        2   Sometimes
        3   Often
        4   Almost Always

PA34Tr5.   Refusing to take medicines?
        0   Never
        1   Almost Never
        2   Sometimes
        3   Often
        4   Almost Always

PA34Tr6. Forgetting to take medicines?
- 0 Never
- 1 Almost Never
- 2 Sometimes
- 3 Often
- 4 Almost Always

PA34Tr7. Getting anxious when [he/she] has to have medical treatments?
- 0 Never
- 1 Almost Never
- 2 Sometimes
- 3 Often
- 4 Almost Always

PA34Tr8. Getting anxious about going to the doctor?
- 0 Never
- 1 Almost Never
- 2 Sometimes
- 3 Often
- 4 Almost Always

PA34Tr9. Getting anxious about going to the hospital?
- 0 Never
- 1 Almost Never
- 2 Sometimes
- 3 Often
- 4 Almost Always

PROGRAMMER: SKIP TO NEXT SECTION, TADD1

PROGRAMMER: IF H1=YES AND CHILDAGE BETWEEN 5 AND 7 YEARS, ADMINISTER THE FOLLOWING PEDSQL SHORT FORM 22 ASTHMA MODULE.

PEDSQL™SHORT FORM 22 ASTHMA MODULE: PARENT REPORT FOR YOUNG CHILDREN (AGES 5-7)

PA57Intro. [INTERVIEWER: HAND R SHOWCARD QOL-1] During this part of the CHATS interview, I will ask both you and your child some questions on [his/her] feelings about [his/her] asthma. Please tell me how much of a problem each one has been for your child during the past ONE month. There are no right or wrong answers to these questions. The answers you can pick are listed on this showcard for your reference and are as follows:
   0   if it is never a problem
   1   if it is almost never a problem
   2   if it is sometimes a problem
   3   if it is often a problem
   4   if it is almost always a problem

   PRESS 1 TO CONTINUE

Asthma

PA57As1. In the past ONE month, how much of a problem has your child had with...
   Pain or tightness in [his/her] chest?
   0   Never
   1   Almost Never
   2   Sometimes
   3   Often
   4   Almost Always

PA57As2. (In the past ONE month, how much of a problem has your child had with...)
   Feeling wheezy?
   0   Never
   1   Almost Never
   2   Sometimes
   3   Often
   4   Almost Always

PA57As3. Having asthma attacks?
   0   Never
   1   Almost Never
   2   Sometimes
   3   Often
   4   Almost Always

A57As4. Getting scared while having asthma attacks?
   0   Never
   1   Almost Never
   2   Sometimes
   3   Often

4   Almost Always

PA57As5. Getting out of breath?
        0   Never
        1   Almost Never
        2   Sometimes
        3   Often
        4   Almost Always

PA57As6. Coughing?
        0   Never
        1   Almost Never
        2   Sometimes
        3   Often
        4   Almost Always

PA57As7. Taking a deep breath?
        0   Never
        1   Almost Never
        2   Sometimes
        3   Often
        4   Almost Always

PA57As8. Having a stuffy or runny nose?
        0   Never
        1   Almost Never
        2   Sometimes
        3   Often
        4   Almost Always

PA57As9. Waking up at night with trouble breathing?
        0   Never
        1   Almost Never
        2   Sometimes
        3   Often
        4   Almost Always

PA57As10. Playing with pets?
        0   Never
        1   Almost Never
        2   Sometimes
        3   Often
        4   Almost Always

PA57As11. Playing outside?
        0   Never
        1   Almost Never
        2   Sometimes
        3   Often

4   Almost Always

Treatment (Tr)

PA57Tr1.   Medicines making [him/her] feel sick?
      0   Never
      1   Almost Never
      2   Sometimes
      3   Often
      4   Almost Always

PA57Tr2.   Trouble sleeping because of medicines?
      0   Never
      1   Almost Never
      2   Sometimes
      3   Often
      4   Almost Always

PA57Tr3.   Trouble using [his/her] inhaler?
      0   Never
      1   Almost Never
      2   Sometimes
      3   Often
      4   Almost Always

PA57Tr4.   Disliking carrying [his/her] inhaler?
      0   Never
      1   Almost Never
      2   Sometimes
      3   Often
      4   Almost Always

PA57Tr5.   Being responsible for [his/her] medicines?
      0   Never
      1   Almost Never
      2   Sometimes
      3   Often
      4   Almost Always

PA57Tr6.   Controlling [his/her] asthma?
      0   Never
      1   Almost Never
      2   Sometimes
      3   Often
      4   Almost Always

PA57Tr7.   Refusing to take [his/her] medicines?
      0   Never

        1   Almost Never
        2   Sometimes
        3   Often
        4   Almost Always

PA57Tr8. Forgetting to take medicines?
        0   Never
        1   Almost Never
        2   Sometimes
        3   Often
        4   Almost Always

PA57Tr9. Getting anxious when [he/she] has to have medical treatments?
        0   Never
        1   Almost Never
        2   Sometimes
        3   Often
        4   Almost Always

PA57Tr10. Getting anxious about going to the doctor?
        0   Never
        1   Almost Never
        2   Sometimes
        3   Often
        4   Almost Always

PA57Tr11. Getting anxious about going to the hospital?
        0   Never
        1   Almost Never
        2   Sometimes
        3   Often
        4   Almost Always

Worry (Wr)

PA57Wr1. Worrying about side effects from medical treatments?
        0   Never
        1   Almost Never
        2   Sometimes
        3   Often
        4   Almost Always

PA57Wr2. Worrying about whether or not [his/her] medical treatments are working?
        0   Never
        1   Almost Never
        2   Sometimes
        3   Often
        4   Almost Always

PA57Wr3. Worrying about [his/her] asthma?
       0   Never
       1   Almost Never
       2   Sometimes
       3   Often
       4   Almost Always

Communication (Cm)

PA57Cm1. Telling the doctors and nurses how [he/she] feels?
       0   Never
       1   Almost Never
       2   Sometimes
       3   Often
       4   Almost Always

PA57Cm2. Asking the doctors and nurses questions?
       0   Never
       1   Almost Never
       2   Sometimes
       3   Often
       4   Almost Always

PA57Cm3. Explaining [his/her] illness to other people?
       0   Never
       1   Almost Never
       2   Sometimes
       3   Often
       4   Almost Always

PA57Close. Now I would like to speak to [CHILD] to ask [him/her] a few similar questions. Is [he/she] available now?
       1   CHILD IS HERE AND READY TO INTERVIEW
       2   CHILD IS UNAVAILABLE
       NODK
       NOREF

PROGRAMMER: IF PA57CLOSE = 2, SKIP TO NEXT MODULE. IF PA57CLOSE = 1, GO TO CA57INTRO1

PROGRAMMER: IF H1=YES AND CHILDAGE BETWEEN 5 AND 7 YEARS, ADMINISTER THE FOLLOWING PEDSQL SHORT FORM 22 ASTHMA MODULE.

PEDSQL™SHORT FORM 22 ASTHMA MODULE: YOUNG CHILDREN REPORT (AGES 5-7)

CA57INTRO1.   I am going to ask you some questions about things that might be a problem for some kids. I want to know how much of a problem any of these things might be for you.

PRESS 1 TO CONTINUE

CA57INTRO2.   SHOW THE CHILD SHOWCARD QOL-2 AND POINT TO THE RESPONSES AS YOU READ.

If it is <u>not at all</u> a problem for you, point to the smiling face. If it is <u>sometimes</u> a problem for you, point to the middle face. If it is a problem for you <u>a lot</u>, point to the frowning face.
I will read each question. Point to the pictures to show me how much of a problem it is for you. Let's try a practice one first.

ASK THE CHILD TO DEMONSTRATE SNAPPING HIS OR HER FINGERS TO DETERMINE WHETHER OR NOT THE QUESTION WAS ANSWERED CORRECTLY. REPEAT THE QUESTION IF THE CHILD DEMONSTRATES A RESPONSE THAT IS DIFFERENT FROM HIS OR HER ACTION. Is it hard for you to snap your fingers?
0   Not at all
2   Sometimes
4   A lot

CA57INTRO3.   HAS THE CHILD DEMONSTRATED THAT HE OR SHE CAN ACCURATELY ANSWER THE QUESTIONS?
1   YES
2   NO

CA57INTRO3a.   [READ IF CA57INTRO3 = NO] Thank you [CHILD'S]. Those are all the questions I have for you right now. Now I am going to talk you and your [FILL IF BA3=1: mother/FILL IF BA3=2: father/FILL IF BA3=3: grandmother/FILL IF BA3=4: grandfather/FILL IF BA3=5: guardian] about something else we would like your help with.

PROGRAMMER: IF CA57INTRO3 = NO, MOVE TO NEXT MODULE, TIME ACTIVITY DIARY. IF CA57INTRO3 = YES, CONTINUE TO CA57INTRO4

CA57INTRO4.   Think about how you have been doing for the last few weeks. Please listen carefully to each sentence and tell me how much of a problem this is for you.

INTERIVEWER: AFTER READING THE QUESTION, GESTURE TO THE SHOWCARD. IF THE CHILD HESITATES OR DOES NOT SEEM TO UNDERSTAND HOW TO ANSWER, READ THE RESPONSE OPTIONS WHILE POINTING AT THE FACES.

PRESS 1 TO CONTINUE

About My Asthma (As)

CA57As1.   Does your chest hurt or feel tight?
>   0   Not at all
>   2   Sometimes
>   4   A lot

CA57As2.   Do you feel wheezy?
>   0   Not at all
>   2   Sometimes
>   4   A lot

CA57As3.   Do you have asthma attacks?
>   0   Not at all
>   2   Sometimes
>   4   A lot

CA57As4.   Do you get scared when you have asthma attacks?
>   0   Not at all
>   2   Sometimes
>   4   A lot

CA57As5.   Do you get out of breath?
>   0   Not at all
>   2   Sometimes
>   4   A lot

CA57As6.   Do you cough?
>   0   Not at all
>   2   Sometimes
>   4   A lot

CA57As7.   Is it hard for you to take a deep breath?
>   0   Not at all
>   2   Sometimes
>   4   A lot

CA57As8.   Do you have a stuffy or runny nose?
>   0   Not at all
>   2   Sometimes
>   4   A lot

CA57As9.   Do you wake up at night with trouble breathing?
>   0   Not at all
>   2   Sometimes
>   4   A lot

CA57As10. Is it hard for you to play with pets?
>   0   Not at all

2 Sometimes

4 A lot

CA57As11. Is it hard for you to play outside?

  0 Not at all

  2 Sometimes

  4 A lot

Treatment (Tr)

CA57Tr1. Do your medicines make you feel sick?

  0 Not at all

  2 Sometimes

  4 A lot

CA57Tr2. Do you have trouble sleeping because of your medicines?

  0 Not at all

  2 Sometimes

  4 A lot

CA57Tr3. Do you have trouble using your inhaler?

  0 Not at all

  2 Sometimes

  4 A lot

CA57Tr4. Do you not like to carry your inhaler?

  0 Not at all

  2 Sometimes

  4 A lot

CA57Tr5. Is it hard for you to be responsible for your medicines?

  0 Not at all

  2 Sometimes

  4 A lot

CA57Tr6. Is it hard for you to control your asthma?

  0 Not at all

  2 Sometimes

  4 A lot

CA57Tr7. Do you refuse to take your medicines?

  0 Not at all

  2 Sometimes

  4 A lot

CA57Tr8. Do you forget to take your medicines?

  0 Not at all

  2 Sometimes

  4 A lot

CA57Tr9.   Do you get scared when you have to have medical treatments?
    0   Not at all
    2   Sometimes
    4   A lot

CA57Tr10.   Do you get scared when you have to go to the doctor?
    0   Not at all
    2   Sometimes
    4   A lot

CA57Tr11.   Do you get scared when you have to go to the hospital?
    0   Not at all
    2   Sometimes
    4   A lot

Worry (Wr)

CA57Wr1.   Do you worry about side effects from medical treatments?
    0   Not at all
    2   Sometimes
    4   A lot

CA57Wr2.   Do you worry about whether or not your medical treatments are working?
    0   Not at all
    2   Sometimes
    4   A lot

CA57Wr3.   Do you worry about your asthma?
    0   Not at all
    2   Sometimes
    4   A lot

Communication (Cm)

CA57Cm1.   Is it hard for you to tell the doctors and nurses how you feel?
    0   Not at all
    2   Sometimes
    4   A lot

CA57Cm2.   Is it hard for you to ask the doctors and nurses questions?
    0   Not at all
    2   Sometimes
    4   A lot

CA57Cm3.   Is it hard for you to explain your illness to other people?
    0   Not at all

2   Sometimes

4   A lot

CA57Close.   Thank you [CHILD]. Those are all the questions I have for you. Now I am going to talk you and your [FILL IF BA3=1: mother/FILL IF BA3=2: father/FILL IF BA3=3: grandmother/FILL IF BA3=4: grandfather/FILL IF BA3=5: guardian] about something else we would like your help with.

PRESS 1 TO CONTINUE TO NEXT MODULE (TIME ACTIVITY DIARY)_

PROGRAMMER: IF H1=YES AND CHILDAGE BETWEEN 8 AND 12 YEARS, ADMINISTER THE FOLLOWING PEDSQL SHORT FORM 22 ASTHMA MODULE.

PEDSQL™SHORT FORM 22 ASTHMA MODULE: PARENT REPORT FOR CHILDREN (AGES 8-12)

PA812INTRO. [INTERVIEWER: HAND R SHOWCARD QOL-1] During this part of the CHATS interview, I will ask both you and your child some questions on [his/her] feelings about [his/her] Asthma. Please tell me how much of a problem each one has been for your child during the past ONE month. There are no right or wrong answers to these questions. The answers you can pick are listed on this showcard for your reference as follows:
   0   if it is never a problem
   1   if it is almost never a problem
   2   if it is sometimes a problem
   3   if it is often a problem
   4   if it is almost always a problem

   PRESS 1 TO CONTINUE

Asthma (As)

PA812As1.   In the past ONE month, how much of a problem has your child had with...
Pain or tightness in [his/her] chest?
   0   Never
   1   Almost Never
   2   Sometimes
   3   Often
   4   Almost Always

PA812As2.   (In the past ONE month, how much of a problem has your child had with...)
Feeling wheezy?
   0   Never
   1   Almost Never
   2   Sometimes
   3   Often
   4   Almost Always

PA812As3.   Having asthma attacks?
   0   Never
   1   Almost Never
   2   Sometimes
   3   Often
   4   Almost Always

PA812As4.   Getting scared while having asthma attacks?
   0   Never
   1   Almost Never
   2   Sometimes
   3   Often
   4   Almost Always

PA812As5.   Getting out of breath?
            0   Never
            1   Almost Never
            2   Sometimes
            3   Often
            4   Almost Always

PA812As6.   Coughing?
            0   Never
            1   Almost Never
            2   Sometimes
            3   Often
            4   Almost Always

PA812As7.   Taking a deep breath?
            0   Never
            1   Almost Never
            2   Sometimes
            3   Often
            4   Almost Always

PA812As8.   Having a stuffy or runny nose?
            0   Never
            1   Almost Never
            2   Sometimes
            3   Often
            4   Almost Always

PA812As9.   Waking up at night with trouble breathing?
            0   Never
            1   Almost Never
            2   Sometimes
            3   Often
            4   Almost Always

PA812As10.   Playing with pets?
            0   Never
            1   Almost Never
            2   Sometimes
            3   Often
            4   Almost Always

PA812As11.   Playing outside?
            0   Never
            1   Almost Never
            2   Sometimes
            3   Often
            4   Almost Always

Treatment (Tr)

PA812Tr1.   Medicines making [him/her] feel sick?
        0   Never
        1   Almost Never
        2   Sometimes
        3   Often
        4   Almost Always

PA812Tr2.   Trouble sleeping because of medicines?
        0   Never
        1   Almost Never
        2   Sometimes
        3   Often
        4   Almost Always

PA812Tr3.   Trouble using [his/her] inhaler?
        0   Never
        1   Almost Never
        2   Sometimes
        3   Often
        4   Almost Always

PA812Tr4.   Disliking carrying [his/her] inhaler?
        0   Never
        1   Almost Never
        2   Sometimes
        3   Often
        4   Almost Always

PA812Tr5.   Being responsible for [his/her] medicines?
        0   Never
        1   Almost Never
        2   Sometimes
        3   Often
        4   Almost Always

PA812Tr6.   Controlling [his/her] asthma?
        0   Never
        1   Almost Never
        2   Sometimes
        3   Often
        4   Almost Always

PA812Tr7.   Refusing to take [his/her] medicines?
        0   Never
        1   Almost Never
        2   Sometimes

3   Often

4   Almost Always

PA812Tr8.   Forgetting to take medicines?

0   Never

1   Almost Never

2   Sometimes

3   Often

4   Almost Always

PA812Tr9.   Getting anxious when [he/she] has to have medical treatments?

0   Never

1   Almost Never

2   Sometimes

3   Often

4   Almost Always

PA812Tr10.   Getting anxious about going to the doctor?

0   Never

1   Almost Never

2   Sometimes

3   Often

4   Almost Always

PA812Tr11.   Getting anxious about going to the hospital?

0   Never

1   Almost Never

2   Sometimes

3   Often

4   Almost Always

Worry (Wr)

PA812Wr1.   Worrying about side effects from medical treatments?

0   Never

1   Almost Never

2   Sometimes

3   Often

4   Almost Always

PA812Wr2.   Worrying about whether or not [his/her] medical treatments are working?

0   Never

1   Almost Never

2   Sometimes

3   Often

4   Almost Always

PA812Wr3.   Worrying about [his/her] asthma?

       0   Never
       1   Almost Never
       2   Sometimes
       3   Often
       4   Almost Always

Communication (Cm)

PA812Cm1.   Telling the doctors and nurses how [he/she] feels?
       0   Never
       1   Almost Never
       2   Sometimes
       3   Often
       4   Almost Always

PA812Cm2.   Asking the doctors and nurses questions?
       0   Never
       1   Almost Never
       2   Sometimes
       3   Often
       4   Almost Always

PA812Cm3.   Explaining [his/her] illness to other people?
       0   Never
       1   Almost Never
       2   Sometimes
       3   Often
       4   Almost Always

PA812Close.   Now I would like to speak to [CHILD] to ask [him/her] a few similar questions. Is [he/she] available now?
       1   CHILD IS HERE AND READY TO INTERVIEW
       2   CHILD IS UNAVAILABLE
       NODK
       NOREF

PROGRAMMER: IF PA812CLOSE = 2, SKIP TO NEXT MODULE. IF PA812CLOSE = 1, GO TO CA812INTRO

PROGRAMMER: IF H1=YES AND CHILDAGE BETWEEN 8 AND 12 YEARS, ADMINISTER THE FOLLOWING PEDSQL SHORT FORM 22 ASTHMA MODULE.

PEDSQL™SHORT FORM 22 ASTHMA MODULE: CHILD REPORT (AGES 8-12)

CA812Intro. [INTERVIEWER: HAND R SHOWCARD QOL-1] Earlier, you agreed that I could ask you some questions for the CHATS study. Kids with asthma sometimes have special problems. During this part of the interview, I would like to ask you about how your asthma makes you feel. For each question, please tell us how much of a problem the event or activity has been for you during the past ONE month. There are no right or wrong answers to these questions. The answers you can pick are listed on this card for you in case you need to see them. You can answer as:

0 if it is never a problem
1 if it is almost never a problem
2 if it is sometimes a problem
3 if it is often a problem
4 if it is almost always a problem

PRESS 1 TO CONTINUE

About My Asthma (As)

CA812As1. My chest hurts or feels tight.
0   Never
1   Almost Never
2   Sometimes
3   Often
4   Almost Always

CA812As2. I feel wheezy.
0   Never
1   Almost Never
2   Sometimes
3   Often
4   Almost Always

CA812As3. I have asthma attacks.
0   Never
1   Almost Never
2   Sometimes
3   Often
4   Almost Always

CA812As4. I get scared when I have asthma attacks.
0   Never
1   Almost Never
2   Sometimes
3   Often
4   Almost Always

CA812As5. I get out of breath.
      0   Never
      1   Almost Never
      2   Sometimes
      3   Often
      4   Almost Always

CA812As6. I cough.
      0   Never
      1   Almost Never
      2   Sometimes
      3   Often
      4   Almost Always

CA812As7. It is hard to take a deep breath.
      0   Never
      1   Almost Never
      2   Sometimes
      3   Often
      4   Almost Always

CA812As8. I have a stuffy or runny nose.
      0   Never
      1   Almost Never
      2   Sometimes
      3   Often
      4   Almost Always

CA812As9. I wake up at night with trouble breathing.
      0   Never
      1   Almost Never
      2   Sometimes
      3   Often
      4   Almost Always

CA812As10. It is hard for me to play with pets.
      0   Never
      1   Almost Never
      2   Sometimes
      3   Often
      4   Almost Always

CA812As11. It is hard for me to play outside.
      0   Never
      1   Almost Never
      2   Sometimes
      3   Often
      4   Almost Always

Treatment (Tr)

CA812Tr1.   My medicines make me feel sick.
- 0   Never
- 1   Almost Never
- 2   Sometimes
- 3   Often
- 4   Almost Always

CA812Tr2.   I have trouble sleeping because of my medicines.
- 0   Never
- 1   Almost Never
- 2   Sometimes
- 3   Often
- 4   Almost Always

CA812Tr3.   I have trouble using my inhaler.
- 0   Never
- 1   Almost Never
- 2   Sometimes
- 3   Often
- 4   Almost Always

CA812Tr4.   I don't like to carry my inhaler.
- 0   Never
- 1   Almost Never
- 2   Sometimes
- 3   Often
- 4   Almost Always

CA812Tr5.   It is hard to be responsible for my medicines.
- 0   Never
- 1   Almost Never
- 2   Sometimes
- 3   Often
- 4   Almost Always

CA812Tr6.   It is hard to control my asthma.
- 0   Never
- 1   Almost Never
- 2   Sometimes
- 3   Often
- 4   Almost Always

CA812Tr7.   I refuse to take my medicines.
- 0   Never
- 1   Almost Never
- 2   Sometimes

3   Often
4   Almost Always

CA812Tr8.   I forget to take my medicines.
0   Never
1   Almost Never
2   Sometimes
3   Often
4   Almost Always

CA812Tr9.   I get scared when I have to have medical treatments.
0   Never
1   Almost Never
2   Sometimes
3   Often
4   Almost Always

CA812Tr10.   I get scared when I have to go to the doctor.
0   Never
1   Almost Never
2   Sometimes
3   Often
4   Almost Always

CA812Tr11.   I get scared when I have to go the hospital.
0   Never
1   Almost Never
2   Sometimes
3   Often
4   Almost Always

Worry (Wr)

CA812Wr1.   I worry about the side effects from medical treatments.
0   Never
1   Almost Never
2   Sometimes
3   Often
4   Almost Always

CA812Wr2.   I worry about whether or not my medical treatments are working.
0   Never
1   Almost Never
2   Sometimes
3   Often
4   Almost Always

CA812Wr3.   I worry about my asthma.

0 Never
1 Almost Never
2 Sometimes
3 Often
4 Almost Always

Communication (Cm)

CA812Cm1. It is hard for me to tell the doctors and nurses how I feel.
0 Never
1 Almost Never
2 Sometimes
3 Often
4 Almost Always

CA812Cm2. It is hard for me to ask the doctors and nurses questions.
0 Never
1 Almost Never
2 Sometimes
3 Often
4 Almost Always

CA812Cm3. It is hard for me to explain my illness to other people.
0 Never
1 Almost Never
2 Sometimes
3 Often
4 Almost Always

CA812Close. Thank you [CHILD]. Those are all the questions I have for this part of the interview. Next I want to talk to you and your [FILL IF BA3=1: mother/FILL IF BA3=2: father/FILL IF BA3=3: grandmother/FILL IF BA3=4: grandfather/FILL IF BA3=5: guardian] about how to complete the CHATS Time Activity Diary.

PRESS 1 TO CONTINUE TO NEXT MODULE (TIME ACTIVITY DIARY)

PROGRAMMER: IF H1=YES AND CHILDAGE 13 OR OLDER, ADMINISTER THE FOLLOWING PEDSQL SHORT FORM 22 ASTHMA MODULE.

PEDSQL™SHORT FORM 22 ASTHMA MODULE: PARENT REPORT FOR TEENS (AGES 13-18)

PA13upINTRO. [INTERVIEWER: HAND R SHOWCARD QOL-1] During this part of the CHATS interview, I will ask both you and your child some questions on [his/her] feelings about [his/her] asthma. Please tell me how much of a problem each one has been for your child during the past ONE month. There are no right or wrong answers to these questions. The answers you can pick are listed on this showcard for your reference as:
0   if it is never a problem
1   if it is almost never a problem
2   if it is sometimes a problem
3   if it is often a problem
4   if it is almost always a problem

PRESS 1 TO CONTINUE

Asthma (As)

PA13upAs1. In the past ONE month, how much of a problem has your child had with...
Pain or tightness in [his/her] chest?
0   Never
1   Almost Never
2   Sometimes
3   Often
4   Almost Always

PA13upAs2. (In the past ONE month, how much of a problem has your child had with...)
Feeling wheezy?
0   Never
1   Almost Never
2   Sometimes
3   Often
4   Almost Always

PA13upAs3. Having asthma attacks?
0   Never
1   Almost Never
2   Sometimes
3   Often
4   Almost Always

PA13upAs4. Getting scared while having asthma attacks?
0   Never
1   Almost Never
2   Sometimes
3   Often
4   Almost Always

PA13upAs5. Getting out of breath?
       0   Never
       1   Almost Never
       2   Sometimes
       3   Often
       4   Almost Always

PA13upAs6. Coughing?
       0   Never
       1   Almost Never
       2   Sometimes
       3   Often
       4   Almost Always

PA13upAs7. Taking a deep breath?
       0   Never
       1   Almost Never
       2   Sometimes
       3   Often
       4   Almost Always

PA13upAs8. Having a stuffy or runny nose?
       0   Never
       1   Almost Never
       2   Sometimes
       3   Often
       4   Almost Always

PA13upAs9. Waking up at night with trouble breathing?
       0   Never
       1   Almost Never
       2   Sometimes
       3   Often
       4   Almost Always

PA13upAs10. Playing with pets?
       0   Never
       1   Almost Never
       2   Sometimes
       3   Often
       4   Almost Always

PA13upAs11. Playing outside?
       0   Never
       1   Almost Never
       2   Sometimes
       3   Often
       4   Almost Always

Treatment (Tr)

PA13upTr1. Medicines making [him/her] feel sick?
      0   Never
      1   Almost Never
      2   Sometimes
      3   Often
      4   Almost Always

PA13upTr2. Trouble sleeping because of medicines?
      0   Never
      1   Almost Never
      2   Sometimes
      3   Often
      4   Almost Always

PA13upTr3. Trouble using [his/her] inhaler?
      0   Never
      1   Almost Never
      2   Sometimes
      3   Often
      4   Almost Always

PA13upTr4. Disliking carrying [his/her] inhaler?
      0   Never
      1   Almost Never
      2   Sometimes
      3   Often
      4   Almost Always

PA13upTr5. Being responsible for [his/her] medicines?
      0   Never
      1   Almost Never
      2   Sometimes
      3   Often
      4   Almost Always

PA13upTr6. Controlling [his/her] asthma?
      0   Never
      1   Almost Never
      2   Sometimes
      3   Often
      4   Almost Always

PA13upTr7. Refusing to take [his/her] medicines?
      0   Never
      1   Almost Never

2　Sometimes
　　　　　　　3　Often
　　　　　　　4　Almost Always

PA13upTr8.　Forgetting to take medicines?
　　　　　　　0　Never
　　　　　　　1　Almost Never
　　　　　　　2　Sometimes
　　　　　　　3　Often
　　　　　　　4　Almost Always

PA13upTr9.　Getting anxious when [he/she] has to have medical treatments?
　　　　　　　0　Never
　　　　　　　1　Almost Never
　　　　　　　2　Sometimes
　　　　　　　3　Often
　　　　　　　4　Almost Always

PA13upTr10.　Getting anxious about going to the doctor?
　　　　　　　0　Never
　　　　　　　1　Almost Never
　　　　　　　2　Sometimes
　　　　　　　3　Often
　　　　　　　4　Almost Always

PA13upTr11.　Getting anxious about going to the hospital?
　　　　　　　0　if it is never a problem
　　　　　　　1　if it is almost never a problem
　　　　　　　2　if it is sometimes a problem
　　　　　　　3　if it is often a problem
　　　　　　　4　if it is almost always a problem

Worry (Wr)

PA13upWr1.　Worrying about side effects from medical treatments?
　　　　　　　0　Never
　　　　　　　1　Almost Never
　　　　　　　2　Sometimes
　　　　　　　3　Often
　　　　　　　4　Almost Always

PA13upWr2.　Worrying about whether or not [his/her] medical treatments are working?
　　　　　　　0　Never
　　　　　　　1　Almost Never
　　　　　　　2　Sometimes
　　　　　　　3　Often
　　　　　　　4　Almost Always

PA13upWr3. Worrying about [his/her] asthma?
  0   Never
  1   Almost Never
  2   Sometimes
  3   Often
  4   Almost Always

Communication (Cm)

PA13upCm1. Telling the doctors and nurses how [he/she] feels?
  0   Never
  1   Almost Never
  2   Sometimes
  3   Often
  4   Almost Always

PA13upCm2. Asking the doctors and nurses questions?
  0   Never
  1   Almost Never
  2   Sometimes
  3   Often
  4   Almost Always

PA13upCm3. Explaining [his/her] illness to other people?
  0   Never
  1   Almost Never
  2   Sometimes
  3   Often
  4   Almost Always

PA13upClose. Now I would like to speak to [CHILD] to ask [him/her] a few similar questions. Is [he/she] available now?
  1   CHILD IS HERE AND READY TO INTERVIEW
  2   CHILD IS UNAVAILABLE

PROGRAMMER: IF PA13upCLOSE = 2, SKIP TO NEXT MODULE. IF PA13upCLOSE = 1, GO TO CA13upINTRO

PROGRAMMER: IF H1=YES AND CHILDAGE IS 13 OR OLDER, ADMINISTER THE FOLLOWING PEDSQL SHORT FORM 22 ASTHMA MODULE.

PEDSQL™SHORT FORM 22 ASTHMA MODULE: TEEN REPORT (ages 13-18)

CA13upIntro. [INTERVIEWER: HAND R SHOWCARD QOL-1] Earlier, you agreed that I could ask you some questions for the CHATS study. Teens with asthma sometimes have special problems. During this part of the interview, I would like to ask you about how your asthma makes you feel. For each question, please tell us how much of a problem the event or activity has been for you during the past ONE month. There are no right or wrong answers to these questions. The answers you can pick are listed on this card for you in case you need to see them. You can answer as follows:

    0   if it is never a problem
    1   if it is almost never a problem
    2   if it is sometimes a problem
    3   if it is often a problem
    4   if it is almost always a problem

    PRESS 1 TO CONTINUE.

About My Asthma (As)

CA13upAs1.   My chest hurts or feels tight.
    0 Never
    1 Almost Never
    2 Sometimes
    3 Often
    4 Almost Always

CA13upAs2.   I feel wheezy.
    0 Never
    1 Almost Never
    2 Sometimes
    3 Often
    4 Almost Always

CA13upAs3.   I have asthma attacks.
    0 Never
    1 Almost Never
    2 Sometimes
    3 Often
    4 Almost Always

CA13upAs4.   I get scared when I have asthma attacks.
    0 Never
    1 Almost Never
    2 Sometimes
    3 Often
    4 Almost Always

CA13upAs5.   I get out of breath.
       0 Never
       1 Almost Never
       2 Sometimes
       3 Often
       4 Almost Always

CA13upAs6.   I cough.
       0 Never
       1 Almost Never
       2 Sometimes
       3 Often
       4 Almost Always

CA13upAs7.   It is hard to take a deep breath.
       0 Never
       1 Almost Never
       2 Sometimes
       3 Often
       4 Almost Always

CA13upAs8.   I have a stuffy or runny nose.
       0 Never
       1 Almost Never
       2 Sometimes
       3 Often
       4 Almost Always

CA13upAs9.   I wake up at night with trouble breathing.
       0 Never
       1 Almost Never
       2 Sometimes
       3 Often
       4 Almost Always

CA13upAs10.   It is hard for me to play with pets.
       0 Never
       1 Almost Never
       2 Sometimes
       3 Often
       4 Almost Always

CA13upAs11   It is hard for me to play outside.
       0 Never
       1 Almost Never
       2 Sometimes
       3 Often
       4 Almost Always

Treatment (Tr)

CA13upTr1.   My medicines make me feel sick.
- 0 Never
- 1 Almost Never
- 2 Sometimes
- 3 Often
- 4 Almost Always

CA13upTr2.   I have trouble sleeping because of my medicines.
- 0 Never
- 1 Almost Never
- 2 Sometimes
- 3 Often
- 4 Almost Always

CA13upTr3.   I have trouble using my inhaler.
- 0 Never
- 1 Almost Never
- 2 Sometimes
- 3 Often
- 4 Almost Always

CA13upTr4.   I don't like to carry my inhaler.
- 0 Never
- 1 Almost Never
- 2 Sometimes
- 3 Often
- 4 Almost Always

CA13upTr5.   It is hard to be responsible for my medicines.
- 0 Never
- 1 Almost Never
- 2 Sometimes
- 3 Often
- 4 Almost Always

CA13upTr6.   It is hard to control my asthma.
- 0 Never
- 1 Almost Never
- 2 Sometimes
- 3 Often
- 4 Almost Always

CA13upTr7.   I refuse to take my medicines.
- 0 Never
- 1 Almost Never
- 2 Sometimes

3 Often
4 Almost Always

CA13upTr8.   I forget to take my medicines.
0 Never
1 Almost Never
2 Sometimes
3 Often
4 Almost Always

CA13upTr9.   I get scared when I have to have medical treatments.
0 Never
1 Almost Never
2 Sometimes
3 Often
4 Almost Always

CA13upTr10.   I get scared when I have to go to the doctor.
0 Never
1 Almost Never
2 Sometimes
3 Often
4 Almost Always

CA13upTr11.   I get scared when I have to go the hospital.
0 Never
1 Almost Never
2 Sometimes
3 Often
4 Almost Always

Worry (Wr)

CA13upWr1.   I worry about the side effects from medical treatments.
0 Never
1 Almost Never
2 Sometimes
3 Often
4 Almost Always

CA13upWr2.   I worry about whether or not my medical treatments are working.
0 Never
1 Almost Never
2 Sometimes
3 Often
4 Almost Always

CA13upWr3.   I worry about my asthma.

0   Never
1   Almost Never
2   Sometimes
3   Often
4   Almost Always

Communication (Cm)

CA13upCm1. It is hard for me to tell the doctors and nurses how I feel.
0   Never
1   Almost Never
2   Sometimes
3   Often
4   Almost Always

CA13upCm2. It is hard for me to ask the doctors and nurses questions.
0   Never
1   Almost Never
2   Sometimes
3   Often
4   Almost Always

CA13upCm3. It is hard for me to explain my illness to other people.
0   Never
1   Almost Never
2   Sometimes
3   Often
4   Almost Always

CA13upClose. Thank you [CHILD]. Those are all the questions I have for this part of the interview. Next I want to talk to you and your [FILL IF BA3=1: mother/FILL IF BA3=2: father/FILL IF BA3=3: grandmother/FILL IF BA3=4: grandfather/FILL IF BA3=5: guardian] about how to complete the CHATS Time Activity Diary.

PRESS 1 TO CONTINUE TO NEXT MODULE (TIME ACTIVITY DIARY)

TIME & ACTIVITY DIARY INTRODUCTION

TADPEM1. Next, I would like to talk to you about a form that we would like you and [CHILD] to work on together until I return next week for Session 2. It is a diary to describe where [he/she] goes in the course of each day. [IF CHILDAGE>=12 FILL: It would be helpful to have [CHILD] join us for this part of the interview. Is [CHILD] available right now?]
PRESS 1 TO CONTINUE

TADPEM2. SHOW PARENT/GUARDIAN [IF CHILDAGE>=12 FILL: AND CHILD] TIME ACTIVITY DIARY FORM
This is called a time activity diary, and it will help CHATS researchers better understand if there is a relationship between the different places young people go and their health. I'll show you both how to complete this form by going over an example. We are asking that you complete one form each day until I return for Session 2. During Session 2, I will ask you for the completed forms. If you forget to complete the form one day, just pick up the next day and begin again.

PRESS 1 TO CONTINUE

TADPEM3. INTERVIEWER: DID PARENT/CHILD ACCEPT THE TIME ACTIVITY DIARY?
1 YES
2 NO

    TADPEM3a. [IF TADPEM3=2] Can you tell me more about your reasons for not wanting to complete the Time Activity Diary?

             _____ [ALLOW 100 CHARACTERS]

    TADPEM3b. [IF TADPEM3=2] INTERVIEWER: ADDRESS CONCERN, THEN RE-ASK IF PARENT/GUARDIAN IS NOW WILLING TO COMPLETE TIME ACTIVITY DIARY. DID PARENT/CHILD ACCEPT THE TIME ACTIVITY DIARY?
    1 YES
    2 NO

    TADPEM3c. [IF TADPEM3b=2] Thank you for your feedback. We will move on to the next part of the study, but if you change your mind at any time today while I am still here, I can still teach you both how to complete the Time Activity Diary.

    PRESS 1 TO CONTINUE

PROGRAMMER: IF TADPEM3b=2, SKIP TO LOC1

TADPEM4. [IF TADPEM3 OR TADPEM3b=1].
HAND THE TIME ACTIVITY DIARY TO THE PARENT/CHILD.
This booklet contains the Time Activity Diaries I would like you to complete each day until I return for session 2. Please follow along as I review these instructions on the first page of the booklet.

PRESS 1 TO CONTINUE

TADPEM5. [IF CHILD IS 12 YRS OLD OR OLDER] You will see that there is a place to record if the diary is completed by [CHILD] or a parent. Who do you think will be completing the diary each day – you or [CHILD]?]
1   PARENT
2   CHILD

TADPEM6. [IF CHILD IS 3-11 YRS OLD] You will see that there is a place to record if the diary is completed by the parent or the child. For a child [CHILD]'s age, we would like a parent to complete the diary with help from [CHILD].

PRESS 1 TO CONTINUE

PROGRAMMER: FOR THE REMAINING QUESTIONS IN THIS SECTION, IF TADPEM5=1 OR TADPEM6=1, USE FILLS FOR PARENT. IF TADPEM5=2, QUESTIONS ARE TO BE ADDRESSED TO THE CHILD DIRECTLY.

TADPEM7. The Time Activity Diary is divided into 4 parts orrows. Midnight-6am (early morning), 6am-Noon (morning), Noon-6pm (afternoon), and 6pm-Midnight (evening). The total number of hours on each of the 4 rows will equal 6 when the diary is completed.

Time can be recorded in whole hours or quarter hours. For example: ¼ hour is 15 minutes, ½ hour is 30 minutes, and ¾ hour is 45 minutes. Do not record a location if it was less than 15 minutes

For each 6-hour time period during the 24-hour day, please write the number of hours (you/[CHILD] spent at each location.

PRESS 1 TO CONTINUE

TADPEM8. The Locations are divided into 2 groups.
INTERVIEWER: POINT TO INDOORS AND OUTDOORS SECTIONS.

Here, the instructions read…

Indoors. How long was the child any place indoors at home, school, or some other place? Write the other place at the bottom of the page, for example library, friend's house, or store. If the child went to another city, record the location and the city/state.
Outdoors. How long was the child any place outdoors at home (your yard), school yard, or some other place such as a park, a friend's or relative's yard, or the outside in the neighborhood? If the child went to another city, record the location and the city/state

PRESS 1 TO CONTINUE

TADPEM9. There is also a column in the middle where you will record the time (you/[CHILD]) spent traveling. Here, the instructions read…

How long was the child riding in any car, taxi, van, bus, motorcycle, or other automobile? Add all the time spent traveling in each 6-hour period together and record in the middle column. Do not count time riding a bicycle as traveling.

PRESS 1 TO CONTINUE

TADPEM10. I will mark the days of the week and date for each day you need to complete the time activity diary. Please begin recording your entries today.

INTERVIEWER: START WITH THE FIRST TAD PAGE AND MARK THE DAY "EXAMPLE." THEN MARK DAYS AND DATES FOR OTHER DAYS UNTIL SESSION 2.

PRESS 1 TO CONTINUE

TADPEM11. Let's review an example page together.

INTERVIEWER: EXPLAIN SPECIFICS OF EXAMPLE DAY.

ADDRESS ANY QUESTIONS.

PRESS 1 TO CONTINUE

TADPEM12. OK, that's all you need to know about the time activity diary. I'll call you in a couple days to see if you have any new questions.
Those are all of the questions I have for you today, [CHILD]. Thanks for helping out.

PRESS 1 TO CONTINUE

PROGRAMMER: SKIP TO LOC1

CHATS Time Activity Diary
Instructions

Please complete a time activity diary for each day between session 1 and session 2 interviews, including the days of the interviews. Your CHATS interviewer will mark the days of the week for each day you need to complete.

All activity is for the child selected for the interview. There is a place to record if the diary is completed by the parent for the child or if the child completes the diary him- or herself.

For each 6-hour time period during the 24-hour day, please write the number of hours the child spent at each location.

The Time Activity Diary is divided into 4 parts (rows). Midnight-6am (early morning), 6am-Noon (morning), Noon-6pm (afternoon), and 6pm-Midnight (evening). The total number of hours on each of the 4 rows will equal 6 when the diary is completed.

Time can be recorded in whole hours or quarter hours. Examples: ¼ hour is 15 minutes. ½ hour is 30 minutes. ¾ hour is 45 minutes. Do not record a location if it was less than 15 minutes.

Locations are divided into 2 groups:

- **INDOORS:** How long was the child any place <u>indoors</u> at home, school, or some other place? Write the other place at the bottom of the page, for example library, friend's house, or store. If the child went to another city, record the location and the city/state.

- **OUTDOORS:** How long was the child any place <u>outdoors</u> at home (your yard), school yard, or some other place such as a park, a friend's or relative's yard, or the outside in the neighborhood? Include time riding a bicycle or skateboard as time outdoors. If the child went to another city, record the location and the city/state

TRAVELING: How long was the child riding in any car, taxi, van, bus, motorcycle, or other automobile? Add all the time spent traveling in each 6-hour period together and record in the middle column. Do not count time riding a bicycle as traveling.

CHATS Time Activity Diary

Day of Week: _____   Date: ___/___/_____   Completed by: ❑ Child ❑ Parent

Time of Day (6-hour periods)	Were You Indoors?			Were You Traveling in a Car, Bus, Other Vehicle?	Were You Outdoors?		
	Home	**School**	**Other***		**Home**	**School**	**Other****
Midnight to 6 am	_____ hour(s)	_____ hour(s)	_____ hour(s)	_____ hour(s)	_____ hour(s)	_____ hour(s)	_____ hour(s)
6 am to Noon	_____ hour(s)	_____ hour(s)	_____ hour(s)	_____ hour(s)	_____ hour(s)	_____ hour(s)	_____ hour(s)
Noon to 6 pm	_____ hour(s)	_____ hour(s)	_____ hour(s)	_____ hour(s)	_____ hour(s)	_____ hour(s)	_____ hour(s)
6 pm to Midnight	_____ hour(s)	_____ hour(s)	_____ hour(s)	_____ hour(s)	_____ hour(s)	_____ hour(s)	_____ hour(s)

***Where were the Other Indoor locations?**

****Where were the Other Outdoor locations?**

[THIS FORM IS REPEATED IN BOOKLET 10 TIMES. ONE PAGE WILL BE USED FOR AN EXAMPLE AND THE REMAINING PAGES WILL BE USED FOR EACH DAY BETWEEN SESSIONS 1 AND 2. SESSION 2 WILL BE SCHEDULED 5-9 DAYS AFTER SESSION 1.]

BACKGROUND AND CONTACT QUESTIONS

LOC1. [Begin time] INTERVIEWER: ADDRESS THE PARENT/GUARDIAN PERSONALLY. Now I have a couple questions about you and your household. What is the highest level of education that you personally have completed?
1   Less than 12th grade
2   High school graduate or GED
3   Some college
4   Bachelors degree
5   Some graduate school
6   Graduate degree
7   Professional degree

LOC2. The next question is about your family income. Income is important in analyzing the health information we collect. Please be assured that, like all other information you have provided, these answers will be kept strictly private. Which category below best describes your combined total family income before taxes in [PREVIOUS CALENDAR YEAR]. When answering, please include all sources of income. Count your income PLUS the income of all family members living in this household. ADMINISTER SHOW CARD LOC2.
1   Under $10,000
2    $10,001 to $25,000
3    $25,001 to $35,000
4    $35,001 to $50,000
5    $50,001 to $75,000
6   Over $75,000

LOC3. I would like to schedule next week's visit with you and [CHILD]. Also, my supervisor may call you to verify my work. Because of that and a follow-up visit about 6 months from now, I'd like to make sure we have the best contact information for you. First, may I record a phone number where you can be reached?
1   YES
2   NO

LOC4. [IF LOC3=1] INTERVIEWER: RECORD CELL PHONE, WORK PHONE, OR OTHER NUMBER.
ENTER F4 FOR REFUSED

_____-_____-_____ [PROGRAM FIELD FOR TELEPHONE FORMAT]
NODK

LOC5. [IF LOC4 NE REF] Is this a land line or cell phone?
1   LAND LINE
2   CELL PHONE

LOC6. [IF LOC3=1] May I have an alternate phone number where we can reach you if needed?
1   YES
2   NO

LOC7. [IF LOC6=1] INTERVIEWER: RECORD CELL PHONE, WORK PHONE, OR OTHER NUMBER.
ENTER F4 FOR REFUSED

_____-_____-_____ [PROGRAM FIELD FOR TELEPHONE FORMAT]

LOC8.   [IF LOC7 NE REF] Is this a land line or cell phone?
    1   LAND LINE
    2   CELL PHONE

LOC9.   Do you have an email address where we could write to you if we were unable to reach you otherwise?
    1   YES
    2   NO

LOC10.   [IF LOC9=1] INTERVIEWER RECORD EMAIL ADDRESS

    _____ [ALLOW 40 CHARACTERS, REQUIRE AN @ SYMBOL]

LOC11.   Could you tell me the name and phone number of someone not living with you, such as a close friend or relative, who would know how to reach you? We would only contact that person if we were unable to reach you otherwise.
    1   YES
    2   NO

LOC12.   [IF LOC11 = YES] INTERVIEWER: ENTER CONTACT'S FIRST AND LAST NAME, CONFIRM SPELLING

    _____ [ALLOW 40 CHARACTERS]

LOC13.   [IF LOC11 = YES AND LOC12 NE DK/REF] ENTER AREA CODE AND PREFIX. CONFIRM NUMBER.

    _____-_____-_____ [ALLOW TELEPHONE FORMAT]

    NOTE: SSN QUESTIONS WILL BE ASKED IN 6-MONTH FOLLOW-UP

LOC14.   Now, let's schedule the visit for next week. At that time I will come back with a nurse and we will want to meet with both you and [CHILD]. That visit will take about an hour.
Would you be willing to participate in this follow-up study?
    1   YES
    2   NO
    NODK
    NOREF

IF LOC14=NO, ASK LOC14A, ELSE GO TO LOC15

    LOC14a.   [IF LOC14=1] It would be helpful if you could let us know your reasons for not wanting to participate in this second visit.

        SELECT ALL THAT APPLY

        1   TOO INTRUSIVE
        2   R DOES NOT HAVE ENOUGH TIME

3   R OUT OF TOWN DURING 1-WEEK WINDOW
        4   UNCOMFORTABLE WITH SAMPLE COLLECTIONS
        5   ADVERSE EVENT OR REACTION DURING FIRST INTERVIEW
        6   R "JUST DOESN'T WANT TO"—NO REASON GIVEN
        7   INCENTIVE IS NOT ENOUGH
        8   OTHER

IF LOC14A = OTHER ASK LOC14A1, ELSE SKIP TO THANK

        LOC14a1.   [IF LOC14_8=OTHER] RECORD OTHER REASON FOR REFUSAL OF 2nd VISIT

                _____ [ALLOW 70 CHARACTERS]

LOC15.   [IF LOC14=YES] I'd like to schedule the visit next week on {DATE1}
        1   YES
        2   NO

DATE1 IS TODAY'S DATE + 7

        LOC15a.   [IF LOC15=NO, DK OR REF] May we schedule the next visit between on {DATE2} or
                {DATE3}?
                1   YES
                2   NO

                INTERVIEWER: IF RESPONDENT ACCEPTS APPOINTMENT IN THIS RANGE, RECORD
                DATE AND TIME ON THE ROC, NOTING THIS IS FOR SESSION 2 INTERVIEW.

                DATE2 IS TODAY'S DATE + 6 DAYS, DATE3 IS TODAY'S DATE + 8 DAYS

        LOC15b.   [IF LOC15a=NO, DK OR REF] May I come see you any day between {DATE4} and
                {DATE5}?

                INTERVIEWER: IF RESPONDENT ACCEPTS APPOINTMENT IN THIS RANGE, RECORD
                DATE AND TIME ON THE ROC, NOTING THIS IS FOR SESSION 2 INTERVIEW.
                1   YES
                2   NO

DATE4 IS TODAY'S DATE + 5 DAYS, DATE5 IS TODAY'S DATE + 9 DAYS

IF LOC15B=NO, DK, OR REF, GO TO LOCREF

        LOC16a.   [IF LOC15=1 OR LOC15a=1 OR LOC15b=1] ENTER APPOINTMENT DATE FROM THE
                ROC ON THIS SCREEN.

                Month_____ [REQUIRE 2 DIGITS]
                Day_____[REQUIRE 2 DIGITS]
                Year_____[REQUIRE 4 DIGITS]

DATE RANGE IS DATE4 – DATE5. HARD CHECK TEXT: "DATE MUST BE WITHIN IN RANGE DATE4-DATE5."

LOC16b.   Tell me what time I can meet you. Again, this will take about an hour.

RECORD TIME ON THE ROC. ENTER TIME ON THIS SCREEN.

hour _____ minute _____ am/pm

{hour allow 1-12. minute allow 00 – 59}

LOC16c.   [IF LOC15=1 OR LOC15a=1 OR LOC15b=1] INTERVIEWER: RECORD THIS APPOINTMENT ON THE APPOINTMENT CARD AND GIVE IT TO RESPONDENT.

RECORD THE APPOINTMENT DATE AND TIME AS WELL AS TODAY'S DATE AND TIME ON A SEPARATE COPY OF THE APPOINTMENT CARD FOR YOURSELF.

{display DATE, TIME}

PRESS 1 TO CONTINUE

DATE COMES FROM DATE SELECTED IN LOC16A.

LOCREF. [IF LOC15a=2 AND LOC15b=2] I'm sorry there does not seem to be a time that is convenient for you to do the second visit.
INTERIEWER: TRY TO ANSWER CONCERNS ON THIS SCREEN. IF YOU CONVINCE RESPONDENT TO SCHEDULE, GO BACK TO PREVIOUS SCREEN AND RECORD TIME.

PRESS 1 TO CONTINUE

THANK.   [IF LOC16c=1] Thank you for your participation in this part of the CHATS session 1 interview. I do still need to put out the air collection equipment and record some information about the rooms in this home. I will need your help with this as well. Then I will give you your cash gift as thanks for your participation.

PRESS 1 to CONTINUE

THANK2.[END TIME][IF LOCREF=1] Thank you for your participation in the CHATS session 1 interview. I'm sorry that we could not schedule the second visit. I will give you your cash gift as thanks for your participation.

PRESS 1 to CONTINUE

ENVIRONMENTAL ASSESSMENT

HOME INSPECTION ASSESSMENT

OBSINTRO.   At this time, I would like to ask your permission to complete a quick tour of your home in order to make some observations. For example, I will look around your home to check for things like the type of flooring in your home; the type of pillow and mattress [CHILD] sleeps on; as well as the type of garage you may have.

I will not visit any part of your home you do not wish me to see. We are hoping you will allow us to complete this part of the interview as it is very important to the validity of our study results that we conduct this short tour of your home, including for example, [CHILD]'s main living area, [CHILD]'s bedroom, and your kitchen.

If it is alright with you, can we begin walking through your home together?

PRESS 1 TO CONTINUE

OBSINTROa. ALLOWED TO COMPLETE HOME INSPECTION TOUR?
1   YES
2   NO

OBSINTROb. [IF OBSINTROa=NO] (Can you tell me more about your reasons for not wanting me to complete a tour of your home?)

_____ [ALLOW 100 CHARACTERS]

OBSINTROc. [IF OBSINTROa=NO] INTERVIEWER: ADDRESS CONCERNS ABOUT THE HOME INSPECTION PROCESS
After having spoken about the process of touring your home, would you now allow us to walk around your home together to complete this part of the study?
1   YES
2   NO

OBSINTROd. [IF OBSINTROc=NO] Thank you for your feedback. We will move on to the next part of the study, but if you change your mind at any time today while I am still here, we can still conduct a quick tour of your home.

PRESS 1 TO CONTINUE

OBSbegin.   [OBSINTROa=YES OR OBSINTROc=YES]For this part of the study, I will use a different computer to record the information.

INTERVIEWER: OPEN IPAQ and SELECT CASE ID: <CASEID> FOR THE HOME INSPECTION

PROGRAMMER: The CASE ID ABOVE MUST MAP TO THE CORRESPONDING CASE ID ON THE IPAQ FOR THIS CASE ID ON THE LAPTOP.

OBSConfirm.   INTERVIEWER: CONFIRM THAT YOU HAVE OPENED THE CORRECT CASE

CASE ID: <CASEID>

IS THIS THE CORRECT CASE?

1   YES
2   NO

PROGRAMMER: IF OBSConfirm=NO, CLOSE OUT PROGRAM WITHOUT SAVING DATA; IF OBSConfirm=YES,
CONTINUE WITH OBS1.

OBS1.   Thank you for agreeing to allow me to complete a tour of your home for the CHATS study.
Let's start with your child's main living area.   Think of this as the place in your home where
[CHILD] spends most of his time. Can we go to [CHILD]'s main living area?

PRESS NEXT TO CONTINUE

OBS2.   IN EACH ROOM, OBSERVE IF THERE IS AN EVIDENCE OF SMOKING OR RODENTS , VISIBLE
MOLD, MOLDY SMELL, WATER DAMAGE, OR FOOD DEBRIS.

PRESS NEXT TO CONTINUE

CHILD'S MAIN LIVING AREA

OBS3.   ALLOWED TO VISIT THE CHILD'S MAIN LIVING AREA ROOM?
1   YES
2   NO

OBS4.   [IF OBS3=NO] ASK THE PARTICIPANT INSTEAD OF OBSERVATION

PRESS NEXT TO CONTINUE

OBS5.   What do you call this room?
1   FAMILY ROOM
2   CHILD'S BEDROOM
3   LIVING ROOM
4   KITCHEN
5   OTHER

OBS5OTH.   [IF OBS5=5] DESCRIBE _____ ALLOW 30 CHARACTERS

OBS6.   WHAT TYPE OF FLOORING IS IN THE **CHILD'S MAIN LIVING AREA**? (CHECK ALL THAT APPLY)
              1   CARPETING
              2   HARDWOOD OR WOOD LAMINATE
              3   VINYL
              4   AREA/THROW RUGS
              5   OTHER _____

              OBS6OTH.   [IF OBS6=5] DESCRIBE _____ ALLOW 30 CHARACTERS

CHILD'S BEDROOM

OBS8.   [IF OBS5=2 SKIP TO OBS15]Thank you for showing me [CHILD]'s main living area. I am ready to move on to [CHILD]'s bedroom.

              PRESS NEXT TO CONTINUE

OBS9.   ALLOWED TO VISIT THE CHILD'S BEDROOM?
              1   YES
              2   NO

OBS10.   [IF OBS9=NO] ASK THE PARTICIPANT INSTEAD OF OBSERVATION

              PRESS NEXT TO CONTINUE

OBS11.   WHAT TYPE OF FLOORING IS IN THE **CHILD'S BEDROOM**? (CHECK ALL THAT APPLY)
              1   CARPETING
              2   HARDWOOD OR WOOD LAMINATE
              3   VINYL
              4   AREA/THROW RUGS
              5   OTHER _____

              OBS11OTH.   [IF OBS11=5] DESCRIBE _____ ALLOW 30 CHARACTERS

OBS12.   DOES THE CHILD'S BED OR PILLOW HAVE A PLASTIC OR ALLERGEN-PROOF COVER?
              1   YES
              2   NO

KITCHEN

OBS14.   [IF OBS5=4 SKIP TO OBS23] I am all done in [CHILD]'s bedroom/main living area. May we go to your kitchen?

PRESS NEXT TO CONTINUE

OBS15.   ALLOWED TO VISIT THE KITCHEN?
          1   YES
          2   NO

OBS16.   [IF OBS16=NO] ASK THE PARTICIPANT INSTEAD OF OBSERVATION

          PRESS NEXT TO CONTINUE

OBS17.   WHAT TYPE OF FLOORING IS IN THE **KITCHEN**? (CHECK ALL THAT APPLY)
          1   CARPETING
          2   HARDWOOD OR WOOD LAMINATE
          3   VINYL
          4   AREA/THROW RUGS
          5   OTHER _____

          OBS18OTH.   [IF OBS18=5] DESCRIBE _____ ALLOW 30 CHARACTERS

OBS18.   IS THERE AN EXHAUST FAN FOR THE COOKING STOVE?
          1   YES
          2   NO
          3   N/A - NO COOKING STOVE

OBS19.   [IF OBS19=YES] Do you use the exhaust fan for cooking stove?
          1   YES
          2   NO

LAUNDRY AREA
OBS21.   Thank you. Next, can you show me where you do laundry in your home?

          PRESS NEXT TO CONTINUE

OBS22.   ALLOWED TO VISIT THE LAUNDRY ROOM?
          1   YES
          2   NO

OBS23.   [IF OBS24=NO] ASK THE PARTICIPANT INSTEAD OF OBSERVATION

          PRESS NEXT TO CONTINUE

OBS24.   IS THERE A CLOTHES DRYER IN THE HOME?
          1   YES
          2   NO

OBS25.   [IF OBS26=YES] IS THE CLOTHES DRYER VENTED OUT OF THE DWELLING?
          1   YES
          2   NO

GENERAL HOME QUESTIONS

OBS26.   Now I would like to take a quick look at all additional rooms in your home. You can show me these rooms and areas in any order you like. I will follow you.

          INTERVIEWER: RECORD ANSWERS TO FOLLOWING QUESTIONS FROM OBSERVATIONS OF SMOKING, RODENTS, FOOD DEBRIS, MOLD, OR WATER DAMAGE.

          PRESS NEXT TO CONTINUE
          PROGRAMMER: CAN OBS29-OBS38 APPEAR ON ONE SCREEN IN A TABLE?

OBS27.   IS THERE A WHOLE-HOUSE OR ATTIC FAN?
          1   YES
          2   NO

OBS28.   ARE THERE STORM WINDOWS IN THE HOME?
          1   YES
          2   NO

OBS29.   IS THERE A PLASTIC SHOWER CURTAIN ANYWHERE IN THE HOME?
          1   YES
          2   NO

OBS30.   IS THERE EVIDENCE OF SMOKING INSIDE THE HOME, SUCH AS ASH TRAYS, TOBACCO PRODUCTS, LIGHTERS, OR ODORS?
          1   YES
          2   NO

OBS31.   IS THERE EVIDENCE OF RODENT DROPPINGS, TRAPS, OR POISONS INSIDE THE HOME?
          1   YES
          2   NO

OBS32.   IS THERE EVIDENCE OF FOOD DEBRIS INSIDE THE HOME?
          1   YES
          2   NO

OBS33.   IS THERE MOLD VISIBLE ON WALLS, CARPET, OR OTHER SURFACES INSIDE THE HOME?
          1   YES
          2   NO

OBS34.   DOES THE HOME HAVE A MOLDY SMELL?
          1   YES
          2   NO

OBS35.   DOES THE HOME HAVE ANY VISIBLE WATER DAMAGE?
           1   YES
           2   NO

OBS36.   [IF OBS37=YES] DOES IT APPEAR THAT THE SOURCE OF WATER DAMAGE HAS BEEN
           REPAIRED?
           1   YES
           2   NO

GARAGE

OBS37.   Thank you for being so patient, we are almost done with this part of the interview. If you
           have a garage, I would like to now move to that area.

           PRESS NEXT TO CONTINUE

OBS38.   DOES THE HOUSE HAVE AN ATTACHED GARAGE WITH A DOOR LEADING INTO THE
           HOUSE?
           1   YES
           2   NO

OBS39.   [IF OBS40=YES] IS THE GARAGE MOSTLY USED FOR CAR PARKING, FOR STORAGE OF
           GASOLINE CANS, PAINTS OR SOLVENTS -- OR NEITHER?
           1   PARKING CAR(S)
           2   STORAGE OF GAS CANS OR OTHER PETROLEUM BASED SOLVENTS
           3   NEITHER

OBS42. Thank you for allowing me to complete a tour of your home for the CHATS study. Let's now
move on to the next part of the study.

           INTERVIEWER: RETURN TO LAPTOP COMPUTER TO BEGIN DUST COLLECTION PROCESS

EQUIPMENT DEPLOYMENT

DUST SAMPLE COLLECTION – NOTE: DUST COLLECTION HAS BEEN MOVED TO SESSION 2

REFERENCE ONLY: IDENTIFYING THE AREA SHOULD BE DONE DURING THE HOME INSPECTION

DSINTRO.   [DISPLAY IF DS_IS IS NOT EMPTY, IF EMPTY SKIP TO SDINTRO IN THE PERSONAL PLATFORM
           SCRIPT] INTERVIEWER: DURING THE HOME INSPECTION, WHAT ROOM DID THE
           PARENT/GUARDIAN DESCRIBE AS THE CHILD'S MAIN LIVING AREA?
           1   THE FAMILY ROOM
           2   THE CHILD'S BEDROOM
           3   THE LIVING ROOM
           4   THE KITCHEN
           5   OTHER

DSINTROa. [IF DSINTRO=5] BRIEFLY DESCRIBE THE CHILD'S MAIN LIVING AREA USING UP TO 3 WORDS

_____ ALLOW 30 CHARACTERS

DSINTRO1. Now, I would like to collect a small sample of dust from [CHILD]'s main living area, which you said was:
1 [FILL DESCRIPTION FROM DSINTRO OR DSINTROa IF DSINTRO=OTHER]
2 [LEAVE BLANK IF DSINTRO=THE CHILD'S BEDROOM. IF DSINTRO DOES NOT = THE CHILD'S BEDROOM DISPLAY: AND A SMALL SAMPLE FROM THE CHILD'S BEDROOM]

I will spend about 5 minutes collecting these samples, during which time I will vacuum a small space on the floors and [CHILD]'s bed. I will wear sterile gloves when taking any dust samples to ensure that I don't contaminate your samples by touching them or the areas to be vacuumed with my bare hands. Before I begin getting my equipment ready, do you have any questions for me?

PRESS 1 TO CONTINUE

DSINTRO1a. WILL THE PARENT GUARDIAN ALLOW YOU TO COMPLETE THE DUST COLLECTION?
1 YES
2 NO

DSINTRO1b. [IF DSINTRO1a=NO] (Can you tell me more about your reasons for not wanting me to collect dust samples from your home?)

_____ [ALLOW 100 CHARACTERS]

DSINTRO1c. [IF DSINTRO1a=NO] INTERVIEWER: ADDRESS CONCERNS ABOUT THE DUST COLLECTION PROCESS

After having spoken about the dust collection process, would you now allow us to collect a dust sample from your home?
1 YES
2 NO

DSINTRO1d. [IF DSINTRO1c=NO] Thank you for your feedback. We will move on to the next part of the study, but if you change your mind at any time today while I am still here, we can still collect a quick sample from these rooms

PRESS 1 TO CONTINUE

PROGRAMMER: IF DSINTRO1c=NO, SKIP TO SDINTRO IN THE PERSONAL PLATFORM SCRIPT

FIELD BLANK DUST SAMPLE COLLECTION

DFBC1. [DISPLAY IF DSINTRO1a=YES OR DSINTRO1c=YES AND COLUMN DF_FB IS NOT EMPTY, IF EMPTY SKIP TO DSCM1] YOU SHOULD HAVE A FIELD BLANK DUST COLLECTION JAR LABELED WITH A BLACK DOT IN YOUR PARTICIPANT BOX.

THE INSTRUCTIONS THAT FOLLOW WILL TELL YOU HOW TO COLLECT A FIELD BLANK DUST SAMPLE BEFORE YOU COLLECT A REGULAR DUST SAMPLE FROM THE HOME.   FOLLOW THE NEXT STEPS CAREFULLY.

PRESS 1 TO CONTINUE

DFBC2.   PUT ON NITRILE GLOVES.
             REMOVE FIELD BLANK DUST SAMPLE COLLECTION JAR LABELED WITH A BLACK DOT FROM THE PARTICIPANT BOX
             SCAN THE BARCODE ON THE FIELD BLANK DUST SAMPLE COLLECTION JAR. IF THE BARCODE DOES NOT SCAN, KEY THE ID.

             FIELD BLANK DUST COLLECTION JAR ID NUMBER: _____[ALLOW 6 CHARACTERS - DF AND 4 NUMBERS]

PROGRAMMER:DUST COLLECTION JAR ID SHOULD BE 6 CHARACTERS: DF####. CHECK THE ENTERED ID AGAINST VALID IDS IN THE SAMPLER INVENTORY. IF NOT A VALID ID, PLEASE HAVE A POP-UP BOX APPEAR INDICATING THE FI HAS ENTERED AN INVALID ID AND SHOULD ENTER A CORRECT ID TO PROCEED

PROGRAMMER:IF SCANNED/KEYED BARCODE ON DUST COLLECTION JAR MATCHES EXPECTED BARCODE (WHICH IS A FIELD BLANK DUST COLLECTION JAR AS SET IN THE SYSTEM), GO TO DFBC3. IF SCANNED BARCODE ON DUST COLLECTION JAR IS DIFFERENT FROM EXPECTED BARCODE (IT IS NOT A FIELD BLANK DUST COLLECTION JAR AS SET IN THE SYSTEM), GO TO DFBC2a.

             DFBC2a.   ARE YOU SURE YOU SCANNED/KEYED THE FIELD BLANK (BLACK DOTTED) DUST COLLECTION JAR? OUR RECORDS SHOW YOU HAVE SCANNED

                          [CHECK ID AGAINST NON-FIELD BLANK DUST COLLECTION JAR IDS IN COLUMN DF_IS, IF A MATCH DISPLAY "a non-field blank dust collection jar"]

                          [IF ID DOES NOT MATCH ANY ID LISTED IN DF_FB OR DF_IS, DISPLAY "something other than a dust collection jar, possibly a type of sampler']
                          1   YES
                          2   NO

PROGRAMMER: IF DFBC2a=NO, LOOP BACK TO DFBC2.

             DFBC2b.   [IF DFBC2a=YES] DO YOU WANT TO ADD THIS FIELD BLANK DUST COLLECTION JAR TO YOUR PARTICIPANT BOX? A REPORT WILL BE SENT TO CHATS SUPERVISORS INFORMING THEM OF THE ADDITION.
                          1   YES
                          2   NO

PROGRAMMER: IF DFBC2b=NO, LOOP BACK TO DFBC2.

             DFBC2c.   [IF DFBC2b=YES] THIS FIELD BLANK DUST COLLECTION JAR HAS BEEN ADDED TO THE PARTICIPANT BOX ASSIGNED TO THIS CASE.

PRESS 1 TO CONTINUE

DFBC3.   INSERT A NEW FILTER SOCK IN THE VACUUM CLEANER'S HOSE WAND

ONLY THE WHITE PART NEEDS TO BE INSERTED.

FLIP THE BLUE PART OUTSIDE THE WAND

PRESS 1 TO CONTINUE

DFBC4.   CAREFULLY PUT YOUR FINGER INTO THE FILTER SOCK TO MAKE ROOM FOR THE VACUUM
CLEANER ATTACHMENT

INSERT THE VACUUM CLEANER ATTACHMENT INTO THE FILTER SOCK

IF YOU HAVE ANY QUESTIONS ON SETTING UP THE VACUUM CLEANER, PLEASE REVIEW
YOUR JOB AIDS BOOKLET.

PRESS 1 TO CONTINUE

DFBC5.   DO NOT TURN ON THE VACUUM CLEANER

TAKE THE ATTACHMENT OUT OF THE FILTER SOCK AND REMOVE FILTER SOCK

PLACE THE FILTER SOCK IN THE FIELD BLANK DUST COLLECTION JAR LABELED WITH A
BLACK DOT.

DO NOT PLACE THE FIELD BLANK DUST SAMPLE/FILTER SOCK INTO A CONTAINER WITH
ANOTHER COLLECTED DUST SAMPLE.

PRESS 1 TO CONTINUE

PROGRAMMER: RECORD TIME AND DATE STAMP WHEN USER PRESSES 1 TO CONTINUE

DFBC6.   HAS THE FIELD BLANK DUST SAMPLE BEEN SUCCESSFULLY COLLECTED?
1   YES
2   NO

DFBC6a.   [IF DFBC6=NO] PLEASE DESCRIBE THE REASON WHY YOU DID NOT COMPLETE
COLLECTION FOR THE FIELD BLANK DUST SAMPLE

_____ [ALLOW 100 CHARACTERS]

CHILD'S MAIN LIVING AREA – DUST WILL NOT BE COLLECTED FROM CHILD'S MAIN LIVING AREA

CHILD'S BEDROOM

DSCBINTRO. [DISPLAY IF DSINTRO DOES NOT=2 AND (DSINTRO1a=YES OR DSINTRO1c=YES), OR IF DSCM1=NO] I would like to move to [CHILD]'s bedroom now. Can we please go to [HIS/HER] room so that I can collect a dust sample?

ALLOWED TO VISIT THE CHILD'S BEDROOM TO COLLECT A DUST SAMPLE?
1 YES
2 NO

DSCBINTROa. [IF DSCBINTRO=NO] (Can you tell me more about your reasons for not wanting me to collect dust samples from your child's bedroom?)

_____ [ALLOW 100 CHARACTERS]

DSCBINTROb. INTERVIEWER: ADDRESS CONCERNS ABOUT THE DUST COLLECTION PROCESS

After having spoken about the dust collection process, would you now allow us to collect a dust sample from [CHILD]'s bedroom?
1 YES
2 NO

DSCBINTROc. [IF DSCBINTROb =NO] Thank you for your feedback. We will move on to the next part of the study, but if you change your mind at any time today while I am still here, we can still collect a quick sample from this room

PRESS 1 TO CONTINUE

PROGRAMMER: IF DSCBINTRO=NO OR DSCBINTROb=NO, SKIP TO DSCB17

DSCBINTROb. [IF DSCBINTRO=YES] INTERVIEWER: WHEN MOVING FROM THE CHILD'S MAIN LIVING AREA TO THEIR BEDROOM MAKE SURE TO:

HOLD THE VACUUM HOSE WAND UPWARDS WHEN TRAVELING AROUND THE HOME TO PREVENT DUST SPILLAGE

PRESS 1 TO CONTINUE

DSCB1. [DISPLAY IF DSINTRO =2 AND (DSINTRO1a=YES OR DSINTRO1c=YES)] I would like to start in [CHILD]'s bedroom. Can we please go to [HIS/HER] room now so that I may collect a sample?

ALLOWED TO VISIT THE CHILD'S BEDROOM TO COLLECT A DUST SAMPLE?
1 YES
2 NO

DSCB1a.   [IF DSCB1=NO] (Can you tell me more about your reasons for not wanting me to collect dust samples from your child's bedroom?)

_____ [ALLOW 100 CHARACTERS]

DSCB1b.   INTERVIEWER: ADDRESS CONCERNS ABOUT THE DUST COLLECTION PROCESS

After having spoken about the dust collection process, would you now allow us to collect a dust sample from [CHILD]'s bedroom?
1   YES
2   NO

DSCB1c.   [IF DSCB1b =NO] Thank you for your feedback. We will move on to the next part of the study, but if you change your mind at any time today while I am still here, we can still collect a quick sample from this room

PRESS 1 TO CONTINUE

PROGRAMMER: IF DSCB1=NO OR DSCB1b=NO, SKIP TO DSCB17

DSCB1d.   [IF DSCB1=YES OR DSCB1b=YES] YOU WILL NEED THE FOLLOWING SUPPLIES TO COLLECT THE DUST SAMPLE:
1   DUST SAMPLE COLLECTION JAR (YELLOW DOT)
2   NEW FILTER SOC
3   VACUUM CLEANER BASE
4   VACUUM CLEANER HOSE ATTACHMENT
5   CARPENTER'S RULER
6   THIS LAPTOP

PRESS 1 TO CONTINUE

DSCB2.   [IF DSCB1=YES OR DSCB1b=YES AND DSCBINTRO=YES OR DSCBINTROb=YES] PUT ON NITRILE GLOVES IF YOU HAVEN'T ALREADY.
DSCB2a [DISPLAY IF DSCB1=YES OR DSCB1b=YES] REMOVE DUST SAMPLE COLLECTION JAR LABELED WITH A YELLOW DOT FROM THE PARTICIPANT BOX
SCAN THE BARCODE ON THE DUST SAMPLE COLLECTION JAR. IF THE BARCODE DOES NOT SCAN, KEY THE ID.

DUST COLLECTION JAR ID NUMBER: _____ [ALLOW 6 CHARACTERS - DF AND 4 NUMBERS]

PROGRAMMER: DUST COLLECTION JAR ID SHOULD BE 6 CHARACTERS: DF####. CHECK THE ENTERED ID AGAINST VALID IDS IN THE SAMPLER INVENTORY. IF NOT A VALID ID, PLEASE HAVE A POP-UP BOX APPEAR WHEN THE FI PRESSES 1 OR ENTER TO CONTINUE INDICATING THE FI HAS ENTERED AN INVALID ID AND SHOULD ENTER A CORRECT ID TO PROCEED

PROGRAMMER: IF SCANNED/KEYED BARCODE ON DUST COLLECTION JAR MATCHES EXPECTED BARCODE (WHICH IS AN INDOOR DUST COLLECTION JAR AS SET IN THE SYSTEM), GO TO DSCB3. IF

SCANNED BARCODE ON DUST COLLECTION JAR IS DIFFERENT FROM EXPECTED BARCODE (IT IS NOT AN INDOOR DUST COLLECTION JAR AS SET IN THE SYSTEM), GO TO DSCB2b.

DSCB2b.   [DISPLAY IF DSCB1=YES OR DSCB1b=YES] ARE YOU SURE YOU SCANNED/KEYED THE INDOOR (YELLOW DOTTED) DUST COLLECTION JAR? OUR RECORDS SHOW YOU HAVE SCANNED

[CHECK ID AGAINST FIELD BLANK DUST COLLECTION JAR IDS IN COLUMN DF_FB, IF A MATCH DISPLAY "a field blank dust collection jar"]

[IF ID DOES NOT MATCH ANY ID LISTED IN DF_FB OR DF_IS, DISPLAY "something other than a dust collection jar, possibly a type of sampler']
1   YES
2   NO

PROGRAMMER: IF DSCB2b=NO, LOOP BACK TO DSCB2a.

DSCB2c.   [IF DSCB2b=YES] DO YOU WANT TO ADD THIS INDOOR DUST COLLECTION JAR TO YOUR PARTICIPANT BOX? A REPORT WILL BE SENT TO CHATS SUPERVISORS INFORMING THEM OF THE ADDITION.
1   YES
2   NO

PROGRAMMER: IF DSCB2c=NO, LOOP BACK TO DSCB2a

DSCB2d.   [IF DSCB2c=YES] THIS INDOOR DUST COLLECTION JAR HAS BEEN ADDED TO THE PARTICIPANT BOX ASSIGNED TO THIS CASE.

PRESS 1 TO CONTINUE

DSCB3.   [DISPLAY IF DSCB1=YES OR DSCB1b=YES OR DSCM11=YES] INSERT A NEW FILTER SOCK IN THE VACUUM CLEANER'S HOSE WAND

ONLY THE WHITE PART NEEDS TO BE INSERTED.

FLIP THE BLUE PART OUTSIDE THE WAND

PRESS 1 TO CONTINUE

DSCB4.   [DISPLAY IF DSCB1=YES OR DSCB1b=YES OR DSCM11=YES]CAREFULLY PUT YOUR FINGER INTO THE FILTER SOCK TO MAKE ROOM FOR THE VACUUM CLEANER ATTACHMENT

INSERT THE VACUUM CLEANER ATTACHMENT INTO THE FILTER SOCK

IF YOU HAVE ANY QUESTIONS ON SETTING UP THE VACUUM CLEANER, PLEASE REVIEW YOUR JOB AIDS BOOKLET.

PRESS 1 TO CONTINUE

DSCB5.   [IF DSCB1=YES OR DSCB1b=YES OR DSCBINTRO=YES OR DSCBINTROb=YES] PLACE THE
              CARPENTER'S RULER ON THE CARPETED FLOOR NEXT TO THE CHILD'S SLEEPING AREA.

              USING THE CARPENTER'S RULER, FORM A SQUARE OF 9 SQ FT (3 FT X 3 FT) ON THE
              FLOOR.

              IF THERE IS NOT ENOUGH SPACE ON THE FLOOR TO FORM A SQUARE, MAKE A
              RECTANGLE CLOSE TO 9 SQ FT (3 FT X 3 FT).

              PRESS 1 TO CONTINUE

        DSCB5a.   [IF DSINTRO DOES NOT =2, IF DSINTRO=2, SKIP TO DSCB5c] ARE YOU ABLE
                       TO SELECT WITH THE CARPENTER'S RULER TWO SEPARATE 9 SQ FT FLOOR
                       AREAS THAT ARE COMPLETELY CARPETED (WITH EITHER A FULL FLOOR
                       CARPET OR RUGS)?
                       1   YES
                       2   NO

PROGRAMMER: IF DSCB5a=YES, SKIP TO DSCB5d

        DSCB5b.   [IF DSCB5a=NO] ARE YOU ABLE TO SELECT WITH THE CARPENTER'S RULER
                       ONE 9 SQ FT FLOOR AREA THAT IS COMPLETELY CARPETED (WITH EITHER
                       A FULL FLOOR CARPET OR RUGS)?
                       1   YES
                       2   NO

PROGRAMMER: IF DSCB5b=YES, SKIP TO DSCB6, IF NO SKIP TO DSCB5e.

        DSCB5c.   [IF DSINTRO=2] ARE YOU ABLE TO SELECT WITH THE CARPENTER'S RULER
                       ONE 9 SQ FT FLOOR AREA THAT IS COMPLETELY CARPETED (WITH EITHER
                       A FULL FLOOR CARPET OR RUGS)?
                       1   YES
                       2   NO

PROGRAMMER: IF DSCB5c=YES, SKIP TO DSCB6, IF NO SKIP TO DSCB5e

        DSCB5d.   [IF DSCB5a=YES] DID YOU VACUUM THE ENTIRE FLOOR OF THE CHILD'S
                       MAIN LIVING AREA?
                       1   YES
                       2   NO (YOU VACUUMED EITHER 18 SQ FT OR 9 SQ FT IN THE CHILD'S
                            MAIN LIVING AREA)

PROGRAMMER: IF DSCB5d=YES, SKIP TO DSCB8, IF NO SKIP TO DSCB6

        DSCB5e.   [IF DSCB5b=NO OR DSCB5c=NO] IS THE FLOOR IN THE CHILD'S BEDROOM
                       EITHER:

COMPLETELY NON-CARPETED OR HAS A CARPETED AREA SMALLER THAN THE CARPENTER'S RULER (9 SQ FT)?

1   YES
2   NO

PROGRAMMER: IF DSCB5e=YES, SKIP TO DSCB11 (ROOM ONLY HAS HARD FLOOR OR LESS THAN 9 SQ FT OF CARPETED FLOOR) THE FI WILL BE INSTRUCTED TO VACUUM THE ENTIRE FLOOR FOR 4 MINS. IF DSCB5e=NO, SKIP TO DSCB17

DSCB6.   [IF DSCB5d=NO OR DSCB5b=YES OR DSCB5c=YES] YOU WILL COLLECT 2 DUST SAMPLES FROM THE CHILD'S BEDROOM. ONE FROM THE FLOOR AND ONE FROM THE CHILD'S BED OR SLEEPING AREA SURFACE.

FIRST, VACUUM THE CARPETED AREA ON THE FLOOR WITHIN THE CARPENTER'S RULER IN TWO DIRECTIONS (UP/DOWN AND LEFT/RIGHT) UNTIL THE TIMER GOES OFF IN 2 MINUTES

PRESS 1 START THE TIMER

DSCB6a.   [PROGRAMMER: WHEN FI PRESSES 1 ON DSCB6. THIS SCREEN SHOULD COUNTDOWN FROM 2 MINUTES TO ZERO. AT ZERO, A BUZZING NOISE SHOULD GO OFF ALERTING FI TO STOP VACUUMING]

PRESS 1 TO CONTINUE

DSCB7.   [FOLLOWS DSCB6] YOU WILL NOW COLLECT THE SECOND DUST SAMPLE FROM THE CHILD'S BED OR SLEEPING AREA SURFACE

FIRST, WIPE CLEAN THE VACUUM HOSE WAND AND DRY IT BEFORE TAKING A SAMPLE FROM THE CHILD'S BED

NEXT, PLACE THE CARPENTER'S RULER ON THE CHILD'S BED AND FORM A SQUARE OF 9 SQ FT (3 FT X 3 FT) ON THE FLOOR. IF NOT ENOUGH SPACE, MAKE A RECTANGLE CLOSE TO 9 SQ FT (3 FT X 3 FT).

THEN, VACUUM THE AREA ON THE CHILD'S BED WITHIN THE CARPENTER SQUARE IN TWO DIRECTIONS (UP/DOWN AND LEFT/RIGHT) UNTIL THE TIMER GOES OFF IN 2 MINUTES

PRESS 1 START THE TIMER

PRESS 2 IF THERE IS NO BED IN THE CHILD'S BEDROOM OR THE BED IS WET

PROGRAMMER IF DSCB7=2, SKIP TO DSCB13

DSCB7a.   [PROGRAMMER: IF FI PRESSES 1 ON DSCB7. THIS SCREEN SHOULD COUNTDOWN FROM 2 MINUTES TO ZERO. AT ZERO, A BUZZING NOISE SHOULD GO OFF ALERTING FI TO STOP VACUUMING]

PRESS 1 TO CONTINUE

PROGRAMMER: SKIP TO DSCB13

DSCB8.   [IF DSCB5d=YES] YOU WILL COLLECT 3 DUST SAMPLES FROM THE CHILD'S BEDROOM.
TWO FROM THE FLOOR AND ONE FROM THE CHILD'S BED OR SLEEPING AREA

FIRST, VACUUM THE CARPETED AREA ON THE FLOOR WITHIN THE CARPENTER'S RULER IN
TWO DIRECTIONS (UP/DOWN AND LEFT/RIGHT) UNTIL THE TIMER GOES OFF IN 2
MINUTES

PRESS 1 START THE TIMER

DSCB8a.   [PROGRAMMER: WHEN FI PRESSES 1 ON DSCB8. THIS SCREEN SHOULD
COUNTDOWN FROM 2 MINUTES TO ZERO. AT ZERO, A BUZZING NOISE
SHOULD GO OFF ALERTING FI TO STOP VACUUMING]

PRESS 1 TO CONTINUE

DSCB9.   [FOLLOWS DSCB8] YOU WILL NOW COLLECT THE SECOND DUST SAMPLE FROM THE
FLOOR OF THE CHILD'S BEDROOM.

PLACE THE CARPENTER'S RULER ON ANOTHER CARPETED SECTION OF THE FLOOR AND
FORM A SQUARE OF 9 SQ FT (3 FT X 3 FT). IF NOT ENOUGH SPACE, MAKE A RECTANGLE
CLOSE TO 9 SQ FT (3 FT X 3 FT).

VACUUM THE SECOND AREA ON THE FLOOR WITHIN THE CARPENTER'S RULER IN TWO
DIRECTIONS (UP/DOWN AND LEFT/RIGHT) UNTIL THE TIMER GOES OFF IN 2 MINUTES

PRESS 1 START THE TIMER

DSCB9a.   [PROGRAMMER: WHEN FI PRESSES 1 ON DSCB9. THIS SCREEN SHOULD
COUNTDOWN FROM 2 MINUTES TO ZERO. AT ZERO, A BUZZING NOISE
SHOULD GO OFF ALERTING FI TO STOP VACUUMING]

PRESS 1 TO CONTINUE

DSCB10.   [FOLLOW DSCB9] YOU WILL NOW COLLECT THE THIRD DUST SAMPLE FROM THE CHILD'S
BED OR SLEEPING AREA SURFACE

FIRST, WIPE CLEAN THE VACUUM HOSE WAND AND DRY IT BEFORE TAKING A SAMPLE
FROM THE CHILD'S BED

NEXT, PLACE THE CARPENTER'S RULER ON THE CHILD'S SLEEPING AREA AND FORM A
SQUARE OF 9 SQ FT (3 FT X 3 FT) ON THE FLOOR. IF NOT ENOUGH SPACE, MAKE A
RECTANGLE CLOSE TO 9 SQ FT (3 FT X 3 FT).

VACUUM AN AREA ON THE CHILD'S BED OR SLEEPING AREA SURFACE IN TWO DIRECTIONS
(UP/DOWN AND LEFT/RIGHT) UNTIL THE TIMER GOES OFF IN 2 MINUTES

PRESS 1 START THE TIMER

PRESS 2 IF THERE IS NO BED IN THE CHILD'S BEDROOM OR THE BED IS WET

PROGRAMMER IF DSCB10=2, SKIP TO DSCB13

DSCB10a.   [PROGRAMMER: IF FI PRESSES 1 ON DSCB10. THIS SCREEN SHOULD COUNTDOWN FROM 2 MINUTES TO ZERO. AT ZERO, A BUZZING NOISE SHOULD GO OFF ALERTING FI TO STOP VACUUMING]

PRESS 1 TO CONTINUE

PROGRAMMER: SKIP TO DSCB13

DSCB11.   [IF DSCB5e =YES] YOU WILL COLLECT 2 DUST SAMPLES FROM THE CHILD'S BEDROOM. ONE FROM THE FLOOR AND ONE FROM THE CHILD'S BED OR SLEEPING AREA SURFACE.

REMOVE THE CARPENTER'S RULER FROM THE FLOOR

VACUUM THE ENTIRE FLOOR UNTIL THE TIMER GOES OFF IN 4 MINUTES

PRESS 1 START THE TIMER

DSCB11a.   [PROGRAMMER: WHEN FI PRESSES 1 ON DSCB11. THIS SCREEN SHOULD COUNTDOWN FROM 4 MINUTES TO ZERO. AT ZERO, A BUZZING NOISE SHOULD GO OFF ALERTING FI TO STOP VACUUMING]

PRESS 1 TO CONTINUE

DSCB12.   [FOLLOWS DSCB11] YOU WILL NOW COLLECT THE SECOND DUST SAMPLE FROM THE CHILD'S BED OR SLEEPING AREA SURFACE

FIRST, WIPE CLEAN THE VACUUM HOSE WAND AND DRY IT BEFORE TAKING A SAMPLE FROM THE CHILD'S BED

NEXT, PLACE THE CARPENTER'S RULER ON THE CHILD'S BED AND FORM A SQUARE OF 9 SQ FT (3 FT X 3 FT) ON THE FLOOR. IF NOT ENOUGH SPACE, MAKE A RECTANGLE CLOSE TO 9 SQ FT (3 FT X 3 FT).

NEXT, VACUUM THE AREA ON THE CHILD'S BED WITHIN THE CARPENTER'S RULER IN TWO DIRECTIONS (UP/DOWN AND LEFT/RIGHT) UNTIL THE TIMER GOES OFF IN 2 MINUTES

PRESS 1 START THE TIMER

PRESS 2 IF THERE IS NO BED IN THE CHILD'S BEDROOM OR THE BED IS WET

PROGRAMMER IF DSCB12=2, SKIP TO DSCB13

DSCB12a.   [PROGRAMMER: IF FI PRESSES 1 ON DSCB12. THIS SCREEN SHOULD
            COUNTDOWN FROM 2 MINUTES TO ZERO. AT ZERO, A BUZZING NOISE
            SHOULD GO OFF ALERTING FI TO STOP VACUUMING]

            PRESS 1 TO CONTINUE

DSCB13.   TURN OFF THE VACUUM.

            DID YOU COLLECT A DUST SAMPLE FROM THE FLOOR IN THE CHILD'S BEDROOM?
            1   YES
            2   NO

            DSCM13a.   [IF DSCM13=NO] PLEASE DESCRIBE THE REASON YOU DID NOT COLLECT A
                        DUST SAMPLE FROM THE FLOOR IN THE CHILD'S BEDROOM

                        _____ ALLOW 100 CHARACTERS

DSCB14.   DID YOU COLLECT A DUST SAMPLE FROM THE BED OR SLEEPING SURFACE AREA IN THE
            CHILD'S BEDROOM?
            1   YES
            2   NO

            DSCM14a.   [IF DSCM14=NO] PLEASE DESCRIBE THE REASON YOU DID NOT COLLECT A
                        DUST SAMPLE FROM THE BED OR SLEEPING SURFACE AREA IN THE
                        CHILD'S BEDROOM

                        _____ ALLOW 100 CHARACTERS

DSCB15.   CAREFULLY REMOVE THE VACUUM CLEANER ATTACHMENT.

            CAREFULLY REMOVE THE FILTER SOCK

            INSPECT THE FILTER SOCK IF TO SEE IF IT WAS DAMAGED (INCLUDING VISIBLE TEARS IN
            THE FILTER THAT CAUSED THE DUST TO SEEP OUT THE SOCK).

            IS THE FILTER SOCK DAMAGED?
            1   YES
            2   NO

            DSCB15a.   [IF DSCB15=NO] FOLD THE OPENING ON THE FILTER SOCK AND CLIP THE
                        SOCK CLOSED

                        PLACE THE FILTER SOCK IN THE DUST SAMPLE COLLECTION JAR LABELED
                        WITH A YELLOW DOT AND PLACE THE JAR BACK IN THE PARTICIPANT BOX.

                        PRESS 1 TO CONTINUE

PROGRAMMER: RECORD TIME AND DATE STAMP WHEN USER PRESSES 1 TO CONTINUE AND SKIP TO
DSCB16

DSCB15b.   [IF DSCB15=YES] HOW MUCH DUST IS IN THE FILTER SOCK?
1   NO DUST IS IN THE FILTER SOCK
2   SOME DUST IS IN THE FILTER SOCK

DSCB15c.   [IF DSCB15b=1] BECAUSE NO DUST SAMPLE WAS COLLECTED, PLEASE PLACE THE FILTER SOCK IN THE TRASH AND TAKE ANOTHER COLLECTION.

PRESS 1 TO RETURN TO THE DUST COLLECTION STEPS.

PROGRAMMER: IF DSCB15b=1, PLEASE LOOP THE FI BACK TO DSCB3. FROM ENVIRO GROUP: COMPUTER WILL ERASE THE PREVIOUS INFO.

DSCB15d.   [IF DSCB15b=2] , FOLD THE OPENING ON THE FILTER SOCK AND CLIP THE SOCK CLOSED

PLACE THE FILTER SOCK IN THE DUST SAMPLE COLLECTION JAR LABELED WITH A YELLOW DOT.

PRESS 1 TO CONTINUE

PROGRAMMER: RECORD TIME AND DATE STAMP WHEN USER PRESSES 1 TO CONTINUE

DSCB16.   Thank you for allowing me to collect dust samples from your home.

PRESS 1 TO CONTINUE

DSCB17.   Next, I will talk to you about the air sampling equipment I would like to leave with you until I return for session 2.

PRESS 1 TO CONTINUE

PROGRAMMER: SKIP TO SDINTRO IN THE PERSONAL PLATFORM SCRIPT

PLATFORM DEPLOYMENT INTRO

SDINTRO.   PLEASE ENTER YOUR FIID – LOCATED ON THE BACK OF YOUR PROJECT ID BADGE

FIID NUMBER: _____[ALLOW 6 CHARACTERS]

PROGRAM: CHECK THE ENTRY AGAINST THE INVENTORY OF VALID FIIDS. IF NOT A VALID ID, PLEASE HAVE A POP-UP BOX APPEAR WHEN THE FI PRESSES 1 OR ENTER TO CONTINUE INDICATING THE FI HAS ENTERED AN INVALID ID AND SHOULD ENTER A CORRECT FIID TO PROCEED.

SDINTROa.   ACCORDING TO THE AGE YOU ENTERED FOR THE CHILD SELECTED TO PARTICIPATE ON CHATS FROM THIS HOUSEHOLD, YOU WILL NEED PARTICIPANT BOX(ES) FOR:

PROGRAMMER: IF AGE OF CHILD IS 7 OR OLDER, ENTER "AGE 7 OR OLDER"
PROGRAMMER: IF AGE OF CHILD IS 6 OR YOUNGER, ENTER "AGE 6 OR YOUNGER"

PLEASE USE THE CORRECT BOX(ES) BASED ON THE AGE LISTED ABOVE

PLEASE PRESS 1 TO CONTINUE

SDINTRO1.   [IF THE ID ENTERED IN SDINTRO = A VALID FIID FOUND IN THE INVENTORY] SCAN THE BARCODE ON THE PARTICIPANT BOX. IF THE BARCODE DOES NOT SCAN, KEY THE ID.

PARTICIPANT BOX ID NUMBER: _____[ALLOW 6 CHARACTERS – BX AND 4 NUMBERS]
NODK
NOREF

PROGRAMMER: PARTICIPANT BOX ID SHOULD BE 6 CHARACTERS: BX####

PROGRAMMER: CHECK THE ENTRY/SCAN AGAINST THE INVENTORY OF VALID PARTICIPANT BOX IDS FOR THIS FI AND RECORD THE DATE AND TIME WHEN THE FI PRESSES 1 TO CONTINUE.

SDINTRO1a.   [IF THE ID SCANNED/KEYED IN SDINTRO1 DOES NOT EQUAL A PARTICIPANT BOX BARCODE ID ASSIGNED TO THE FIID ENTERED IN SDINTRO] OUR RECORDS INDICATE THAT THE PARTICIPANT BOX ID YOU [SCANNED/KEYED] IS NOT ASSIGNED TO YOU.

PLEASE CONFIRM THE [SCANNED/KEYED] ID BELOW MATCHES THE ID ON THE PARTICIPANT BOX
[FILL ID FROM SDINTRO1]

1   THIS ID MATCHES THE PARTICIPANT BOX ID IN YOUR POSSESSION
2   THIS ID DOES NOT MATCH THE PARTICIPANT BOX ID IN YOUR POSSESSION

PROGRAMMER: IF SDINTRO1a=2, RETURN USER TO SDINTRO1

SDINTRO1b. [IF SDINTRO1a=1] DO YOU WANT TO ADD THIS PARTICIPANT BOX TO YOUR ASSIGNMENT? A REPORT WILL BE SENT TO CHATS SUPERVISORS INFORMING THEM OF THE ADDITION.
1   YES
2   NO

PROGRAMMER: IF SDINTRO1b=NO, RETURN USER TO SDINTRO1

SDINTRO1c. [IF SDINTRO1b=YES] ARE YOU SURE YOU WANT ADD THIS PARTICIPANT BOX TO YOUR ASSIGNMENT? IF YOU USE AN INCORRECT BOX FOR THIS CASE, THE CORRECT QUESTIONS MAY NOT DISPLAY FOR THIS INTERVIEW.
1   YES – I AM SURE I WANT TO ADD THIS PARTICIPANT BOX TO MY ASSIGNMENT
2   NO – I DO NOT WANT TO ADD THIS PARTICIPANT BOX AND NEED TO RE-SCAN/KEY A NEW PARTICIPANT BOX ID

PROGRAMMER: IF SDINTRO1c=2, RETURN USER TO SDINTRO1

SDINTRO1d. [IF SDINTRO1c=YES] THIS PARTICIPANT BOX WITH THE ID BELOW HAS BEEN ADDED TO YOUR ASSIGNMENT

[FILL PARTICIPANT BOX ID FROM SDINTRO1a]

PRESS 1 TO CONTINUE

FOR REFERENCE ONLY: ONCE THE FI SCANS THE BARCODE ON THE PARTICIPANT BOX, THE BARCODE ID SHOULD DRIVE THE TYPES OF SAMPLER PLATFORMS THAT WILL BE DEPLOYED IN THE HOUSEHOLD (AND THEREFORE WHICH SAMPLER PLATFORM DEPLOYMENT QUESTIONS THE HOUSEHOLD SHOULD RECEIVE). BELOW ARE THE CURRENT POSSIBLE BOX COMBINATIONS.

1. **A-NORMAL BOX –** 270 KIDS AGE 7 OR OLDER; WILL RECEIVE THE PERSONAL PLATFORM DEPLOYMENT INSTRUCTIONS (PP QUESTION SERIES), HOBO INSTRUCTIONS (HB QUESTION SERIES), AND THE DUST COLLECTION INSTRUCTIONS (DC QUESTION SERIES)

2. **A-W/FIELD BLANKS BOX** – 37 KIDS AGE 7 OR OLDER; WILL RECEIVE THE PERSONAL PLATFORM DEPLOYMENT INSTRUCTIONS (PP QUESTION SERIES), HOBO INSTRUCTIONS (HB QUESTION SERIES), THE DUST COLLECTION INSTRUCTIONS (DC QUESTION SERIES), AND INSTRUCTIONS FOR COLLECTION OF THE FOLLOWING FIELD BLANKS (COLLECTED DURING SESSION 1 RETRIEVAL): FIELD BLANK ALDEHYDE BADGE (SESSION 2 FB1-FB4A), FIELD BLANK VOC BADGE (SESSION 2 FB5-FB8A), AND FIELD BLANK NO2 BADGE (SESSION 2 FB9-FB12A)

3. **A-W/PERSONAL VC DUP BOX** – 15 KIDS AGE 7 OR OLDER; WILL RECEIVE THE PERSONAL PLATFORM DEPLOYMENT INSTRUCTIONS (PP QUESTION SERIES), HOBO INSTRUCTIONS (HB QUESTION SERIES), THE DUST COLLECTION INSTRUCTIONS (DC QUESTION SERIES),AND WILL INCLUDE INSTRUCTIONS TO DEPLOY A 2ND/DUPLICATE VOC BADGE SAMPLER (IN THE PP QUESTION SERIES)

4. **A-W/PERSONAL AL DUP BOX** – 15 KIDS AGE 7 OR OLDER; WILL RECEIVE THE PERSONAL PLATFORM DEPLOYMENT INSTRUCTIONS (PP QUESTION SERIES), HOBO INSTRUCTIONS (HB QUESTION SERIES), THE DUST COLLECTION INSTRUCTIONS (DC QUESTION SERIES),

AND WILL INCLUDE INSTRUCTIONS TO DEPLOY A 2ND/DUPLICATE ALDEHYDE BADGE SAMPLER (IN THE PP QUESTION SERIES)

5. **A-W/PERSONAL NX DUP BOX** – 15 KIDS AGE 7 OR OLDER; WILL RECEIVE THE PERSONAL PLATFORM DEPLOYMENT INSTRUCTIONS (PP QUESTION SERIES), HOBO INSTRUCTIONS (HB QUESTION SERIES), THE DUST COLLECTION INSTRUCTIONS (DC QUESTION SERIES), AND WILL INCLUDE INSTRUCTIONS TO DEPLOY A 2ND/DUPLICATE NO2 BADGE SAMPLER (IN THE PP QUESTION SERIES).

6. **B-1 NORMAL BOX + B-2 NORMAL BOX–** 74 KIDS AGE 7 OR OLDER; WILL RECEIVE THE PERSONAL PLATFORM DEPLOYMENT QUESTIONS (PP QUESTION SERIES), THE INDOOR PLATFORM DEPLOYMENT QUESTIONS (IP QUESTION SERIES), AND THE OUTDOOR PLATFORM DEPLOYMENT QUESTIONS (OP QUESTION SERIES).

7. **B-1 W/INDOOR DUPS +B-NORMAL** – 11 KIDS AGE 7 OR OLDER; WILL RECEIVE THE PERSONAL PLATFORM DEPLOYMENT QUESTIONS (PP QUESTION SERIES), THE INDOOR PLATFORM DEPLOYMENT QUESTIONS (IP QUESTION SERIES), THE OUTDOOR PLATFORM DEPLOYMENT QUESTIONS (OP QUESTION SERIES), AND WILL INCLUDE INSTRUCTIONS TO DEPLOY A 2ND/DUPLICATE VOC BADGE, ALDEHYDE BADGE, NO2 BADGE ,H2S BADGE, CATS TUBE SAMPLER.

8. **B-1 W/OUTDOOR DUPS (+ HS FB) +B-2 NORMAL** - 11 KIDS AGE 7 OR OLDER; WILL RECEIVE THE PERSONAL PLATFORM DEPLOYMENT QUESTIONS (PP QUESTION SERIES), THE INDOOR PLATFORM DEPLOYMENT QUESTIONS (IP QUESTION SERIES), THE OUTDOOR PLATFORM DEPLOYMENT QUESTIONS (OP QUESTION SERIES), AND WILL INCLUDE INSTRUCTIONS TO DEPLOY OUTDOORS A 2ND/DUPLICATE VOC BADGE, ALDEHYDE BADGE, AND NO2 BADGE IN THE OP QUESTION SERIES). PLUS, THERE ARE INSTRUCTIONS TO PROCESS A FIELD BLANK H2S BADGE, (IN THE SESSION 2 QUESTION SERIES).

9. **B-1 W/DF FIELD BLANK + B-2 NORMAL** . 24 KIDS AGE 7 OR OLDER WILL HAVE THE SAME SERIES OF QUESTIONS AS SCHEDULE 6, ABOVE, WITH ADDITIONAL OF A DUST FIELD BLANK IN SESSION 1. – NOT A SEPARATE LOADING SCHEDULE.

10. **C-NORMAL**. 79 KIDS AGED 3 THROUGH 6 WILL RECEIVE THE INDOOR PLATFORM DEPLOYMENT QUESTIONS (IP SERIES) WITH THE EXCEPTION THAT THERE WILL NOT BE AN H2S BADGE DEPLOYED.

11. **D-NORMAL**. 6 KIDS AGED 3 THROUGH 6 WILL RECEIVE THE INDOOR PLATFORM DEPLOYMENT QUESTIONS (IP SERIES) INCLUDING THE H2S BADGE DEPLOYMENT AND THE OUTDOOR PLATFORM DEPLOYMENT.

SDINTRO2.   [DISPLAY IF COLUMN URTPS IS NOT EMPTY, IF EMPTY SKIP TO SDINTRO3] Now I will begin setting up the equipment used to measure the quality of the air your child breathes.   We need to have [CHILD] join us for this part of the interview. (Is [CHILD] available right now?)]

1   CHILD IS HERE
2   CHILD IS UNAVAILABLE

SDINTRO2a.   [IF SDINTRO2=2] Because [CHILD] is not available right now, we will come back to [HIS/HER] part later if [HE/SHE] returns. For now, let's move on.

PRESS 1 TO CONTINUE

SDINTRO3.   [ALL RESPONDENTS RECEIVE THIS SCREEN] With your permission, we would like to set up

1 [IF COLUMN URTPS IS NOT EMPTY "a personal exposure measuring device we call a PEM, for [CHILD]

2 [IF COLUMN URTPS IS NOT EMTPY AND URTIS IS EMPTY AND TR_IS IS NOT EMPTY "and a small indoor air sampling device"]

3 [IF COLUMN PF_IS IS NOT EMPTY AND IF THE FIID MATCHES THE 5 FIS THAT WILL HAVE THE CO2 MONITOR "some small indoor air sampling devices"]

4 [IF COLUMN VC_IS IS NOT EMPTY "an indoor air sampling device."]

5 [IF COLUMN VC_OS IS NOT EMPTY "an outdoor air sampling device."]

[THIS/EACH] device collects air samples and measures for different types of pollutants that may be in the air your child breathes. I will also collect dust samples from [CHILD]'s bedroom and [HIS/HER] main living activity area. This is so that we can measure allergens and other contaminants in the dust collected.

PRESS 1 TO CONTINUE

SDINTRO3a. [DISPLAY IF COLUMN PF_IS IS NOT EMPTY AND IF THE FIID MATCHES THE 5 FIS THAT WILL HAVE THE CO2 MONITOR] I would also like to measure how much the air moves in your home.   We call this measuring your home's air exchange rate and we do this in two different ways. In order to do this, we will need to place several small tubes throughout your home, then we will release a small amount of carbon dioxide gas, which is the same gas you exhale or breathe out, and then measure how fast it disappears. This test has been used in other studies and will cause no harm to those living in your home.

(FI Note if asked for more details: First, we will place several tubes throughout your home, which will release a harmless tracer into the air that is then captured in another, single tube.   Second, we will release a very small amount of carbon dioxide gas in the room to a level, which is harmless, and then measure how fast the carbon dioxide escapes from inside to outside of your home.   The amount of carbon dioxide that is released is the same as if a group of people were in your home breathing out normally with the doors and windows closed.   Please note that carbon dioxide, which again is the harmless gas contained in my canister, should not be confused with carbon monoxide, which is a different type of gas and is poisonous. We will not be using the poisonous carbon monoxide gas for this test.)

DOES THE PARENT/GUARDIAN AGREE TO THE AER TESTING?
1 YES
2 NO

SDINTRO3b. [IF SDINTRO3a=NO] Can you tell me why you do not want to participate in the air exchange rate test?

_____ [ALLOW 100 CHARACTERS]

SDINTRO3c. [IF SDINTRO3a=NO] INTERVIEWER: ADDRESS CONCERNS ABOUT THE AER TESTING PROCESS
(After having spoken about the air exchange rate testing process, would you now allow us to perform this test in your home?)
1   YES
2   NO

SDINTRO3d. [IF SDINTRO3c=NO] Thank you for your feedback. We will move on to the next part of the study, but if you change your mind at any time today while I am still here, we can still perform this important test.

PRESS 1 TO CONTINUE

PROGRAMMER: IF SDINTRO3c=NO (WE WILL SKIP THE AER QUESITON SERIES) OR SDINTRO3c=YES, CONTINUE TO SDINTRO4

SDINTRO4. [ALL RESPONDENTS RECEIVE SDINTRO4-SDINTRO6] In about 5 to 9 days, I will return and collect the environmental device(s) I leave with you today. I will then ship the device(s) and the samples collected to the CHATS lab staff for analysis.

PRESS 1 TO CONTINUE

SDINTRO5. In about 5 months, we will send you some information about the air quality in your home along with the results from [CHILD]'s [IF COLUMN URTPS IS NOT EMPTY: personal air measurements, and] blood and urine test results if [HE/SHE] participates in the CHATS health assessment. These letters will include some information about how to understand what the test results mean. If the air quality results suggest that improvements can be made in your home, the letter will provide suggestions for how to do that.

PRESS 1 TO CONTINUE

SDINTRO6. If it is all right with you, let's get started! Do you have any questions before we begin?

PRESS 1 TO CONTINUE

PROGRAMMER: IF SDINTRO3a=YES OR SINDTRO3c=YES, SKIP TO COAER1 (CO2 AER SCRIPT)

PERSONAL PLATFORM DEPLOYMENT

PP1. [ASK IF COLUMN URTPS IS NOT EMPTY, IF EMPTY SKIP TO IPINTRO1] [CHILD] is eligible to wear the CHATS Personal Exposure Measuring device, or PEM for short.

SHOW PARENT AND CHILD PICTURE OF PERSONAL MICROPEM IN USE FROM THE JOB AIDS BOOKLET

Here is a picture of the PEM in use. We will want [CHILD] to wear this small device all day long, from morning until bedtime, until I return in 5 to 9 days. The PEM can only be worn on

the shoulder strap I will give you today and should not be removed from the strap. At night, [CHILD] should place the strap next to [HIS/HER] bed while sleeping. If you and [CHILD] agree to [HIS/HER] wearing the PEM for the CHATS study, I will give you additional instructions after I assemble it for [HIM/HER].

As a token of thanks for helping us with our study by wearing the PEM, we will give [INCENT FILL BELOW BASED ON CHILD AGE] when I return in 5-9 days.

PRESS 1 TO CONTINUE

PROGRAMMER: FILL FOR PP1 INCENT - IF CHILD AGE IS 7 (an activity book to [CHILD] and $20 to you); IF CHILD AGE IS 8-12 YEARS ($10 to [CHILD] and $20 to you); IF CHILD AGE IS 13 OR OLDER ($30 to [CHILD])

PP2.   I will leave you an information sheet that has answers to the most commonly asked questions about wearing the PEM, such as when it is okay for [CHILD] to take it off. Also, please feel free to call the number on the back of the PEM strap if you or [CHILD] has any questions about the device. Do you both agree to [CHILD] wearing the PEM for the CHATS study?

PRESS 1 TO CONTINUE

PP3.   DOES PARENT/GUARDIAN AGREE TO CHILD WEARING PEM?
1   YES
2   NO

PP3a.   [IF PP3=NO] Can you tell me more about your reasons for not wanting [CHILD] to wear the PEM?
_____ [ALLOW 100 CHARACTERS]

PP3b.   [IF PP3=NO] INTERVIEWER: ADDRESS CONCERNS ABOUT THE PEM PROCESS (After having spoken about the PEM process and what [CHILD] would be asked to do, will you now allow [CHILD] to wear the PEM for the CHATS study?)
1   YES
2   NO

PP3c.   [IF PP3b=NO] Thank you for your feedback. We will move on to the next part of the study, but if you change your mind at any time today while I am still here, we can still set up the PEM for [CHILD].

PRESS 1 TO CONTINUE

PROGRAMMER: IF PP3b=NO AND TR_IS IS NOT EMPTY AND URTIS IS EMPTY SKIP TO HBINTRO1, OTHERWISE SKIP TO IPINTRO

PP4.   [IF PP3=YES OR PP3b=YES] DOES CHILD AGREE TO WEAR PEM?
1   YES
2   NO

PP4a.   [IF PP4=NO] Can you tell me more about your reasons for not wanting to wear the PEM?

_____ [ALLOW 100 CHARACTERS]

PP4b.   [IF PP4=NO] INTERVIEWER: ADDRESS CONCERNS ABOUT THE PEM
(After having spoken about the PEM process and what you would be asked to do, do you now agree to wear the PEM for the CHATS study?)
1   YES
2   NO

PP4c.   [IF PP4b=NO] Thank you for your feedback. We will move on to the next part of the study, but if you change your mind at any time today while I am still here, we can still set up the PEM for you to wear.

PRESS 1 TO CONTINUE

PROGRAMMER: IF PP4=NO, AND TR_IS IS NOT EMPTY AND URTIS IS EMPTY SKIP TO HBINTRO1, OTHERWISE SKIP TO IPINTRO

PP5.   [IF PP4=YES] Thank you for agreeing to wear the PEM for the CHATS study. First, I am going to set up the device for [CHILD]. To do this, I will need to put on some sterile gloves. This is so that I don't accidently affect or contaminate the samples we will collect from your home by touching the equipment with my bare hands. By my wearing these gloves, we can ensure that we collect high quality data from your home. After I put the device together, I will then show you both how the PEM works and what [CHILD] should do while wearing it.

PRESS 1 TO CONTINUE

PP6.   PUT ON NITRILE GLOVES

OPEN THE PARTICIPANT BOX AND REMOVE SAMPLER TRAY

FOR PERSONAL PLATFORM DEPLOYMENT, REMOVE FROM THE PARTICIPANT BOX THE FOLLOWING ITEMS/SAMPLERS LABELED WITH A RED DOT ON THE CONTAINER:

1.   STRAP
2.   PERSONAL MICROPEM
3.   PERSONAL ALDEHYDE BADGE – YOU MAY HAVE MORE THAN 1
4.   PERSONAL VOCS BADGE – YOU MAY HAVE MORE THAN 1
5.   PERSONAL NO2 BADGE – YOU MAY HAVE MORE THAN 1

LEAVE SAMPLERS WITH BLACK DOTS IN THE BOX. IF INCLUDED IN THE BOX, THESE
    SAMPLERS WILL BE USED WHEN YOU RETURN FOR RETRIEVAL OR AS REPLACEMENTS.

PRESS 1 TO CONTINUE

PP7.   This is the strap that will hold the PEM that we want [CHILD] to wear until I return in 5 to 9 days. It will take me just a few minutes to prepare the PEM for the strap.

GIVE THE STRAP TO THE PARENT AND HAVE HER/HIM PUT IT ON THE CHILD.

ASK IF THE CHILD FEELS COMFORTABLE AND CHECK THE SIZE OF STRAP.

RETRIEVE STRAP

PRESS 1 TO CONTINUE

PERSONAL MICROPEM

PP8.   [ASK IF COLUMN URTPS IS NOT EMPTY, IF EMPTY SKIP TO PP12] PLACE CAP FROM YOUR SUPPLY BAG ONTO THE MICROPEM OPENING

TURN ON PERSONAL MICROPEM LABELED WITH A RED DOT BY PRESSING BUTTON 1.

SCAN SERIAL ID BARCODE ON THE BOTTOM OF THE PERSONAL MICROPEM. IF THE BARCODE DOES NOT SCAN, KEY THE ID.

PERSONAL MICROPEM SERIAL ID NUMBER: _____[ALLOW 10 CHARACTERS – UCC32, 4 NUMBERS, AND 1 LETTER]

PROGRAMMER: PERSONAL MICROPEM SERIAL ID SHOULD BE 10 CHARACTERS: UCC32#### AND 1 LETTER. CHECK THE ENTERED ID AGAINST VALID IDS IN THE SAMPLER INVENTORY. IF NOT A VALID ID, PLEASE HAVE A POP-UP BOX APPEAR WHEN THE FI PRESSES 1 OR ENTER TO CONTINUE INDICATING THE FI HAS ENTERED AN INVALID ID AND SHOULD ENTER A CORRECT ID TO PROCEED.

PROGRAMMER: IF SCANNED/KEYED BARCODE ON MICROPEM MATCHES EXPECTED BARCODE (WHICH IS A PERSONAL MICROPEM UNIT ID FOUND IN COLUMN URTPS AS SET IN THE SYSTEM), GO TO PP9. IF SCANNED BARCODE ON MICROPEM IS DIFFERENT FROM EXPECTED BARCODE (IT IS NOT A PERSONAL MICROPEM UNIT AS SET IN THE SYSTEM), GO TO PP8d.

PP8a.   ARE YOU SURE YOU SCANNED/KEYED THE SERIAL ID ON A PERSONAL (RED DOTTED) MICROPEM UNIT? OUR RECORDS SHOW YOU HAVE SCANNED

[CHECK ID AGAINST HOBO IDS IN COLUMN TR_IS, IF A MATCH DISPLAY "a HOBO", IF NO MATCH LEAVE BLANK]
[CHECK ID AGAINST FILTER IDS IN COLUMN UP_IS, UP_OS, UP_PS, IF A MATCH DISPLAY "a MicroPEM Filter, not a MicroPEM unit, IF NO MATCH LEAVE BLANK]
[CHECK ID AGAINST MICROPEM UNIT IDS IN COLUMN URTOS OR URTIS, IF A MATCH DISPLAY, "either an Indoor MicroPEM labeled with a yellow dot or an Outdoor MicroPEM labeled with a blue dot" IF NO MATCH LEAVE BLANK]
[IF ID DOES NOT MATCH ANY ID LISTED IN ABOVE COLUMNS, DISPLAY "something other than a MicroPEM unit, possibly a type of sampler']
1   YES
2   NO

PROGRAMMER: IF PP8a=NO, LOOP BACK TO PP8.

PP8b. [IF PP8a=YES] DO YOU WANT TO ADD THIS PERSONAL MICROPEM UNIT TO YOUR PARTICIPANT BOX? A REPORT WILL BE SENT TO CHATS SUPERVISORS INFORMING THEM OF THE ADDITION.
1   YES
2   NO

PROGRAMMER IF PP8b=NO, RETURN USER TO PP8

PP8c. [IF PP8b=YES] THIS PERSONAL MICROPEM UNIT HAS BEEN ADDED TO THE PARTICIPANT BOX ASSIGNED TO THIS CASE.

PRESS 1 TO CONTINUE

PP8d. SCAN BARCODE ON THE PERSONAL MICROPEM FILTER. IF THE BARCODE DOES NOT SCAN, KEY THE ID.

PERSONAL MICROPEM FILTER ID NUMBER: _____[ALLOW 6 CHARACTERS – UP AND 4 NUMBERS]

PROGRAMMER: PERSONAL MICROPEM FILTER ID SHOULD BE 6 CHARACTERS: UP####. IF NOT A VALID ID, PLEASE HAVE A POP-UP BOX APPEAR WHEN THE FI PRESSES ENTER TO CONTINUE INDICATING THE FI HAS ENTERED AN INVALID ID AND SHOULD ENTER A CORRECT ID TO PROCEED.

PROGRAMMER: IF SCANNED/KEYED BARCODE ON MICROPEM MATCHES EXPECTED BARCODE (WHICH IS A PERSONAL MICROPEM FILTER ID FOUND IN COLUMN UP_PS AS SET IN THE SYSTEM), GO TO PP9. IF SCANNED BARCODE ON MICROPEM IS DIFFERENT FROM EXPECTED BARCODE (IT IS NOT A PERSONAL MICROPEM FILTER AS SET IN THE SYSTEM), GO TO PP8e.

PP8e. ARE YOU SURE YOU SCANNED/KEYED THE ID ON AN PERSONAL (RED DOTTED) MICROPEM FILTER? OUR RECORDS SHOW YOU HAVE SCANNED

[CHECK ID AGAINST HOBO IDS IN COLUMN TR_IS, IF A MATCH DISPLAY "a HOBO", IF NO MATCH LEAVE BLANK]
[CHECK ID AGAINST UNIT IDS IN COLUMN URTOS, URTIS, AND URTPS, IF A MATCH DISPLAY "a MicroPEM unit, not a MicroPEM filter, IF NO MATCH LEAVE BLANK]
[IF ID DOES NOT MATCH ANY ID LISTED IN ABOVE COLUMNS, DISPLAY "something other than a MicroPEM filter, possibly a type of sampler']
1   YES
2   NO

PROGRAMMER: IF PP8e =NO, LOOP BACK TO PP8d.

PP8f. [IF PP8f=YES] DO YOU WANT TO ADD THIS PERSONAL MICROPEM FILTER TO YOUR PARTICIPANT BOX? A REPORT WILL BE SENT TO CHATS SUPERVISORS INFORMING THEM OF THE ADDITION.
1   YES
2   NO

PROGRAMMER IF PP8f=NO, RETURN USER TO PP8d

PP8g.   [IF PP8f=YES] THIS PERSONAL MICROPEM FILTER HAS BEEN ADDED TO THE PARTICIPANT BOX ASSIGNED TO THIS CASE.

PRESS 1 TO CONTINUE

PP9.   WHAT IS THE CONDITION OF THE PERSONAL MICROPEM? SELECT ALL THAT APPLY
1   NO DAMAGE
2   PUMP DID NOT START/IS INAUDIBLE (NOT DEPLOYABLE)
3   LED IS NOT BLINKING (NOT DEPLOYABLE)
4   VISIBLE DAMAGE TO THE CASE
5   OTHER

PP9a.   [IF PP9=OTHER] PLEASE DESCRIBE THE CONDITION OF THE PERSONAL MICROPEM

_____ [ALLOW 100 CHARACTERS]

PP9b.   [IF PP9=OTHER] CAN THE PERSONAL MICROPEM STILL BE DEPLOYED?
1   YES
2   NO

PP9c.   [IF PP9=2 OR 3 OR PP9b=NO] PLEASE REFER TO YOUR JOB AIDS BOOKLET FOR STEPS TO TAKE TO CORRECT THE MALFUNCTIONING MICROPEM. PLEASE COMPLETE THESE STEPS A MINIMUM OF 2 TIMES.

AFTER FOLLOWING THE STEPS IN THE JOB AIDS BOOKLET, IS THE MICROPEM NOW FUNCTIONING PROPERLY AND READY TO BE DEPLOYED?
1   YES
2   NO

PP9d.   [IF PP9c=NO] DO NOT DEPLOY THE MICROPEM.

PLACE THE INOPERABLE PERSONAL MICROPEM BACK IN THE PARTICIPANT BOX

PRESS 1 TO CONTINUE

PROGRAMMER: IF PP9C=NO, AFTER PRESSING 1 TO CONTINUE, SKIP TO PP11

PP10.   [IF PP9=1, 4, (OR 5 IF PP9B=YES) OR PP9c=YES] LEAVE THE PERSONAL MICROPEM TURNED ON AND CAPPED FOR 1 MINUTE.

AFTER 1 MINUTE, TAKE OFF THE CAP AND PLACE BACK IN YOUR SUPPLY BAG

PLACE THE PERSONAL MICROPEM (STILL POWERED ON) IN THE DESIGNATED COMPARTMENT IN THE STRAP POCKET.

PRESS 1 TO CONTINUE

PROGRAMMER RECORD TIME AND DATE STAMP WHEN USER PRESSES 1 TO CONTINUE

PP11.   HAS THE PERSONAL MICROPEM BEEN SUCCESSFULLY DEPLOYED?
          1   YES
          2   NO

          PP11a. [IF PP11=NO] PLEASE DESCRIBE THE REASON WHY YOU DID NOT DEPLOY THE
                  PERSONAL MICROPEM
                  _____ [ALLOW 100 CHARACTERS]

PERSONAL ALDEHYDE BADGE

PP12.   [DISPLAY IF COLUMN AL_PD IS NOT EMPTY, IF EMPTY SKIP TO PP12a] YOU SHOULD HAVE
          FOUND 2 ALDEHYDE BADGES IN YOUR PARTICIPANT BOX.

          THE INSTRUCTIONS THAT FOLLOW WILL TELL YOU HOW TO DEPLOY BOTH BADGES IN THE
          CHILD'S PERSONAL PLATFORM STRAP. YOU WILL DEPLOY EACH BADGE SEPARATELY.
          FOLLOW THE NEXT STEPS CAREFULLY

          PRESS 1 TO CONTINUE

          PROGRAMMER: IF COLUMN AL_PD IS NOT EMPTY, THIS INDICATES THE FI SHOULD DEPLOY
          2 ALDEHYDE BADGES. PLEASE DUPLICATE THE STEPS FOR PP12a THROUGH PP15 AND ADD
          QUESTION PP15b IF DEPLOYING THE SECOND ALDEHYDE BADGE.

          PP12a. [DISPLAY IF COLUMN AL_PS IS NOT EMPTY, IF EMPTY SKIP TO PP16] TAKE THE
                  PERSONAL ALDEHYDE (AL) BADGE OUT OF THE POUCH LABELED WITH A RED DOT

                  PEEL SECOND BARCODE LABEL FROM OUTSIDE OF POUCH AND PLACE ON BACK OF
                  BADGE

                  SCAN BARCODE ON PERSONAL ALDEHYDE BADGE. IF THE BARCODE DOES NOT
                  SCAN, KEY THE ID.

                  PERSONAL ALDEHYDE BADGE ID NUMBER: _____[ALLOW 6 CHARACTERS -
                  AL AND 4 NUMBERS]

PROGRAMMER: PERSONAL ALDEHYDE BADGE ID SHOULD BE 6 CHARACTERS: AL####. CHECK THE
ENTERED ID AGAINST VALID IDS IN THE SAMPLER INVENTORY. IF NOT A VALID ID, PLEASE HAVE A POP-
UP BOX APPEAR WHEN THE FI PRESSES 1 OR ENTER TO CONTINUE INDICATING THE FI HAS ENTERED AN
INVALID ID AND SHOULD ENTER A CORRECT ID TO PROCEED

PROGRAMMER: IF SCANNED/KEYED BARCODE ON ALDEHYDE BADGE MATCHES EXPECTED BARCODE
(WHICH IS A PERSONAL ALDEHYDE BADGE AS SET IN THE SYSTEM), GO TO PP13. IF SCANNED BARCODE
ON ALDEHYDE BADGE IS DIFFERENT FROM EXPECTED BARCODE (IT IS NOT A PERSONAL ALDEHYDE
BADGE AS SET IN THE SYSTEM), GO TO PP12b.

PP12b. ARE YOU SURE YOU SCANNED/KEYED THE PERSONAL (RED DOTTED) ALDEHYDE BADGE? OUR RECORDS SHOW YOU HAVE SCANNED A [FILL NOTE BELOW] WITH THE ID [FILL NOTE BELOW]
1 YES
2 NO

PROGRAMMER: FILL PP12b WITH TYPE OF SAMPLER AND ID THE SYSTEM SHOWS ASSIGNED TO THAT ID. IF PP12b=NO, LOOP BACK TO PP12.

PP12c. [IF PP12b=YES] DO YOU WANT TO ADD THIS PERSONAL ALDEHYDE BADGE TO YOUR PARTICIPANT BOX? A REPORT WILL BE SENT TO CHATS SUPERVISORS INFORMING THEM OF THE ADDITION.
1 YES
2 NO

PROGRAMMER: IF PP12c=NO, LOOP BACK TO PP12

PP12d. [IF PP12c=YES] THIS PERSONAL ALDEHYDE BADGE HAS BEEN ADDED TO THE PARTICIPANT BOX ASSIGNED TO THIS CASE.

PRESS 1 TO CONTINUE

PP13. WHAT IS THE CONDITION OF THE PERSONAL ALDEHYDE BADGE? SELECT ALL THAT APPLY.
1 NO DAMAGE
2 GREEN SLIDE OPEN ALREADY OR MISSING
3 CLIP BROKEN/NOT PRESENT
4 MINOR SCRATCH TO BADGE
5 MAJOR CRACK TO BADGE (NOT DEPLOYABLE)
6 OTHER

PP13a. [IF PP13=OTHER] PLEASE DESCRIBE THE CONDITION OF THE PERSONAL ALDEHYDE BADGE

_____ [ALLOW 100 CHARACTERS]

PP13b. [IF PP13=OTHER] CAN THE PERSONAL ALDEHYDE BADGE STILL BE DEPLOYED?
1 YES
2 NO

PP13c. [IF PP13=5 or PP13b=NO] DO NOT DEPLOY THE PERSONAL ALDEHYDE BADGE.

PLACE THE INOPERABLE PERSONAL ALDEHYDE BACK IN THE PARTICIPANT BOX

PRESS 1 TO CONTINUE

PP13d. [IF PP13b=NO OR PP13=5 AND COLUMN AL_FB IS NOT EMPTY] YOU SHOULD HAVE A BLACK DOTTED FIELD BLANK ALDEHYDE BADGE IN YOUR PARTICIPANT BOX. DO YOU HAVE THIS SAMPLER?
1 YES

2   NO, THERE IS NO FIELD BLANK IN THE BOX
3   NO, I USED THE FIELD BLANK FOR THE INDOOR OR OUTDOOR PLATFORM
     DEPLOYMENT

PROGRAMMER: IF PP13d=2 OR 3, SKIP TO PP15, SKIP TO PP15b IF DEPLOYING THE DUPLICATE BADGE

PP13e. [IF PP13d=YES] TAKE THE ALDEHYDE (AL) BADGE OUT OF THE POUCH LABELED WITH
        A BLACK DOT.

        PEEL SECOND BARCODE LABEL FROM OUTSIDE OF POUCH AND PLACE ON BACK OF
        BADGE

        SCAN BARCODE ON BLACK DOTTED FIELD BLANK ALDEHYDE BADGE. IF THE
        BARCODE DOES NOT SCAN, KEY THE ID.

        BLACK DOTTED FIELD BLANK ALDEHYDE BADGE ID NUMBER: _____[ALLOW
        6 CHARACTERS - AL AND 4 NUMBERS]

PROGRAMMER: FIELD BLANK ALDEHYDE BADGE ID SHOULD BE 6 CHARACTERS: AL####. CHECK THE
ENTERED ID AGAINST VALID IDS IN THE SAMPLER INVENTORY. IF NOT A VALID ID, PLEASE HAVE A POP-
UP BOX APPEAR WHEN THE FI PRESSES 1 OR ENTER TO CONTINUE INDICATING THE FI HAS ENTERED AN
INVALID ID AND SHOULD ENTER A CORRECT ID TO PROCEED

PROGRAMMER: IF SCANNED/KEYED BARCODE ON ALDEHYDE BADGE MATCHES EXPECTED BARCODE
(WHICH IS A FIELD BLANK ALDEHYDE BADGE AS SET IN THE SYSTEM), GO TO PP13i. IF SCANNED
BARCODE ON ALDEHYDE BADGE IS DIFFERENT FROM EXPECTED BARCODE (IT IS NOT A FIELD BLANK
ALDEHYDE BADGE AS SET IN THE SYSTEM), GO TO PP13f.

PP13f. ARE YOU SURE YOU SCANNED/KEYED THE FIELD BLANK (BLACK DOTTED) ALDEHYDE
        BADGE? OUR RECORDS SHOW YOU HAVE SCANNED A [FILL NOTE BELOW] WITH
        THE ID [FILL NOTE BELOW]
        1   YES
        2   NO

PROGRAMMER: FILL PP13f WITH TYPE OF SAMPLER AND ID THE SYSTEM SHOWS ASSIGNED TO THAT ID.
IF PP13f=NO, LOOP BACK TO PP13e.

PP13g. [IF PP13f=YES] DO YOU WANT TO ADD THIS FIELD BLANK ALDEHYDE BADGE TO
        YOUR PARTICIPANT BOX? A REPORT WILL BE SENT TO CHATS SUPERVISORS
        INFORMING THEM OF THE ADDITION.
        1   YES
        2   NO

PROGRAMMER IF PP13g=NO, LOOP BACK TO PP13d

PP13h. [IF PP13g=YES] THIS FIELD BLANK ALDEHYDE BADGE HAS BEEN ADDED TO THE
        PARTICIPANT BOX ASSIGNED TO THIS CASE.

        PRESS 1 TO CONTINUE

PP13i.   WHAT IS THE CONDITION OF THE FIELD BLANK ALDEHYDE BADGE? SELECT ALL THAT APPLY.
    1   NO DAMAGE
    2   GREEN SLIDE OPEN ALREADY OR MISSING
    3   CLIP BROKEN/NOT PRESENT
    4   MINOR SCRATCH TO BADGE
    5   MAJOR CRACK TO BADGE (NOT DEPLOYABLE)
    6   OTHER

PP13j.   [IF PP13i=OTHER] PLEASE DESCRIBE THE CONDITION OF THE FIELD BLANK ALDEHYDE BADGE

_____ [ALLOW 100 CHARACTERS]

PP13k.   [PP13i=OTHER] CAN THE FIELD BLANK ALDEHYDE BADGE STILL BE DEPLOYED?
    1   YES
    2   NO

PP13l.   [IF PP13i=5 or PP13k=NO] DO NOT DEPLOY THE FIELD BLANK ALDEHYDE BADGE.

PLACE THE INOPERABLE FIELD BLANK ALDEHYDE BADGE BACK IN THE PARTICIPANT BOX

PRESS 1 TO CONTINUE

PROGRAMMER: IF PP13i=5 OR PP13k=NO AND COLUMN AL_PD IS EMPTY SKIP TO PP15, IF NOT EMPTY SKIP TO PP15b

PP14.   [IF PP13=1, 2, 3, 4 (OR 6 if PP13b=YES) OR PP13i=1, 2, 3, 4, (OR 6 IF PP13k=YES)] PLACE THE PERSONAL ALDEHYDE BADGE ON THE STRAP

SLIDE THE GREEN COVER DOWN TO OPEN THE BADGE

RESEAL THE ALDEHYDE POUCH AND PUT THE POUCH BACK INTO THE PARTICIPANT BOX.

PRESS 1 TO CONTINUE

PROGRAMMER RECORD TIME AND DATE STAMP WHEN USER PRESSES 1 TO CONTINUE

PP15.   HAS THE ALDEHYDE BADGE BEEN SUCCESSFULLY DEPLOYED?
    1   YES
    2   NO

PP15a.   [IF PP15=NO] PLEASE DESCRIBE THE REASON WHY YOU DID NOT DEPLOY THE ALDEHYDE BADGE

_____ [ALLOW 100 CHARACTERS]

PROGRAMMER: IF COLUMN AL_PD IS NOT EMPTY PLEASE DUPLICATE THE STEPS FOR PP12a-PP14 FOR DEPLOYING THE SECOND ALDEHYDE BADGE.

> PP15b. [IF COLUMN AL_PD IS NOT EMPTY] HAS THE SECOND ALDEHYDE BADGE BEEN SUCCESSFULLY DEPLOYED?
> 1   YES
> 2   NO

> PP15c. [IF PP15b=NO] PLEASE DESCRIBE THE REASON WHY YOU DID NOT DEPLOY THE SECOND ALDEHYDE BADGE
>
> _____ [ALLOW 100 CHARACTERS]

PERSONAL VOC BADGE

PP16.   [DISPLAY IF COLUMN VC_PD IS NOT EMPTY, IF EMPTY SKIP TO PP16a] YOU SHOULD HAVE FOUND 2 VOC BADGES IN YOUR PARTICIPANT BOX.

THE INSTRUCTIONS THAT FOLLOW WILL TELL YOU HOW TO DEPLOY BOTH BADGES IN THE CHILD'S PERSONAL PLATFORM STRAP. YOU WILL DEPLOY EACH BADGE SEPARATELY. FOLLOW THE NEXT STEPS CAREFULLY

PRESS 1 TO CONTINUE

PROGRAMMER: IF COLUMN VC_PD IS NOT EMPTY, THIS INDICATES THE FI SHOULD DEPLOY 2 VOC BADGES. PLEASE DUPLICATE THE STEPS FOR PP16a THROUGH PP19 AND ADD QUESTION PP19b FOR DEPLOYING THE SECOND VOC BADGE.

> PP16a. [DISPLAY IF COLUMN VC_PS IS NOT EMPTY, IF EMPTY SKIP TO PP20]TAKE THE PERSONAL VOC (VC) BADGE OUT OF THE CAN LABELED WITH A RED DOT.
>
> PLACE THE SECOND BARCODE LABEL FROM THE CAN LID ONTO THE BACK OF THE BADGE
>
> SCAN THE BARCODE. IF THE BARCODE DOES NOT SCAN, KEY THE ID.
>
> PERSONAL VOC BADGE ID NUMBER: _____[ALLOW 6 CHARACTERS - VC AND 4 NUMBERS]

PROGRAMMER: PERSONAL VOC BADGE ID SHOULD BE 6 CHARACTERS: VC####. CHECK THE ENTERED ID AGAINST VALID IDS IN THE SAMPLER INVENTORY. IF NOT A VALID ID, PLEASE HAVE A POP-UP BOX APPEAR WHEN THE FI PRESSES 1 OR ENTER TO CONTINUE INDICATING THE FI HAS ENTERED AN INVALID ID AND SHOULD ENTER A CORRECT ID TO PROCEED

PROGRAMMER: IF SCANNED/KEYED BARCODE ON VOC BADGE MATCHES EXPECTED BARCODE (WHICH IS A PERSONAL VOC BADGE AS SET IN THE SYSTEM), GO TO PP17. IF SCANNED BARCODE ON VOC BADGE IS DIFFERENT FROM EXPECTED BARCODE (IT IS NOT A PERSONAL VOC BADGE AS SET IN THE SYSTEM), GO TO PP16b.

PP16b. ARE YOU SURE YOU SCANNED/KEYED THE PERSONAL (RED DOTTED) VOC BADGE? OUR RECORDS SHOW YOU HAVE SCANNED A [FILL NOTE BELOW] WITH THE ID [FILL NOTE BELOW]
1 YES
2 NO

PROGRAMMER: FILL PP16b WITH TYPE OF SAMPLER AND ID THE SYSTEM SHOWS ASSIGNED TO THAT ID. IF PP16b=NO, LOOP BACK TO PP16.

PP16c. [IF PP16b=YES] DO YOU WANT TO ADD THIS PERSONAL VOC BADGE TO YOUR PARTICIPANT BOX? A REPORT WILL BE SENT TO CHATS SUPERVISORS INFORMING THEM OF THE ADDITION.
1 YES
2 NO

PROGRAMMER: IF PP16c=NO, LOOP BACK TO PP16

PP16d. [IF PP16c=YES] THIS PERSONAL VOC BADGE HAS BEEN ADDED TO THE PARTICIPANT BOX ASSIGNED TO THIS CASE.

PRESS 1 TO CONTINUE

PP17. WHAT IS THE CONDITION OF THE PERSONAL VOC BADGE? SELECT ALL THAT APPLY.
1 NO DAMAGE
2 TORN MEMBRANE
3 CLIP BROKEN/NOT PRESENT
4 MINOR SCRATCH TO BADGE
5 MAJOR CRACK TO BADGE (NOT DEPLOYABLE)
6 OTHER

PP17a. [IF PP17=OTHER] PLEASE DESCRIBE THE CONDITION OF THE PERSONAL VOC BADGE

_____ [ALLOW 100 CHARACTERS]

PP17b. [IF PP17=OTHER] CAN THE PERSONAL VOC BADGE STILL BE DEPLOYED?
1 YES
2 NO

PP17c. [IF PP17=5 OR PP17b=NO] DO NOT DEPLOY THE VOC BADGE.

PLACE THE INOPERABLE PERSONAL VOC BADGE BACK IN THE PARTICIPANT BOX

PRESS 1 TO CONTINUE

PP17d. [IF PP17b=NO OR PP17=5 AND COLUMN VC_FB IS NOT EMPTY]] YOU SHOULD HAVE A BLACK DOTTED FIELD BLANK VOC BADGE IN YOUR PARTICIPANT BOX. DO YOU HAVE THIS SAMPLER?
1 YES
2 NO, THERE IS NO FIELD BLANK IN THE BOX

3   NO, I USED THE FIELD BLANK FOR THE INDOOR OR OUTDOOR PLATFORM
     DEPLOYMENT

PROGRAMMER: IF PP17d=2 OR 3, SKIP TO PP19, SKIP TO PP19b IF DEPLOYING THE DUPLICATE BADGE

PP17e.   [IF PP17d=YES] TAKE THE FIELD BLANK VOC (VC) BADGE OUT OF THE CAN LABELED
         WITH A BLACK DOT

         PEEL SECOND BARCODE LABEL FROM THE CAN LID ONTO THE BACK OF BADGE

         SCAN BARCODE ON BLACK DOTTED FIELD BLANK VOC BADGE. IF THE BARCODE
         DOES NOT SCAN, KEY THE ID.

         BLACK DOTTED FIELD BLANK VOC BADGE ID NUMBER: _____[ALLOW 6
         CHARACTERS - VC AND 4 NUMBERS]

PROGRAMMER: FIELD BLANK VOC BADGE ID SHOULD BE 6 CHARACTERS: VC####. CHECK THE ENTERED
ID AGAINST VALID IDS IN THE SAMPLER INVENTORY. IF NOT A VALID ID, PLEASE HAVE A POP-UP BOX
APPEAR WHEN THE FI PRESSES 1 OR ENTER TO CONTINUE INDICATING THE FI HAS ENTERED AN INVALID
ID AND SHOULD ENTER A CORRECT ID TO PROCEED

PROGRAMMER: IF SCANNED/KEYED BARCODE ON VOC BADGE MATCHES EXPECTED BARCODE (WHICH
IS A FIELD BLANK VOC BADGE AS SET IN THE SYSTEM), GO TO PP17i. IF SCANNED BARCODE ON VOC
BADGE IS DIFFERENT FROM EXPECTED BARCODE (IT IS NOT A FIELD BLANK VOC BADGE AS SET IN THE
SYSTEM), GO TO PP17f.

PP17f.   ARE YOU SURE YOU SCANNED/KEYED THE FIELD BLANK (BLACK DOTTED) VOC
         BADGE? OUR RECORDS SHOW YOU HAVE SCANNED A [FILL NOTE BELOW] WITH
         THE ID [FILL NOTE BELOW]
         1   YES
         2   NO

PROGRAMMER: FILL PP17f WITH TYPE OF SAMPLER AND ID THE SYSTEM SHOWS ASSIGNED TO THAT ID.
IF PP17f=NO, LOOP BACK TO PP17e.

PP17g.   [IF PP17f=YES] DO YOU WANT TO ADD THIS FIELD BLANK VOC BADGE TO YOUR
         PARTICIPANT BOX? A REPORT WILL BE SENT TO CHATS SUPERVISORS INFORMING
         THEM OF THE ADDITION.
         1   YES
         2   NO

PROGRAMMER IF PP17g=NO, LOOP BACK TO PP17d

PP17h.   [IF PP17g=YES] THIS FIELD BLANK VOC BADGE HAS BEEN ADDED TO THE
         PARTICIPANT BOX ASSIGNED TO THIS CASE.

         PRESS 1 TO CONTINUE

PP17i.   WHAT IS THE CONDITION OF THE FIELD BLANK VOC BADGE? SELECT ALL THAT
         APPLY.
         1   NO DAMAGE
         2   TORN MEMBRANE
         3   CLIP BROKEN/NOT PRESENT
         4   MINOR SCRATCH TO BADGE
         5   MAJOR CRACK TO BADGE (NOT DEPLOYABLE)
         6   OTHER

PP17j.   [IF PP17i=OTHER] PLEASE DESCRIBE THE CONDITION OF THE FIELD BLANK VOC
         BADGE

         _____ [ALLOW 100 CHARACTERS]

PP17k.   [IF PP17i=5] DO YOU HAVE AN EXTRA FIELD BLANK VOC BADGE?
           1   YES
           2   NO

PP17l.   [IF PP17i=5 OR PP17k=NO] DO NOT DEPLOY THE FIELD BLANK VOC BADGE.

         PLACE THE INOPERABLE FIELD BLANK VOC BADGE BACK IN THE PARTICIPANT BOX

         PRESS 1 TO CONTINUE

PROGRAMMER: IF PP17i=5 OR PP17k=NO AND COLUMN VC_PD IS EMPTY SKIP TO PP19, IF NOT EMPTY
SKIP TO PP19b

PP18.   [IF PP17=1, 2, 3, 4 (OR 6 IF PP17b=YES) OR PP17i=1, 2, 3, 4, (OR 6 IF PP17k=YES] PLACE THE
           PERSONAL SAMPLING PROTECTIVE SCREEN OVER THE VOC MEMBRANE

           PLACE THE VOC BADGE IN THE STRAP.

           PLACE WHITE LID BACK ON THE CAN, MAKE SURE THE 3 CLEAR LIDS ARE STILL IN THE CAN,
           AND PUT THE CAN BACK IN THE PARTICIPANT BOX.

           PRESS 1 TO CONTINUE

PROGRAMMER RECORD TIME AND DATE STAMP WHEN USER PRESSES 1 TO CONTINUE

PP19.   AS THE VOC BADGE BEEN SUCCESSFULLY DEPLOYED?
           1   YES
           2   NO

PP19a.   [IF PP19=NO] PLEASE DESCRIBE THE REASON WHY YOU DID NOT DEPLOY THE VOC
         BADGE

         _____ [ALLOW 100 CHARACTERS]

PROGRAMMER: IF COLUMN VC_PD IS NOT EMPTY PLEASE DUPLICATE THE STEPS FOR PP16-PP18 FOR DEPLOYING THE SECOND VOC BADGE.

PP19b.   [IF COLUMN VC_PD IS NOT EMPTY] HAS THE SECOND VOC BADGE BEEN SUCCESSFULLY DEPLOYED?
1   YES
2   NO

PP19c.   [IF PP19b=NO] PLEASE DESCRIBE THE REASON WHY YOU DID NOT DEPLOY THE SECOND VOC BADGE

_____ [ALLOW 100 CHARACTERS]

PERSONAL NO2 BADGE

PP20.   [DISPLAY IF COLUMN NX_PD IS NOT EMPTY, IF EMPTY SKIP TO PP20a] YOU SHOULD HAVE FOUND 2 NO2 BADGES IN YOUR PARTICIPANT BOX.

THE INSTRUCTIONS THAT FOLLOW WILL TELL YOU HOW TO DEPLOY BOTH BADGES IN THE CHILD'S PERSONAL PLATFORM STRAP. YOU WILL DEPLOY EACH BADGE SEPARATELY. FOLLOW THE NEXT STEPS CAREFULLY
PRESS 1 TO CONTINUE

PROGRAMMER: IF COLUMN NX_PD IS NOT EMPTY, THIS INDICATES THE FI SHOULD DEPLOY 2 NO2 BADGES. PLEASE DUPLICATE THE STEPS FOR PP20a THROUGH PP23 AND ADD QUESTION PP23b IF DEPLOYING THE SECOND NO2 BADGE.

PP20a.   [DISPLAY IF COLUMN NX_PS IS NOT EMPTY, IF EMPTY SKIP TO PP24] TAKE THE PERSONAL NO2 (NX) BADGE OUT OF THE JAR LABELED WITH A RED DOT

PLACE THE SECOND BARCODE LABEL FROM THE JAR LID ONTO THE BACK OF THE BADGE

SCAN BARCODE ON PERSONAL NO2 BADGE. IF THE BARCODE DOES NOT SCAN, KEY THE ID.

PERSONAL NO2 BADGE ID NUMBER: _____[ALLOW 6 CHARACTERS - NX AND 4 NUMBERS]

PROGRAMMER: PERSONAL NO2 BADGE ID SHOULD BE 6 CHARACTERS: NX####. CHECK THE ENTERED ID AGAINST VALID IDS IN THE SAMPLER INVENTORY. IF NOT A VALID ID, PLEASE HAVE A POP-UP BOX APPEAR WHEN THE FI PRESSES 1 OR ENTER TO CONTINUE INDICATING THE FI HAS ENTERED AN INVALID ID AND SHOULD ENTER A CORRECT ID TO PROCEED

PROGRAMMER: IF SCANNED/KEYED BARCODE ON NO2 BADGE MATCHES EXPECTED BARCODE (WHICH IS A PERSONAL NO2 BADGE AS SET IN THE SYSTEM), GO TO PP21. IF SCANNED BARCODE ON NO2 BADGE IS DIFFERENT FROM EXPECTED BARCODE (IT IS NOT A PERSONAL NO2 BADGE AS SET IN THE SYSTEM), GO TO PP20b.

PP20b.   ARE YOU SURE YOU SCANNED/KEYED THE PERSONAL (RED DOTTED) NO2
          BADGE? OUR RECORDS SHOW YOU HAVE SCANNED A [FILL NOTE BELOW] WITH
          THE ID [FILL NOTE BELOW]
          1   YES
          2   NO

PROGRAMMER: FILL PP20b WITH TYPE OF SAMPLER AND ID THE SYSTEM SHOWS ASSIGNED TO THAT
ID. IF PP20b=NO, LOOP BACK TO PP20.

PP20c.   [IF PP20b=YES] DO YOU WANT TO ADD THIS PERSONAL NO2 BADGE TO YOUR
          PARTICIPANT BOX? A REPORT WILL BE SENT TO CHATS SUPERVISORS
          INFORMING THEM OF THE ADDITION.
          1   YES
          2   NO

PROGRAMMER: IF PP20c=NO, LOOP BACK TO PP20

PP20d.   [IF PP20c=YES] THIS PERSONAL NO2 BADGE HAS BEEN ADDED TO THE
          PARTICIPANT BOX ASSIGNED TO THIS CASE.

          PRESS 1 TO CONTINUE

PP21.   WHAT IS THE CONDITION OF THE PERSONAL NO2 BADGE? SELECT ALL THAT APPLY.
         1   NO DAMAGE
         2   CLIP BROKEN/NOT PRESENT
         3   MINOR SCRATCH TO BADGE
         4   MAJOR CRACK TO BADGE (NOT DEPLOYABLE)
         5   OTHER

PP21a.   [IF PP21=OTHER] PLEASE DESCRIBE THE CONDITION OF THE PERSONAL NO2
          BADGE

          _____ [ALLOW 100 CHARACTERS]

PP21b.   [IF PP21=OTHER] CAN THE PERSONAL NO2 BADGE STILL BE DEPLOYED?
          1   YES
          2   NO

PP21c.   [IF PP21=5 OR PP21b=NO] DO NOT DEPLOY THE PERSONAL NO2 BADGE.
          PLACE THE INOPERABLE PERSONAL NO2 BADGE BACK IN THE PARTICIPANT BOX

          PRESS 1 TO CONTINUE

PP21d.   [IF PP21B=NO OR PP21=5 AND COLUMN NX_FB IS NOT EMPTY] YOU SHOULD
          HAVE A BLACK DOTTED FIELD BLANK NO2 BADGE IN YOUR PARTICIPANT BOX.
          DO YOU HAVE THIS SAMPLER?
          1   YES
          2   NO, THERE IS NO FIELD BLANK IN THE BOX

3   NO, I USED THE FIELD BLANK FOR THE INDOOR OR OUTDOOR PLATFORM
DEPLOYMENT

PROGRAMMER: IF PP21d=2 OR 3, SKIP TO PP23, SKIP TO PP23b IF DEPLOYING THE DUPLICATE BADGE

PP21e.   [IF PP21d=YES] TAKE THE FIELD BLANK NO2 (NX) BADGE OUT OF THE JAR
LABELED WITH A BLACK DOT

PLACE THE SECOND BARCODE LABEL FROM THE JAR LID ONTO THE BACK OF THE
BADGE

SCAN BARCODE ON BLACK DOTTED FIELD BLANK NO2 BADGE. IF THE BARCODE
DOES NOT SCAN, KEY THE ID.

BLACK DOTTED FIELD BLANK NO2 BADGE ID NUMBER: _____[ALLOW 6
CHARACTERS - NX AND 4 NUMBERS]

PROGRAMMER: FIELD BLANK NO2 BADGE ID SHOULD BE 6 CHARACTERS: NX####. CHECK THE
ENTERED ID AGAINST VALID IDS IN THE SAMPLER INVENTORY. IF NOT A VALID ID, PLEASE HAVE A POP-
UP BOX APPEAR WHEN THE FI PRESSES 1 OR ENTER TO CONTINUE INDICATING THE FI HAS ENTERED AN
INVALID ID AND SHOULD ENTER A CORRECT ID TO PROCEED

PROGRAMMER: IF SCANNED/KEYED BARCODE ON NO2 BADGE MATCHES EXPECTED BARCODE (WHICH
IS A FIELD BLANK NO2 BADGE AS SET IN THE SYSTEM), GO TO PP21i. IF SCANNED BARCODE ON NO2
BADGE IS DIFFERENT FROM EXPECTED BARCODE (IT IS NOT A FIELD BLANK NO2 BADGE AS SET IN THE
SYSTEM), GO TO PP21f.

PP21f.   ARE YOU SURE YOU SCANNED/KEYED THE FIELD BLANK (BLACK DOTTED) NO2
BADGE? OUR RECORDS SHOW YOU HAVE SCANNED A [FILL NOTE BELOW] WITH
ID [FILL NOTE BELOW]
1   YES
2   NO

PROGRAMMER: FILL PP21f WITH TYPE OF SAMPLER AND ID THE SYSTEM SHOWS ASSIGNED TO THAT ID.
IF PP21f=NO, LOOP BACK TO PP21e.

PP21g.   [IF PP21f=YES] DO YOU WANT TO ADD THIS FIELD BLANK NO2 BADGE TO YOUR
PARTICIPANT BOX? A REPORT WILL BE SENT TO CHATS SUPERVISORS
INFORMING THEM OF THE ADDITION.
1   YES
2   NO

PROGRAMMER IF PP21g=NO, LOOP BACK TO PP21d

PP21h.   [IF PP21g=YES] THIS FIELD BLANK NO2 BADGE HAS BEEN ADDED TO THE
PARTICIPANT BOX ASSIGNED TO THIS CASE.

PRESS 1 TO CONTINUE

PP21i.   WHAT IS THE CONDITION OF THE FIELD BLANK NO2 BADGE? SELECT ALL THAT
           APPLY.
           1   NO DAMAGE
           2   CLIP BROKEN/NOT PRESENT
           3   MINOR SCRATCH TO BADGE
           4   MAJOR CRACK TO BADGE (NOT DEPLOYABLE)
           5   OTHER

PP21j.   [IF PP21i=OTHER] PLEASE DESCRIBE THE CONDITION OF THE FIELD BLANK NO2
           BADGE

           _____ [ALLOW 100 CHARACTERS]

PP21k.   [IF PP21i=OTHER] CAN THE FIELD BLANK NO2 BADGE STILL BE DEPLOYED?
           1   YES
           2   NO

PP21l.   [IF PP21i=5 or PP21k=NO] DO NOT DEPLOY THE FIELD BLANK NO2 BADGE.

           PLACE THE INOPERABLE FIELD BLANK NO2 BADGE BACK IN THE PARTICIPANT
           BOX

           PRESS 1 TO CONTINUE

PROGRAMMER: IF PP21i=5 OR PP21k=NO AND COLUMN NX_PD IS EMPTY SKIP TO PP23, IF NOT EMPTY
SKIP TO PP23b

PP22.   [IF PP21=1, 2, 3, (OR 5 IF PP21b=YES) OR PP21i=1, 2, 3, 4 (OR 5 IF PP21k=YES)] PLACE THE
           NO2 BADGE ON THE STRAP.

           PLACE LID BACK ON THE EMPTY JAR AND PUT THE JAR BACK IN THE PARTICIPANT BOX.

           PRESS 1 TO CONTINUE

PROGRAMMER RECORD TIME AND DATE STAMP WHEN USER PRESSES 1 TO CONTINUE

PP23.   HAS THE NO2 BADGE BEEN SUCCESSFULLY DEPLOYED?
           1   YES
           2   NO

PP23a.   [IF PP23=NO] PLEASE DESCRIBE THE REASON WHY YOU DID NOT DEPLOY THE
           NO2 BADGE

           _____ [ALLOW 100 CHARACTERS]

PROGRAMMER: IF COLUMN NX_PD IS NOT EMPTY PLEASE DUPLICATE THE STEPS FOR PP20a-PP23 FOR
DEPLOYING THE SECOND NO2 BADGE.

PP23b.   [IF COLUMN NX_PD IS NOT EMPTY] HAS THE SECOND NO2 BADGE BEEN
          SUCCESSFULLY DEPLOYED?
          1   YES
          2   NO

PP23c.   [IF PP23b=NO] PLEASE DESCRIBE THE REASON WHY YOU DID NOT DEPLOY THE
          SECOND NO2 BADGE

          _____ [ALLOW 100 CHARACTERS]

PP23d.   [IF PP11=NO AND PP15=NO AND PP19=NO AND PP23=NO] I seem to be having
          some equipment difficulties with the PEM. Unfortunately, I won't be able to set
          up the PEM for [CHILD] to wear for the study. Let's move on to the next part of
          the study and thank you for waiting.

          PRESS 1 TO CONTINUE

PROGRAMMER: IF TR_IS IS NOT EMPTY AND URTIS IS EMPTY SKIP TO HBINTRO1, OTHERWISE SKIP TO
IPINTRO

PROGRAMMER: IF PP11=NO AND PP15=NO AND PP19=NO AND PP23=NO, DO NOT DISPLAY $30 PEM
PAYMENT FILL IN FI LAPTOP SESSION 2 QUESTION INCENT6

PP24.   CHECK ASSEMBLED PERSONAL PLATFORM AGAINST PICTURE IN JOB AIDS BOOKLET TO
         ENSURE CORRECTLY ASSEMBLED

         Thank you for waiting while I put together the PEM strap for [CHILD]. Please put on the PEM
         strap now so that we can make sure it fits comfortably on [CHILD].

         SHOW THE ASSEMBLED PERSONAL AIR SAMPLERS IN THE STRAP, GIVE IT TO THE PARENT,
         AND HAVE HER/HIM PUT IT ON THE CHILD.

         ASK IF THE CHILD FEELS COMFORTABLE.

         PRESS 1 TO CONTINUE

PP25.   Thank you for agreeing to wear the PEM for the CHATS study. The PEM is designed to
         measure the major pollutants known to cause breathing problems or to worsen asthma-like
         symptoms. As I mentioned earlier, we will want [CHILD] to wear the PEM all day long, from
         morning until bedtime, until I return in 5 to 9 days. The PEM can only be worn on the
         shoulder strap have given you today and should not be removed from the strap. At night,
         [CHILD] should place the strap next to [HIS/HER] bed while sleeping.

PP26.   Please do not take the PEM into the bathroom when taking a shower. Instead, just leave it
         outside the bathroom or in [CHILD's] room. When [CHILD] is taking part in vigorous physical
         activities, such as playing on a sports team or attending a physical education class, [HE/SHE]
         should leave the PEM in a locker or on a bench and mark the time and location where
         [CHILD] placed the PEM in the Time Activity Diary will talk about (later/next). Also, please do
         not place the PEM on the ground or floor as this could cause dirt and dust to contaminate

the device. I will leave you some information on general PEM dos and don'ts for you to follow in case you have questions."

Do you have any questions?

PRESS 1 TO CONTINUE

PROGRAMMER RECORD TIME AND DATE STAMP WHEN USER PRESSES 1 TO CONTINUE

PP27.   HAS DEPLOYED PERSONAL PLATFORM BEEN SUCCESSFULLY GIVEN TO THE CHILD?
1   YES
2   NO

   PP27a.   [IF PP27=NO] PLEASE DESCRIBE WHY YOU HAVE NOT SUCCESSFULLY GIVEN THE PERSONAL PLATFORM TO THE CHILD

   _____ [ALLOW 100 CHARACTERS]

FREESTANDING HOBO DEPLOYMENT

HBINTRO1. [DISPLAY IF TR_IS IS NOT EMPTY AND URTIS IS EMPTY, OTHERWISE SKIP TO IPINTRO] In addition to the PEM, we would also like to leave in your home a small indoor air sampling device we call a HOBO.

SHOW PARENT A PICTURE OF THE HOBO FROM THE JOB AIDS BOOKLET

Here is a picture of the HOBO. This device is used to take temperature and humidity measurements in your home and will assist us in measuring the quality of the air your child breathes. I would like to place this HOBO in spot in your home and I ask that you leave it there until I return for Session 2 in about 5 to 9 days. There is nothing else that you would need to do for this part of the study.

May I set up the HOBO and place the device in a spot in your home?
1   YES
2   NO

   HBINTRO1a. [IF HBINTRO1=NO] Can you tell me more about your reasons for not wanting the HOBO in your home?

   _____ [ALLOW 100 CHARACTERS]

   HBINTRO1b. [IF HBINTRO1=NO] INTERVIEWER: ADDRESS CONCERNS ABOUT THE HOBO PROCESS

   (After having spoken a bit more about the HOBO, will you now allow me to leave this device in your home?)
   1   YES
   2   NO

HBINTRO1c. [IF HBINTRO1b=NO] Thank you for your feedback. We will move on to the next part of the study, but if you change your mind at any time today while I am still here, we can still set up the HOBO in your home.

PRESS 1 TO CONTINUE

PROGRAMMER: IF HBINTRO1b=NO, SKIP TO IPINTRO

HBINTRO2. [IF HBINTRO1=YES OR HBINTRO1b=YES] Thank you for allowing me to set up the HOBO in your home for the CHATS study.

INTERVIEWER: DID THE RESPONDENT REPORT THAT THIS CURRENT HOME HAS A CENTRAL HVAC OR AIR CONDITIONING SYSTEM WITH A THERMOSTAT UNIT DURING THE EXPOSURE QUESTIONNAIRE? ASK IF YOU ARE UNSURE.

1   YES, THERE IS A CENTRAL HVAC WITH A THERMOSTAT UNIT
2   NO, THERE IS NOT A CENTRAL HVAC OR THERE IS NOT A THERMOSTAT UNIT

HBINTRO3. [IF HBINTRO2=1] (Earlier, you mentioned that this home has a central HVAC with a thermostat unit.) I would like to place the HOBO next to the thermostat unit using a piece of masking tape to keep the device in place. May I place the HOBO in this location?
1   YES
2   NO

HBINTRO3a. [IF HBINTRO3=YES]. Thank you. I will set up the device now and place it next to your thermostat. This will take me just a few minutes.

PRESS 1 TO CONTINUE

PROGRAMMER: SKIP TO HBINTRO5

HBINTRO4. [IF HBINTRO2=2 OR HBINTRO3=NO] Please help me to find a suitable location to place the HOBO. The device is fairly sensitive and cannot be placed:
1   In the Kitchen
2   Near a lot of foot traffic
3   Near doors or windows
4   Near an HVAC vent
5   Near strong light or heat sources (such as a fireplace, radiator, computer, TV, or stereo)

Can you tell me of a location in your home where I can place the HOBO, such as on a table in a common area that is not near the areas I just mentioned?
1   YES
2   NO

HBINTRO4a. [IF HBINTRO4=YES] RECORD LOCATION RESPONDENT PROVIDED

_____ [ALLOW 100 CHARACTERS]

HBINTRO4b. [IF HBINTRO4=YES] INTERVIEWER: IS THIS AN ACCEPTABLE LOCATION TO PLACE THE HOBO? PLEASE REVIEW YOUR JOB AIDS BOOKLET IF YOU ARE UNSURE.
1   YES
2   NO

HBINTRO4c. [IF HBINTRO4=NO OR HBINTRO4b=NO]. INTERVIEWER: DETERMINE A LOCATION FOR THE FREESTANDING HOBO FOLLOWING THE GUIDELINES BELOW AND LISTED IN YOUR JOB AIDS BOOKLET:

ACCEPTABLE LOCATION: A TABLE IN A COMMON AREA THAT MEETS THE FOLLOWING CRITERIA:
1   AWAY FROM FOOT TRAFFIC
2   AWAY FROM DOORS AND WINDOWS
3   AWAY FROM HVAC VENTS
4   AWAY FROM STRONG LIGHT/HEAT SOURCES (SUCH AS A FIREPLACE, RADIATOR, COMPUTER, TV, OR STEREO)

PRESS 1 TO CONTINUE

HBINTRO4d. [IF HBINTRO4=NO OR HBINTRO4b=NO] May I place the HOBO [INTERVIEWER: TELL RESPONDENT AND KEY PROPOSED LOCATION BELOW]

_____ [ALLOW 100 CHARACTERS]

HBINTRO4e. [FOLLOWS HBINTRO4d] DID THE RESPONDENT AGREE TO HOBO PLACEMENT LOCATION?
1   YES
2   NO

PROGRAMMER: IF HBINTRO4e=YES, SKIP TO HBINTRO5

HBINTRO4e1. [IF HBINTRO4e=NO] May I place the HOBO [INTERVIEWER: TELL RESPONDENT AND KEY A 2ND PROPOSED LOCATION BELOW]

_____ [ALLOW 100 CHARACTERS]

HBINTRO4e2. [FOLLOWS HBINTRO4d1] DID THE RESPONDENT AGREE TO THE 2ND PROPOSED HOBO PLACEMENT LOCATION?
1   YES
2   NO

PROGRAMMER: IF HBINTRO4e1=YES, SKIP TO HBINTRO5

HBINTRO4e3. [IF HBINTRO4e1=NO] May I place the HOBO [INTERVIEWER: TELL RESPONDENT AND KEY 3RD PROPOSED LOCATION BELOW]
_____ [ALLOW 100 CHARACTERS]

HBINTRO4e4. [FOLLOWS HBINTRO4d2] DID THE RESPONDENT AGREE TO THE 3RD PROPOSED HOBO PLACEMENT LOCATION?
1   YES
2   NO

PROGRAMMER: IF HBINTRO4e2=YES, SKIP TO HBINTRO5.

HBINTRO4f.   [IF HBINTRO4e2=NO] We seem to be having difficulties finding a suitable location to place the freestanding HOBO. As a result, I won't be able to set up the freestanding HOBO in your home for the CHATS study. If we are able to find a fitting location today while I am still here, we can set up the device. For now, let's move on to the next part of the study and thank you for assistance.

PRESS 1 TO CONTINUE

PROGRAMMER: SKIP TO HBINTRO10

HBINTRO5. [IF HBINTRO3=YES OR HBINTRO4b=YES OR HBINTRO4e=YES OR HBINTRO4e1=YES OR HBINTRO4e2=YES] PUT ON NITRILE GLOVES

REMOVE FROM THE PARTICIPANT BOX THE HOBO LABELED WITH A YELLOW DOT.

SCAN BARCODE ON HOBO. IF THE BARCODE DOES NOT SCAN, KEY THE ID.

HOBO ID NUMBER: _____[ALLOW 6 CHARACTERS - TR AND 4 NUMBERS]

PROGRAMMER: HOBO ID SHOULD BE 6 CHARACTERS: TR####. CHECK THE ENTERED ID AGAINST VALID IDS IN THE SAMPLER INVENTORY. IF NOT A VALID ID, PLEASE HAVE A POP-UP BOX APPEAR WHEN THE FI PRESSES 1 OR ENTER TO CONTINUE INDICATING THE FI HAS ENTERED AN INVALID ID AND SHOULD ENTER A CORRECT ID TO PROCEED

PROGRAMMER: IF SCANNED/KEYED BARCODE ON HOBO MATCHES EXPECTED BARCODE (WHICH IS AN INDOOR HOBO AS SET IN THE SYSTEM), GO TO HBINTRO6. IF SCANNED BARCODE ON HOBO IS DIFFERENT FROM EXPECTED BARCODE (IT IS NOT AN INDOOR HOBO AS SET IN THE SYSTEM), GO TO HBINTRO5a.

HBINTRO5a.   ARE YOU SURE YOU SCANNED/KEYED THE INDOOR (YELLOW DOTTED) HOBO? OUR RECORDS SHOW YOU HAVE SCANNED A [FILL NOTE BELOW] WITH THE ID [FILL NOTE BELOW]
1   YES
2   NO

PROGRAMMER: FILL HBINTRO5a WITH TYPE OF SAMPLER AND ID THE SYSTEM SHOWS ASSIGNED TO THAT ID. IF HBINTRO5a =NO, LOOP BACK TO HBINTRO5.

HBINTRO5b.   [IF HBINTRO5a=YES] DO YOU WANT TO ADD THIS INDOOR HOBO TO YOUR PARTICIPANT BOX? A REPORT WILL BE SENT TO CHATS SUPERVISORS INFORMING THEM OF THE ADDITION.
1   YES

2   NO

PROGRAMMER: IF HBINTRO5b=NO, LOOP BACK TO HBINTRO5

HBINTRO5c.   [IF HBINTRO5b=YES] THIS INDOOR HOBO HAS BEEN ADDED TO THE PARTICIPANT BOX ASSIGNED TO THIS CASE.

PRESS 1 TO CONTINUE

HBINTRO6.   WHAT IS THE CONDITION OF THE HOBO? SELECT ALL THAT APPLY.
1   NO DAMAGE
2   LIGHT IS NOT BLINKING (NOT DEPLOYABLE)
3   LIGHT IS BLINKING TO FAST (NOT DEPLOYABLE)
4   MINOR SCRATCH TO HOBO CASE
5   MAJOR CRACK TO HOBO CASE
6   OTHER

HBINTRO6a. [IF HBINTRO6=OTHER] PLEASE DESCRIBE THE CONDITION OF THE HOBO

_____ [ALLOW 100 CHARACTERS]

HBINTRO6b. [IF I HBINTRO6=OTHER] CAN THE HOBO STILL BE DEPLOYED?
1   YES
2   NO

HBINTRO6c. [IF HBINTRO6=2 OR 3 (OR 6 IF HBINTRO6b=NO] DO NOT DEPLOY THE HOBO.

PLACE THE INOPERABLE INDOOR HOBO BACK IN THE PARTICIPANT BOX

PRESS 1 TO CONTINUE

PROGRAMMER: IF HBINTRO6=2 OR 3 (OR 6 IF HBINTRO6b=NO), AFTER PRESSING 1 TO CONTINUE, SKIP TO HBINTRO10

HBINTRO7.   [IF HBINTRO3=YES AND IF HBINTRO6=1, 4, 5, (OR 6 IF HBINTRO6b=YES)] PREPARE TO PLACE THE FREESTANDING HOBO IN THE RESPONDENT'S HOME

USING A PIECE OF MASKING TAPE FROM YOUR TOOLKIT, TAPE THE FREESTANDING HOBO DIRECTLY NEXT TO THE THERMOSTAT UNIT

MAKE SURE YOU DO NOT COVER THE HOBO VENT OPENINGS WITH THE MASKING TAPE.

PRESS 1 TO CONTINUE

PROGRAMMER RECORD TIME AND DATE STAMP WHEN USER PRESSES 1 TO CONTINUE

HBINTRO8.   [IF HBINTRO4b=YES AND IF HBINTRO6=1, 4, 5, (OR 6 IF HBINTRO6b=YES)] PREPARE TO PLACE THE FREESTANDING HOBO IN THE RESPONDENT'S HOME.

PLACE HOBO IN THE LOCATION THE RESPONDENT PROVIDED BELOW:

[DISPLAY KEYED TEXT FROM HBINTRO4a]

PRESS 1 TO CONTINUE

PROGRAMMER: RECORD TIME AND DATE STAMP WHEN USER PRESSES 1 TO CONTINUE

HBINTRO9.   [(IF HBINTRO4e=YES, HBINTRO4e1=YES, OR HBINTRO4e2=YES) AND HBINTRO6=1, 4, 5, (OR 6 IF HBINTRO6b=YES)] PREPARE TO PLACE THE FREESTANDING HOBO IN THE RESPONDENT'S HOME.

PLACE HOBO IN THE LOCATION THE RESPONDENT AGREED TO BELOW:

[IF HBINTRO4e=YES, DISPLAY TEXT KEYED IN HBINTRO4d]
[IF HBINTRO4e1=YES, DISPLAY TEXT KEYED IN HBINTRO4d1]
[IF HBINTRO4e2=YES, DISPLAY TEXT KEYED IN HBINTRO4d2]

PRESS 1 TO CONTINUE

PROGRAMMER: RECORD TIME AND DATE STAMP WHEN USER PRESSES 1 TO CONTINUE

HBINTRO10.   HAS THE FREESTANDING HOBO BEEN SUCCESSFULLY DEPLOYED?
        1   YES
        2   NO

HBINTRO10a [IF HBINTRO10=YES] INTERVIEWER: PLEASE INDICATE IN YOUR RECORD OF CALLS THE EXACT LOCATION WHERE YOU PLACED THE FREESTANDING HOBO.

THIS WILL ASSIST YOU, OR ANOTHER INTERVIEWER IF YOU ARE UNABLE TO ATTEND SESSION 2, IN LOCATING THE SUCCESSFULLY DEPLOYED FREESTANDING HOBO

HBINTRO10b [IF HBINTRO10=NO] PLEASE DESCRIBE THE REASON WHY YOU DID NOT DEPLOY THE FREESTANDING HOBO
_____ [ALLOW 100 CHARACTERS]

END OF PERSONAL PLATFORM DEPLOYMENT

INDOOR PLATFORM DEPLOYMENT

IPINTRO1.   [DISPLAY IF COLUMN VC_IS IS NOT EMPTY, IF EMPTY SKIP TO OPINTRO1] Now I would like to begin setting up the indoor air sampling device I mentioned earlier.

SHOW PARENT PICTURE OF INDOOR PLATFORM FROM THE JOB AIDS BOOKLET

Here is a picture of the device in use. Again, this device is used to measure the quality of the air [CHILD] breathes in your home. All we ask is that you leave the equipment in the

location in your home we agree upon today.   There is nothing else that you would need to do.

PRESS 1 TO CONTINUE

IPINTRO2.   When I return in 5 to 9 days for Session 2, I will collect the indoor air sampling device and ship it to the CHATS lab staff for analysis. As a reminder, you will receive a letter from the CHATS study in about 5 months giving you important information on the air quality in your home and any pollutants that may be in the air your child breathes. Again, if the air quality results suggest that improvements can be made in your home, the letter will provide suggestions for how to do that.

PRESS 1 TO CONTINUE

IPINTRO3.   As a token of thanks for helping us with our study by answering today's survey questions and allowing us to set up these devices in your home, we will give you $40 at the end of today's interview.

PRESS 1 TO CONTINUE

IPINTRO4.   I will leave you an information sheet that gives details on what is included in the cage holding the indoor air sampling device. Also, please feel free to call the number on the side of the cage if you have any questions about the device.

May I set up the CHATS indoor air sampling device in your home?
1   YES
2   NO

IPINTRO4a.   [IF IPINTRO4=NO] (Can you tell me more about your reasons for not wanting the indoor air sampling device in your home?)

_____ [ALLOW 100 CHARACTERS]

IPINTRO4b.   [IF IPINTRO4=NO] INTERVIEWER: ADDRESS CONCERNS ABOUT THE INDOOR AIR SAMPLING DEVICE
(After having spoken about the indoor air sampling device and what you would be asked to do, will you now allow me to set up this device in your home?)
1   YES
2   NO

IPINTRO4c.   [IF IPINTRO4b=NO] Thank you for your feedback. We will move on to the next part of the study, but if you change your mind at any time today while I am still here, we can still set up the indoor air sampling device.

PRESS 1 TO CONTINUE

PROGRAMMER: IF IPINTRO4b=NO SKIP TO OPINTRO1

IP1.   [IF IPINTRO4=YES OR IPINTRO4b=YES] Thank you for allowing me to set up the indoor air sampling device in your home for the CHATS study. It will take me a few minutes to set up the device and then we will discuss where to leave it in your home until I return for Session 2.

         PRESS 1 TO CONTINUE

         IP1a.   [DISPLAY IF COLUMN URTPS IS EMPTY] First I will begin by putting on some sterile gloves. This is so that I don't accidently affect or contaminate the samples we will collect from your home by touching the equipment with my bare hands. By my wearing these gloves, we can ensure that we collect high quality data from your home.

                   PRESS 1 TO CONTINUE

IP2.   (PUT ON NITRILE GLOVES)

         HAVE READY THE PLATFORM CAGE WITH AN FLAT ROOF

         OPEN THE PARTICIPANT BOX(ES) AND REMOVE SAMPLER TRAY

         FOR INDOOR PLATFORM DEPLOYMENT, REMOVE FROM THE PARTICIPANT BOX(ES) THE FOLLOWING ITEMS/SAMPLERS LABELED WITH A YELLOW DOT ON THE CONTAINER:

         1.   INDOOR MICROPEM
         2.   INDOOR ALDEHYDE BADGE – YOU MAY HAVE MORE THAN 1
         3.   INDOOR VOC BADGE – YOU MAY HAVE MORE THAN 1
         4.   INDOOR NO2 BADGE – YOU MAY HAVE MORE THAN 1
         5.   INDOOR H2S BADGE – YOU MAY HAVE MORE THAN 1*
         6.   INDOOR CATS TUBE – YOU MAY HAVE MORE THAN 1*
         7.   HOBO

         *YOU <u>MAY</u> NOT HAVE ANY H2S BADGES OR CATS TUBES

         LEAVE SAMPLERS WITH BLACK DOTS IN THE BOX. IF INCLUDED IN THE BOX, THESE SAMPLERS WILL BE USED WHEN YOU RETURN FOR RETRIEVAL OR AS REPLACEMENTS.

         PRESS 1 TO CONTINUE

INDOOR MICROPEM

IP3.   [DISPLAY IF COLUMN URTIS IS NOT EMPTY, IF EMPTY SKIP TO IP7] PLACE CAP FROM YOUR SUPPLY BAG ONTO THE MICROPEM OPENING

         TURN ON INDOOR MICROPEM LABELED WITH A YELLOW DOT BY PRESSING BUTTON 1.

         SCAN SERIAL ID BARCODE ON THE BOTTOM OF THE INDOOR MICROPEM. IF THE BARCODE DOES NOT SCAN, KEY THE ID.

INDOOR MICROPEM SERIAL ID NUMBER:

_____[ALLOW 10 CHARACTERS – UCC32, 4 NUMBERS, AND 1 LETTER]

PROGRAMMER: INDOOR MICROPEM SERIAL ID SHOULD BE 10 CHARACTERS: UCC32####, AND 1 LETTER. CHECK THE ENTERED ID AGAINST VALID IDS IN THE SAMPLER INVENTORY. IF NOT A VALID ID, PLEASE HAVE A POP-UP BOX APPEAR WHEN THE FI PRESSES ENTER TO CONTINUE INDICATING THE FI HAS ENTERED AN INVALID ID AND SHOULD ENTER A CORRECT ID TO PROCEED.

PROGRAMMER: IF SCANNED/KEYED BARCODE ON MICROPEM MATCHES EXPECTED BARCODE (WHICH IS AN INDOOR MICROPEM UNIT ID FOUND IN COLUMN URTIS AS SET IN THE SYSTEM), GO TO IP4. IF SCANNED BARCODE ON MICROPEM IS DIFFERENT FROM EXPECTED BARCODE (IT IS NOT AN INDOOR MICROPEM UNIT AS SET IN THE SYSTEM), GO TO IP3a.

IP3a.   ARE YOU SURE YOU SCANNED/KEYED THE SERIAL ID ON AN INDOOR (YELLOW DOTTED) MICROPEM UNIT? OUR RECORDS SHOW YOU HAVE SCANNED

[CHECK ID AGAINST HOBO IDS IN COLUMN TR_IS, IF A MATCH DISPLAY "a HOBO", IF NO MATCH LEAVE BLANK]
[CHECK ID AGAINST FILTER IDS IN COLUMN UP_IS, UP_OS, UP_PS, IF A MATCH DISPLAY "a MicroPEM Filter, not a MicroPEM unit, IF NO MATCH LEAVE BLANK]
[CHECK ID AGAINST MICROPEM UNIT IDS IN COLUMN URTOS OR URTPS, IF A MATCH DISPLAY, "either a Personal MicroPEM labeled with a red dot or an Outdoor MicroPEM labeled with a blue dot" IF NO MATCH LEAVE BLANK]
[IF ID DOES NOT MATCH ANY ID LISTED IN ABOVE COLUMNS, DISPLAY "something other than a MicroPEM unit, possibly a type of sampler']
1   YES
2   NO

PROGRAMMER: IF IP3a =NO, LOOP BACK TO IP3.

IP3b.   [IF IP3a=YES] DO YOU WANT TO ADD THIS INDOOR MICROPEM UNIT TO YOUR PARTICIPANT BOX? A REPORT WILL BE SENT TO CHATS SUPERVISORS INFORMING THEM OF THE ADDITION.
1   YES
2   NO

PROGRAMMER: IF IP3b=NO, RETURN USER TO IP3

IP3c.   [IF IP3b=YES] THIS INDOOR MICROPEM UNIT HAS BEEN ADDED TO THE PARTICIPANT BOX ASSIGNED TO THIS CASE.

PRESS 1 TO CONTINUE

IP3d.   SCAN BARCODE ON THE INDOOR MICROPEM FILTER.   IF THE BARCODE DOES NOT SCAN, KEY THE ID.

INDOOR MICROPEM FILTER ID NUMBER:

_____[ALLOW 6 CHARACTERS – UP AND 4 NUMBERS]

PROGRAMMER: INDOOR MICROPEM FILTER ID SHOULD BE 6 CHARACTERS: UP####. IF NOT A VALID ID, PLEASE HAVE A POP-UP BOX APPEAR WHEN THE FI PRESSES ENTER TO CONTINUE INDICATING THE FI HAS ENTERED AN INVALID ID AND SHOULD ENTER A CORRECT ID TO PROCEED.

PROGRAMMER: IF SCANNED/KEYED BARCODE ON MICROPEM MATCHES EXPECTED BARCODE (WHICH IS AN INDOOR MICROPEM FILTER ID FOUND IN COLUMN UP_IS AS SET IN THE SYSTEM), GO TO IP4. IF SCANNED BARCODE ON MICROPEM IS DIFFERENT FROM EXPECTED BARCODE (IT IS NOT AN INDOOR MICROPEM FILTER AS SET IN THE SYSTEM), GO TO IP3e.

IP3e.   ARE YOU SURE YOU SCANNED/KEYED THE ID ON AN INDOOR (YELLOW DOTTED) MICROPEM FILTER? OUR RECORDS SHOW YOU HAVE SCANNED

[CHECK ID AGAINST HOBO IDS IN COLUMN TR_IS, IF A MATCH DISPLAY "a HOBO", IF NO MATCH LEAVE BLANK]
[CHECK ID AGAINST UNIT IDS IN COLUMN URTOS, URTIS, AND URTPS, IF A MATCH DISPLAY "a MicroPEM unit, not a MicroPEM filter, IF NO MATCH LEAVE BLANK]
[IF ID DOES NOT MATCH ANY ID LISTED IN ABOVE COLUMNS, DISPLAY "something other than a MicroPEM filter, possibly a type of sampler']
1   YES
2   NO

PROGRAMMER: IF IP3e =NO, LOOP BACK TO IP3d.

IP3f.   [IF IP3e=YES] DO YOU WANT TO ADD THIS INDOOR MICROPEM FILTER TO YOUR PARTICIPANT BOX? A REPORT WILL BE SENT TO CHATS SUPERVISORS INFORMING THEM OF THE ADDITION.
1   YES
2   NO

PROGRAMMER IF IP3f=NO, RETURN USER TO IP3d

IP3g.   [IF IP3f=YES] THIS INDOOR MICROPEM FILTER HAS BEEN ADDED TO THE PARTICIPANT BOX ASSIGNED TO THIS CASE.

PRESS 1 TO CONTINUE

IP4.   WHAT IS THE CONDITION OF THE INDOOR MICROPEM? SELECT ALL THAT APPLY
1   NO DAMAGE
2   PUMP DID NOT START/IS INAUDIBLE (NOT DEPLOYABLE)
3   LED IS NOT BLINKING (NOT DEPLOYABLE)
4   VISIBLE DAMAGE TO THE CASE
5   OTHER

IP4a.   [IF IP4=OTHER] PLEASE DESCRIBE THE CONDITION OF THE INDOOR MICROPEM

_____ [ALLOW 100 CHARACTERS]

IP4b. [IF IP4=OTHER] CAN THE INDOOR MICROPEM STILL BE DEPLOYED?
1 YES
2 NO

IP4c. [IF IP4=2 OR 3 OR IP4b=NO] PLEASE REFER TO YOUR JOB AIDS BOOKLET FOR STEPS TO TAKE TO CORRECT THE MALFUNCTIONING MICROPEM. PLEASE COMPLETE THESE STEPS A MINIMUM OF 2 TIMES.

AFTER FOLLOWING THE STEPS IN THE JOB AIDS BOOKLET, IS THE MICROPEM NOW FUNCTIONING PROPERLY AND READY TO BE DEPLOYED?
1 YES
2 NO

IP4d. [IF IP4c=NO] DO NOT DEPLOY THE MICROPEM.

PLACE THE INOPERABLE INDOOR MICROPEM BACK IN THE PARTICIPANT BOX

PRESS 1 TO CONTINUE

PROGRAMMER: IF IP4c=NO, AFTER PRESSING 1 TO CONTINUE, SKIP TO IP6

IP5. [IF IP4=1, 4, (OR 5 IF IP4b=YES) OR IF IP4c=YES] LEAVE THE INDOOR MICROPEM TURNED ON AND CAPPED FOR 1 MINUTE.

AFTER 1 MINUTE, REMOVE THE CAP AND PLACE BACK IN YOUR SUPPLY BAG

PLACE THE INDOOR MICROPEM (STILL POWERED ON) IN THE CENTER CAGE IN THE INDOOR PLATFORM CAGE.

PRESS 1 TO CONTINUE

PROGRAMMER: RECORD TIME AND DATE STAMP WHEN USER PRESSES 1 TO CONTINUE

IP6. HAS THE INDOOR MICROPEM BEEN SUCCESSFULLY DEPLOYED?
1 YES
2 NO

IP6a. [IF IP6=NO] PLEASE DESCRIBE THE REASON WHY YOU DID NOT DEPLOY THE INDOOR MICROPEM

_____ [ALLOW 100 CHARACTERS]

INDOOR ALDEHYDE BADGE

IP7. [DISPLAY IF COLUMN AL_ID IS NOT EMPTY, IF EMPTY SKIP TO IP7a] YOU SHOULD HAVE FOUND 2 ALDEHYDE BADGES IN YOUR PARTICIPANT BOX.

THE INSTRUCTIONS THAT FOLLOW WILL TELL YOU HOW TO DEPLOY BOTH BADGES IN THE INDOOR PLATFORM CAGE. YOU WILL DEPLOY EACH BADGE SEPARATELY. FOLLOW THE NEXT STEPS CAREFULLY

PRESS 1 TO CONTINUE

PROGRAMMER: IF COLUMN AL_ID IS NOT EMPTY, THIS INDICATES THE FI SHOULD DEPLOY 2 ALDEHYDE BADGES. PLEASE DUPLICATE THE STEPS FOR IP7a THROUGH IP9 AND ADD QUESTION IP10b IF DEPLOYING THE SECOND ALDEHYDE BADGE.

IP7a.   [DISPLAY IF COLUMN AL_IS IS NOT EMPTY, IF EMPTY SKIP TO IP11] TAKE THE INDOOR ALDEHYDE (AL) BADGE OUT OF THE POUCH LABELED WITH A YELLOW DOT

PEEL SECOND BARCODE LABEL FROM OUTSIDE OF POUCH AND PLACE ON BACK OF BADGE

SCAN BARCODE ON INDOOR ALDEHYDE BADGE. IF THE BARCODE DOES NOT SCAN, KEY THE ID.

INDOOR ALDEHYDE BADGE ID NUMBER: _____[ALLOW 6 CHARACTERS - AL AND 4 NUMBERS]

PROGRAMMER: INDOOR ALDEHYDE BADGE ID SHOULD BE 6 CHARACTERS: AL####. CHECK THE ENTERED ID AGAINST VALID IDS IN THE SAMPLER INVENTORY. IF NOT A VALID ID, PLEASE HAVE A POP-UP BOX APPEAR WHEN THE FI PRESSES ENTER TO CONTINUE INDICATING THE FI HAS ENTERED AN INVALID ID AND SHOULD ENTER A CORRECT ID TO PROCEED

PROGRAMMER: IF SCANNED/KEYED BARCODE ON ALDEHYDE BADGE MATCHES EXPECTED BARCODE (WHICH IS AN INDOOR ALDEHYDE BADGE AS SET IN THE SYSTEM), GO TO IP8. IF SCANNED BARCODE ON ALDEHYDE BADGE IS DIFFERENT FROM EXPECTED BARCODE (IT IS NOT AN INDOOR ALDEHYDE BADGE AS SET IN THE SYSTEM), GO TO IP7b.

IP7b.   ARE YOU SURE YOU SCANNED/KEYED THE INDOOR (YELLOW DOTTED) ALDEHYDE BADGE? OUR RECORDS SHOW YOU HAVE SCANNED A [FILL NOTE BELOW] WITH THE ID [FILL NOTE BELOW]
        1   YES
        2   NO

PROGRAMMER: FILL IP7b WITH TYPE OF SAMPLER AND ID THE SYSTEM SHOWS ASSIGNED TO THAT ID. IF IP7b=NO, LOOP BACK TO IP7a.

IP7c.   [IF IP7b=YES] DO YOU WANT TO ADD THIS INDOOR ALDEHYDE BADGE TO YOUR PARTICIPANT BOX? A REPORT WILL BE SENT TO CHATS SUPERVISORS INFORMING THEM OF THE ADDITION.
        1   YES
        2   NO

PROGRAMMER: IF IP7c=NO, LOOP BACK TO IP7a

IP7d.   [IF IP7c=YES] THIS INDOOR ALDEHYDE BADGE HAS BEEN ADDED TO THE
          PARTICIPANT BOX ASSIGNED TO THIS CASE.

          PRESS 1 TO CONTINUE

IP8.   WHAT IS THE CONDITION OF THE INDOOR ALDEHYDE BADGE? SELECT ALL THAT APPLY.
          1   NO DAMAGE
          2   GREEN SLIDE OPEN ALREADY OR MISSING
          3   CLIP BROKEN/NOT PRESENT
          4   MINOR SCRATCH TO BADGE
          5   MAJOR CRACK TO BADGE (NOT DEPLOYABLE)
          6   OTHER

     IP8a.   [IF IP8=OTHER] PLEASE DESCRIBE THE CONDITION OF THE INDOOR ALDEHYDE
               BADGE

               _____ [ALLOW 100 CHARACTERS]

     IP8b.   [IF IP8=OTHER] CAN THE INDOOR ALDEHYDE BADGE STILL BE DEPLOYED?
               1   YES
               2   NO

     IP8c.   [IF IP8=5 or IP8b=NO] DO NOT DEPLOY THE INDOOR ALDEHYDE BADGE.

               PLACE THE INOPERABLE INDOOR ALDEHYDE BACK IN THE PARTICIPANT BOX

               PRESS 1 TO CONTINUE

     IP8d.   [IF IP8b=NO OR IP8=5 AND COLUMN AL_FB IS NOT EMPTY, IF AL_FB IS EMPTY,
               SKIP TO IP10] YOU SHOULD HAVE A BLACK DOTTED FIELD BLANK ALDEHYDE
               BADGE IN YOUR PARTICIPANT BOX. DO YOU HAVE THIS BADGE?
               1   YES
               2   NO, THERE IS NO FIELD BLANK IN THE BOX
               3   NO, I USED THE FIELD BLANK FOR THE PERSONAL OR OUTDOOR PLATFORM
                   DEPLOYMENT

PROGRAMMER: IF IP8d=2 OR 3, SKIP TO IP10, SKIP TO IP10b IF DEPLOYING THE DUPLICATE BADGE

     IP8e.   [IF IP8d=YES] TAKE THE FIELD BLANK ALDEHYDE (AL) BADGE OUT OF THE POUCH
               LABELED WITH A BLACK DOT.

               PEEL SECOND BARCODE LABEL FROM OUTSIDE OF POUCH AND PLACE ON BACK
               OF BADGE

               SCAN BARCODE ON BLACK DOTTED FIELD BLANK ALDEHYDE BADGE. IF THE
               BARCODE DOES NOT SCAN, KEY THE ID.

               BLACK DOTTED FIELD BLANK ALDEHYDE BADGE ID NUMBER:

_____[ALLOW 6 CHARACTERS - AL AND 4 NUMBERS]

PROGRAMMER: FIELD BLANK ALDEHYDE BADGE ID SHOULD BE 6 CHARACTERS: AL####. CHECK THE ENTERED ID AGAINST VALID IDS IN THE SAMPLER INVENTORY. IF NOT A VALID ID, PLEASE HAVE A POP-UP BOX APPEAR WHEN THE FI PRESSES ENTER TO CONTINUE INDICATING THE FI HAS ENTERED AN INVALID ID AND SHOULD ENTER A CORRECT ID TO PROCEED

PROGRAMMER: IF SCANNED/KEYED BARCODE ON ALDEHYDE BADGE MATCHES EXPECTED BARCODE (WHICH IS A FIELD BLANK ALDEHYDE BADGE AS SET IN THE SYSTEM), GO TO IP8i. IF SCANNED BARCODE ON ALDEHYDE BADGE IS DIFFERENT FROM EXPECTED BARCODE (IT IS NOT A FIELD BLANK ALDEHYDE BADGE AS SET IN THE SYSTEM), GO TO IP8f.

IP8f.   ARE YOU SURE YOU SCANNED/KEYED THE FIELD BLANK (BLACK DOTTED) ALDEHYDE BADGE? OUR RECORDS SHOW YOU HAVE SCANNED A [FILL NOTE BELOW] WITH THE ID [FILL NOTE BELOW]
1   YES
2   NO

PROGRAMMER: FILL IP8f WITH TYPE OF SAMPLER AND ID THE SYSTEM SHOWS ASSIGNED TO THAT ID. IF IP8f=NO, LOOP BACK TO IP8e.

IP8g.   [IF IP8f=YES] DO YOU WANT TO ADD THIS FIELD BLANK ALDEHYDE BADGE TO YOUR PARTICIPANT BOX? A REPORT WILL BE SENT TO CHATS SUPERVISORS INFORMING THEM OF THE ADDITION.
1   YES
2   NO

PROGRAMMER IF IP8g=NO, LOOP BACK TO IP8e

IP8h.   [IF IP8g=YES] THIS FIELD BLANK ALDEHYDE BADGE HAS BEEN ADDED TO THE PARTICIPANT BOX ASSIGNED TO THIS CASE.

PRESS 1 TO CONTINUE

IP8i.   WHAT IS THE CONDITION OF THE FIELD BLANK ALDEHYDE BADGE? SELECT ALL THAT APPLY.
1   NO DAMAGE
2   GREEN SLIDE OPEN ALREADY OR MISSING
3   CLIP BROKEN/NOT PRESENT
4   MINOR SCRATCH TO BADGE
5   MAJOR CRACK TO BADGE (NOT DEPLOYABLE)
6   OTHER

IP8j.   [IF IP8i=OTHER] PLEASE DESCRIBE THE CONDITION OF THE FIELD BLANK ALDEHYDE BADGE

_____ [ALLOW 100 CHARACTERS]

IP8k.   [IP8i=OTHER] CAN THE FIELD BLANK ALDEHYDE BADGE STILL BE DEPLOYED?
          1   YES
          2   NO

IP8l.   [IF IP8i=5 or IP8k=NO] DO NOT DEPLOY THE FIELD BLANK ALDEHYDE BADGE.

          PLACE THE INOPERABLE FIELD BLANK ALDEHYDE BADGE BACK IN THE
          PARTICIPANT BOX

          PRESS 1 TO CONTINUE

PROGRAMMER: IF IP8i=5 OR IP8k=NO AND COLUMN AL_ID IS EMPTY SKIP TO IP10, IF NOT EMPTY SKIP
TO IP10b

IP9.   [IF IP8=1, 2, 3, 4 (OR 6 if IP8b=YES) OR IP8i=1, 2, 3, 4, (OR 6 IF IP8k=YES)] SLIDE THE GREEN
          COVER DOWN TO OPEN THE ALDEHYDE BADGE

          CLIP THE BADGE TO THE LABELED LOCATION IN THE INDOOR PLATFORM CAGE

          RESEAL THE ALDEHYDE POUCH AND PUT THE POUCH BACK INTO THE PARTICIPANT BOX.

          PRESS 1 TO CONTINUE

PROGRAMMER RECORD TIME AND DATE STAMP WHEN USER PRESSES 1 TO CONTINUE

IP10.   HAS THE ALDEHYDE BADGE BEEN SUCCESSFULLY DEPLOYED?
          1   YES
          2   NO

          IP10a.   [IF IP10=NO] PLEASE DESCRIBE THE REASON WHY YOU DID NOT DEPLOY THE
                    ALDEHYDE BADGE

                    _____ [ALLOW 100 CHARACTERS]

PROGRAMMER: IF COLUMN AL_ID IS NOT EMPTY PLEASE DUPLICATE THE STEPS FOR IP7a-IP9 FOR
DEPLOYING THE SECOND ALDEHYDE BADGE.

          IP10b.   [IF COLUMN AL_ID IS NOT EMPTY] HAS THE SECOND ALDEHYDE BADGE BEEN
                    SUCCESSFULLY DEPLOYED?
                    1   YES
                    2   NO

          IP10c.   [IF IP10b=NO] PLEASE DESCRIBE THE REASON WHY YOU DID NOT DEPLOY THE
                    SECOND ALDEHYDE BADGE

                    _____ [ALLOW 100 CHARACTERS]

INDOOR VOC BADGE

IP11.   [DISPLAY IF COLUMN VC_ID IS NOT EMPTY, IF EMPTY SKIP TO IP11a] YOU SHOULD HAVE
             FOUND 2 VOC BADGES IN YOUR PARTICIPANT BOX.

             THE INSTRUCTIONS THAT FOLLOW WILL TELL YOU HOW TO DEPLOY BOTH BADGES IN THE
             INDOOR PLATFORM CAGE. YOU WILL DEPLOY EACH BADGE SEPARATELY. FOLLOW THE
             NEXT STEPS CAREFULLY

             PRESS 1 TO CONTINUE

PROGRAMMER: IF COLUMN VC_ID IS NOT EMPTY, THIS INDICATES THE FI SHOULD DEPLOY 2 VOC
BADGES. PLEASE DUPLICATE THE STEPS FOR IP11a THROUGH IP13 AND ADD QUESTION IP14b FOR
DEPLOYING THE SECOND VOC BADGE.

        IP11a.   [DISPLAY IF COLUMN VC_IS IS NOT EMPTY, IF EMPTY SKIP TO IP15]TAKE THE
                   INDOOR VOC (VC) BADGE OUT OF THE CAN LABELED WITH A YELLOW DOT.

                   PLACE THE SECOND BARCODE LABEL FROM THE CAN LID ONTO THE BACK OF THE
                   BADGE

                   SCAN THE BARCODE. IF THE BARCODE DOES NOT SCAN, KEY THE ID.

                   INDOOR VOC BADGE ID NUMBER: _____[ALLOW 6 CHARACTERS - VC AND
                   4 NUMBERS]

PROGRAMMER: INDOOR VOC BADGE ID SHOULD BE 6 CHARACTERS: VC####. CHECK THE ENTERED ID
AGAINST VALID IDS IN THE SAMPLER INVENTORY. IF NOT A VALID ID, PLEASE HAVE A POP-UP BOX
APPEAR WHEN THE FI PRESSES ENTER TO CONTINUE INDICATING THE FI HAS ENTERED AN INVALID ID
AND SHOULD ENTER A CORRECT ID TO PROCEED

PROGRAMMER: IF SCANNED/KEYED BARCODE ON VOC BADGE MATCHES EXPECTED BARCODE (WHICH
IS AN INDOOR VOC BADGE AS SET IN THE SYSTEM), GO TO IP12. IF SCANNED BARCODE ON VOC BADGE
IS DIFFERENT FROM EXPECTED BARCODE (IT IS NOT AN INDOOR VOC BADGE AS SET IN THE SYSTEM), GO
TO IP11b.

        IP11b.   ARE YOU SURE YOU SCANNED/KEYED THE INDOOR (YELLOW DOTTED) VOC BADGE?
                   OUR RECORDS SHOW YOU HAVE SCANNED A [FILL NOTE BELOW] WITH THE ID [FILL
                   NOTE BELOW]
                   1   YES
                   2   NO

PROGRAMMER: FILL IP11b WITH TYPE OF SAMPLER AND ID THE SYSTEM SHOWS ASSIGNED TO THAT ID.
IF IP11b=NO, LOOP BACK TO IP11a.

        IP11c.   [IF IP11b=YES] DO YOU WANT TO ADD THIS INDOOR VOC BADGE TO YOUR
                   PARTICIPANT BOX? A REPORT WILL BE SENT TO CHATS SUPERVISORS INFORMING
                   THEM OF THE ADDITION.
                   1   YES
                   2   NO

PROGRAMMER: IF IP11c=NO, LOOP BACK TO IP11a

IP11d.   [IF IP11c=YES] THIS INDOOR VOC BADGE HAS BEEN ADDED TO THE PARTICIPANT BOX ASSIGNED TO THIS CASE.

PRESS 1 TO CONTINUE

IP12.   WHAT IS THE CONDITION OF THE INDOOR VOC BADGE? SELECT ALL THAT APPLY.
1   NO DAMAGE
2   TORN MEMBRANE
3   CLIP BROKEN/NOT PRESENT
4   MINOR SCRATCH TO BADGE
5   MAJOR CRACK TO BADGE (NOT DEPLOYABLE)
6   OTHER

IP12a.   [IF IP12=OTHER] PLEASE DESCRIBE THE CONDITION OF THE INDOOR VOC BADGE

_____ [ALLOW 100 CHARACTERS]

IP12b.   [IF IP12=OTHER] CAN THE INDOOR VOC BADGE STILL BE DEPLOYED?
1   YES
2   NO

IP12c.   [IF IP12=5 OR IP12b=NO] DO NOT DEPLOY THE VOC BADGE.

PLACE THE INOPERABLE INDOOR VOC BADGE BACK IN THE PARTICIPANT BOX

PRESS 1 TO CONTINUE

IP12d.   [IF IP12b=NO OR IP12=5 AND COLUMN VC_FB IS NOT EMPTY]] YOU SHOULD HAVE A BLACK DOTTED FIELD BLANK VOC BADGE IN YOUR PARTICIPANT BOX. DO YOU HAVE THIS BADGE?
1   YES
2   NO, THERE IS NO FIELD BLANK IN BOX
3   NO, I USED THE FIELD BLANK FOR THE PERSONAL OR OUTDOOR PLATFORM DEPLOYMENT

PROGRAMMER: IF IP12d=2 OR 3, SKIP TO IP14, SKIP TO IP14b IF DEPLOYING THE DUPLICATE BADGE

IP12e.   [IF IP12d=YES] TAKE THE FIELD BLANK VOC (VC) BADGE OUT OF THE CAN LABELED WITH A BLACK DOT

PEEL SECOND BARCODE LABEL FROM THE CAN LID ONTO THE BACK OF BADGE

SCAN BARCODE ON BLACK DOTTED FIELD BLANK VOC BADGE. IF THE BARCODE DOES NOT SCAN, KEY THE ID.

BLACK DOTTED FIELD BLANK VOC BADGE ID NUMBER:

_____ [ALLOW 6 CHARACTERS - VC AND 4 NUMBERS]

PROGRAMMER: FIELD BLANK VOC BADGE ID SHOULD BE 6 CHARACTERS: VC####. CHECK THE ENTERED ID AGAINST VALID IDS IN THE SAMPLER INVENTORY. IF NOT A VALID ID, PLEASE HAVE A POP-UP BOX APPEAR WHEN THE FI PRESSES ENTER TO CONTINUE INDICATING THE FI HAS ENTERED AN INVALID ID AND SHOULD ENTER A CORRECT ID TO PROCEED

PROGRAMMER: IF SCANNED/KEYED BARCODE ON VOC BADGE MATCHES EXPECTED BARCODE (WHICH IS A FIELD BLANK VOC BADGE AS SET IN THE SYSTEM), GO TO IP12i. IF SCANNED BARCODE ON VOC BADGE IS DIFFERENT FROM EXPECTED BARCODE (IT IS NOT A FIELD BLANK VOC BADGE AS SET IN THE SYSTEM), GO TO IP12f.

IP12f.   ARE YOU SURE YOU SCANNED/KEYED THE FIELD BLANK (BLACK DOTTED) VOC BADGE? OUR RECORDS SHOW YOU HAVE SCANNED A [FILL NOTE BELOW] WITH THE ID [FILL NOTE BELOW]
1   YES
2   NO

PROGRAMMER: FILL IP12f WITH TYPE OF SAMPLER AND ID THE SYSTEM SHOWS ASSIGNED TO THAT ID. IF IP12f=NO, LOOP BACK TO IP12e.

IP12g.   [IF IP12f=YES] DO YOU WANT TO ADD THIS FIELD BLANK VOC BADGE TO YOUR PARTICIPANT BOX? A REPORT WILL BE SENT TO CHATS SUPERVISORS INFORMING THEM OF THE ADDITION.
1   YES
2   NO

PROGRAMMER IF IP12g=NO, LOOP BACK TO IP12e

IP12h.   [IF IP12g=YES] THIS FIELD BLANK VOC BADGE HAS BEEN ADDED TO THE PARTICIPANT BOX ASSIGNED TO THIS CASE.

PRESS 1 TO CONTINUE

IP12i.   WHAT IS THE CONDITION OF THE FIELD BLANK VOC BADGE? SELECT ALL THAT APPLY.
1   NO DAMAGE
2   TORN MEMBRANE
3   CLIP BROKEN/NOT PRESENT
4   MINOR SCRATCH TO BADGE
5   MAJOR CRACK TO BADGE (NOT DEPLOYABLE)
6   OTHER

IP12j.   [IF IP12i=OTHER] PLEASE DESCRIBE THE CONDITION OF THE FIELD BLANK VOC BADGE

_____ [ALLOW 100 CHARACTERS]

IP12k.   [IF IP12i=OTHER] CAN THE FIELD BLANK VOC BADGE STILL BE DEPLOYED?
1   YES
2   NO

IP12l.   [IF IP12i=5 OR IP12k=NO] DO NOT DEPLOY THE FIELD BLANK VOC BADGE.

PLACE THE INOPERABLE FIELD BLANK VOC BADGE BACK IN THE PARTICIPANT BOX

PRESS 1 TO CONTINUE

PROGRAMMER: IF IP12i=5 OR IP12k=NO AND COLUMN VC_ID IS EMPTY SKIP TO IP14, IF NOT EMPTY SKIP TO IP14b

IP13.   [IF IP12=1, 2, 3, 4 (OR 6 IF IP12b=YES) OR IP12i=1, 2, 3, 4, (OR 6 IF IP12k=YES] PLACE THE INDOOR SAMPLING PROTECTIVE SCREEN OVER THE VOC MEMBRANE

CLIP THE BADGE TO THE LABELED LOCATION IN THE INDOOR PLATFORM CAGE

PLACE WHITE LID BACK ON THE CAN, MAKE SURE THE 3 CLEAR LIDS ARE STILL IN THE CAN, AND PUT THE CAN BACK IN THE PARTICIPANT BOX.

PRESS 1 TO CONTINUE

PROGRAMMER RECORD TIME AND DATE STAMP WHEN USER PRESSES 1 TO CONTINUE

IP14.   HAS THE VOC BADGE BEEN SUCCESSFULLY DEPLOYED?
1   YES
2   NO

IP14a.   [IF IP14=NO] PLEASE DESCRIBE THE REASON WHY YOU DID NOT DEPLOY THE VOC BADGE

_____ [ALLOW 100 CHARACTERS]

PROGRAMMER: IF COLUMN VC_ID IS NOT EMPTY PLEASE DUPLICATE THE STEPS FOR IP11-IP13 FOR DEPLOYING THE SECOND VOC BADGE.

IP14b.   [IF COLUMN VC_ID IS NOT EMPTY] HAS THE SECOND VOC BADGE BEEN SUCCESSFULLY DEPLOYED?
1   YES
2   NO

IP14c.   [IF IP14b=NO] PLEASE DESCRIBE THE REASON WHY YOU DID NOT DEPLOY THE SECOND VOC BADGE

_____ [ALLOW 100 CHARACTERS]

INDOOR NO2 BADGE

IP15.   [DISPLAY IF COLUMN NX_ID IS NOT EMPTY, IF EMPTY SKIP TO IP15a] YOU SHOULD HAVE FOUND 2 NO2 BADGES IN YOUR PARTICIPANT BOX.

THE INSTRUCTIONS THAT FOLLOW WILL TELL YOU HOW TO DEPLOY BOTH BADGES IN THE INDOOR PLATFORM CAGE. YOU WILL DEPLOY EACH BADGE SEPARATELY. FOLLOW THE NEXT STEPS CAREFULLY

PRESS 1 TO CONTINUE

PROGRAMMER: IF COLUMN NX_ID IS NOT EMPTY, THIS INDICATES THE FI SHOULD DEPLOY 2 NO2 BADGES. PLEASE DUPLICATE THE STEPS FOR IP15a THROUGH IP17 AND ADD QUESTION IP18b IF DEPLOYING THE SECOND NO2 BADGE.

IP15a.   [DISPLAY IF COLUMN NX_IS IS NOT EMPTY, IF EMPTY SKIP TO IP19] TAKE THE INDOOR NO2 (NX) BADGE OUT OF THE JAR LABELED WITH A YELLOW DOT

PLACE THE SECOND BARCODE LABEL FROM THE JAR LID ONTO THE BACK OF THE BADGE

SCAN BARCODE ON INDOOR NO2 BADGE. IF THE BARCODE DOES NOT SCAN, KEY THE ID.

INDOOR NO2 BADGE ID NUMBER: _____[ALLOW 6 CHARACTERS - NX AND 4 NUMBERS]

PROGRAMMER: INDOOR NO2 BADGE ID SHOULD BE 6 CHARACTERS: NX####. CHECK THE ENTERED ID AGAINST VALID IDS IN THE SAMPLER INVENTORY. IF NOT A VALID ID, PLEASE HAVE A POP-UP BOX APPEAR WHEN THE FI PRESSES ENTER TO CONTINUE INDICATING THE FI HAS ENTERED AN INVALID ID AND SHOULD ENTER A CORRECT ID TO PROCEED

PROGRAMMER: IF SCANNED/KEYED BARCODE ON NO2 BADGE MATCHES EXPECTED BARCODE (WHICH IS AN INDOOR NO2 BADGE AS SET IN THE SYSTEM), GO TO IP16. IF SCANNED BARCODE ON NO2 BADGE IS DIFFERENT FROM EXPECTED BARCODE (IT IS NOT AN INDOOR NO2 BADGE AS SET IN THE SYSTEM), GO TO IP15b.

IP15b.   ARE YOU SURE YOU SCANNED/KEYED THE INDOOR (YELLOW DOTTED) NO2 BADGE? OUR RECORDS SHOW YOU HAVE SCANNED A [FILL NOTE BELOW] WITH THE ID [FILL NOTE BELOW]
1   YES
2   NO

PROGRAMMER: FILL IP15b WITH TYPE OF SAMPLER AND ID THE SYSTEM SHOWS ASSIGNED TO THAT ID. IF IP15b=NO, LOOP BACK TO IP15a.

IP15c.   [IF IP15b=YES] DO YOU WANT TO ADD THIS INDOOR NO2 BADGE TO YOUR PARTICIPANT BOX? A REPORT WILL BE SENT TO CHATS SUPERVISORS INFORMING THEM OF THE ADDITION.
1   YES

2   NO

PROGRAMMER: IF IP15c=NO, LOOP BACK TO IP15a

IP15d.   [IF IP15c=YES] THIS INDOOR NO2 BADGE HAS BEEN ADDED TO THE PARTICIPANT
          BOX ASSIGNED TO THIS CASE.

          PRESS 1 TO CONTINUE

IP16.   WHAT IS THE CONDITION OF THE INDOOR NO2 BADGE? SELECT ALL THAT APPLY.
         1 NO DAMAGE
         2 CLIP BROKEN/NOT PRESENT
         3 MINOR SCRATCH TO BADGE
         4 MAJOR CRACK TO BADGE (NOT DEPLOYABLE)
         5 OTHER

         IP16a.   [IF IP16=OTHER] PLEASE DESCRIBE THE CONDITION OF THE INDOOR NO2 BADGE

                   _____ [ALLOW 100 CHARACTERS]

         IP16b.   [IF IP16=OTHER] CAN THE INDOOR NO2 BADGE STILL BE DEPLOYED?
                   1   YES
                   2   NO

         IP16c.   [IF IP16=4 OR IP16b=NO] DO NOT DEPLOY THE INDOOR NO2 BADGE.
                   PLACE THE INOPERABLE INDOOR NO2 BADGE BACK IN THE PARTICIPANT BOX

                   PRESS 1 TO CONTINUE

         IP16d.   [IF IP16b=NO OR IP16=4 AND COLUMN NX_FB IS NOT EMPTY] YOU SHOULD HAVE A
                   BLACK DOTTED FIELD BLANK NO2 BADGE IN YOUR PARTICIPANT BOX. DO YOU HAVE
                   THIS SAMPLER?
                   1   YES
                   2   NO, THERE IS NO FIELD BLANK IN BOX
                   3   NO, I USED THE FIELD BLANK FOR THE PERSONAL OR OUTDOOR PLATFORM
                       DEPLOYMENT

PROGRAMMER: IF IP16d=2 OR 3 SKIP TO IP18, SKIP TO IP18b IF DEPLOYING THE DUPLICATE BADGE

         IP16e.   [IF IP16d=YES] TAKE THE FIELD BLANK NO2 (NX) BADGE OUT OF THE JAR LABELED
                   WITH A BLACK DOT

                   PLACE THE SECOND BARCODE LABEL FROM THE JAR LID ONTO THE BACK OF THE
                   BADGE

                   SCAN BARCODE ON BLACK DOTTED FIELD BLANK NO2 BADGE. IF THE BARCODE
                   DOES NOT SCAN, KEY THE ID.

                   BLACK DOTTED FIELD BLANK NO2 BADGE ID NUMBER:

_____[ALLOW 6 CHARACTERS - NX AND 4 NUMBERS]

PROGRAMMER: FIELD BLANK NO2 BADGE ID SHOULD BE 6 CHARACTERS: NX####. CHECK THE ENTERED ID AGAINST VALID IDS IN THE SAMPLER INVENTORY. IF NOT A VALID ID, PLEASE HAVE A POP-UP BOX APPEAR WHEN THE FI PRESSES ENTER TO CONTINUE INDICATING THE FI HAS ENTERED AN INVALID ID AND SHOULD ENTER A CORRECT ID TO PROCEED

PROGRAMMER: IF SCANNED/KEYED BARCODE ON NO2 BADGE MATCHES EXPECTED BARCODE (WHICH IS A FIELD BLANK NO2 BADGE AS SET IN THE SYSTEM), GO TO IP16i. IF SCANNED BARCODE ON NO2 BADGE IS DIFFERENT FROM EXPECTED BARCODE (IT IS NOT A FIELD BLANK NO2 BADGE AS SET IN THE SYSTEM), GO TO IP16f.

IP16f.   ARE YOU SURE YOU SCANNED/KEYED THE FIELD BLANK (BLACK DOTTED) NO2 BADGE? OUR RECORDS SHOW YOU HAVE SCANNED A [FILL NOTE BELOW] WITH ID [FILL NOTE BELOW]
1   YES
2   NO

PROGRAMMER: FILL IP16f WITH TYPE OF SAMPLER AND ID THE SYSTEM SHOWS ASSIGNED TO THAT ID. IF IP16f=NO, LOOP BACK TO IP16e.

IP16g.   [IF IP16f=YES] DO YOU WANT TO ADD THIS FIELD BLANK NO2 BADGE TO YOUR PARTICIPANT BOX? A REPORT WILL BE SENT TO CHATS SUPERVISORS INFORMING THEM OF THE ADDITION.
1   YES
2   NO

PROGRAMMER IF IP16g=NO, LOOP BACK TO IP16e

IP16h.   [IF IP16g=YES] THIS FIELD BLANK NO2 BADGE HAS BEEN ADDED TO THE PARTICIPANT BOX ASSIGNED TO THIS CASE.

PRESS 1 TO CONTINUE

IP16i.   WHAT IS THE CONDITION OF THE FIELD BLANK NO2 BADGE? SELECT ALL THAT APPLY.
1   NO DAMAGE
2   CLIP BROKEN/NOT PRESENT
3   MINOR SCRATCH TO BADGE
4   MAJOR CRACK TO BADGE (NOT DEPLOYABLE)
5   OTHER

IP16j.   [IF IP16i=OTHER] PLEASE DESCRIBE THE CONDITION OF THE FIELD BLANK NO2 BADGE

_____ [ALLOW 100 CHARACTERS]

IP16k.   [IF IP16i=OTHER] CAN THE FIELD BLANK NO2 BADGE STILL BE DEPLOYED?

1   YES
2   NO

IP16l.   [IF IP16i=4 or IP16k=NO] DO NOT DEPLOY THE FIELD BLANK NO2 BADGE.

PLACE THE INOPERABLE FIELD BLANK NO2 BADGE BACK IN THE PARTICIPANT BOX

PRESS 1 TO CONTINUE

PROGRAMMER: IF IP16i=4 OR IP16k=NO AND COLUMN NX_ID IS EMPTY SKIP TO IP18, IF NOT EMPTY SKIP TO IP18b

IP17.   [IF IP16=1, 2, 3, (OR 5 IF IP16b=YES) OR IP16i=1, 2, 3 (OR 5 IF IP16k=YES)] CLIP THE NO2 BADGE TO THE LABELED LOCATION IN THE INDOOR PLATFORM CAGE

PLACE LID BACK ON THE EMPTY JAR AND PUT THE JAR BACK IN THE PARTICIPANT BOX.

PRESS 1 TO CONTINUE

PROGRAMMER RECORD TIME AND DATE STAMP WHEN USER PRESSES 1 TO CONTINUE

IP18.   HAS THE NO2 BADGE BEEN SUCCESSFULLY DEPLOYED?
1   YES
2   NO

IP18a.   [IF IP18=NO] PLEASE DESCRIBE THE REASON WHY YOU DID NOT DEPLOY THE NO2 BADGE

_____ [ALLOW 100 CHARACTERS]

PROGRAMMER: IF COLUMN NX_ID IS NOT EMPTY PLEASE DUPLICATE THE STEPS FOR IP15a-IP17 FOR DEPLOYING THE SECOND NO2 BADGE.

IP18b.   [IF COLUMN NX_ID IS NOT EMPTY] HAS THE SECOND NO2 BADGE BEEN SUCCESSFULLY DEPLOYED?
1   YES
2   NO

IP18c.   [IF IP18b=NO] PLEASE DESCRIBE THE REASON WHY YOU DID NOT DEPLOY THE SECOND NO2 BADGE

_____ [ALLOW 100 CHARACTERS]

INDOOR H2S BADGE

IP19.   [DISPLAY IF COLUMN HS_ID IS NOT EMPTY, IF EMPTY SKIP TO IP19a] YOU SHOULD HAVE FOUND 2 H2S BADGES IN YOUR PARTICIPANT BOX.

THE INSTRUCTIONS THAT FOLLOW WILL TELL YOU HOW TO DEPLOY BOTH BADGES IN THE INDOOR PLATFORM CAGE. YOU WILL DEPLOY EACH BADGE SEPARATELY. FOLLOW THE NEXT STEPS CAREFULLY

PRESS 1 TO CONTINUE

PROGRAMMER: IF COLUMN HS_ID IS NOT EMPTY, THIS INDICATES THE FI SHOULD DEPLOY 2 H2S BADGES. PLEASE DUPLICATE THE STEPS FOR IP19a THROUGH IP21 AND ADD QUESTION IP22b IF DEPLOYING THE SECOND H2S BADGE.

IP19a.   [DISPLAY IF COLUMN HS_IS IS NOT EMPTY, IF EMPTY SKIP TO IP23] INSPECT THE INDOOR H2S (HS) BADGE IN THE SHIPPING VIAL LABELED WITH A YELLOW DOT

SCAN BARCODE ON INDOOR H2S BADGE SHIPPING VIAL. IF THE BARCODE DOES NOT SCAN, KEY THE ID.

INDOOR H2S BADGE ID NUMBER:

_____ [ALLOW 6 CHARACTERS - HS AND 4 NUMBERS]

PROGRAMMER: INDOOR H2S BADGE ID SHOULD BE 6 CHARACTERS: HS####. CHECK THE ENTERED ID AGAINST VALID IDS IN THE SAMPLER INVENTORY. IF NOT A VALID ID, PLEASE HAVE A POP-UP BOX APPEAR WHEN THE FI PRESSES ENTER TO CONTINUE INDICATING THE FI HAS ENTERED AN INVALID ID AND SHOULD ENTER A CORRECT ID TO PROCEED

PROGRAMMER: IF SCANNED/KEYED BARCODE ON H2S BADGE MATCHES EXPECTED BARCODE (WHICH IS AN INDOOR H2S BADGE AS SET IN THE SYSTEM), GO TO IP20. IF SCANNED BARCODE ON H2S BADGE IS DIFFERENT FROM EXPECTED BARCODE (IT IS NOT AN INDOOR H2S BADGE AS SET IN THE SYSTEM), GO TO IP19b.

IP19b.   ARE YOU SURE YOU SCANNED/KEYED THE INDOOR (YELLOW DOTTED) H2S BADGE? OUR RECORDS SHOW YOU HAVE SCANNED A [FILL NOTE BELOW] WITH THE ID [FILL NOTE BELOW]
1   YES
2   NO

PROGRAMMER: FILL IP19b WITH TYPE OF SAMPLER AND ID THE SYSTEM SHOWS ASSIGNED TO THAT ID. IF IP19b=NO, LOOP BACK TO IP19a.

IP19c.   [IF IP19b=YES] DO YOU WANT TO ADD THIS INDOOR H2S BADGE TO YOUR PARTICIPANT BOX? A REPORT WILL BE SENT TO CHATS SUPERVISORS INFORMING THEM OF THE ADDITION.
1   YES
2   NO

PROGRAMMER: IF IP19c=NO, LOOP BACK TO IP19a

IP19d.   [IF IP19c=YES] THIS INDOOR H2S BADGE HAS BEEN ADDED TO THE PARTICIPANT BOX ASSIGNED TO THIS CASE.

PRESS 1 TO CONTINUE

IP20.   REMOVE THE HS2 BADGE FROM THE SHIPPING VIAL

WHAT IS THE CONDITION OF THE INDOOR H2S BADGE? SELECT ALL THAT APPLY.
1   NO DAMAGE
2   SHIPPING VIAL WAS ALREADY OPEN (NOT DEPLOYABLE)
3   SCREW CAP ON H2S TUBE IS OFF (NOT DEPLOYABLE)
4   MINOR SCRATCH ON H2S TUBE
5   MAJOR CRACK ON H2S TUBE (NOT DEPLOYABLE)
6   OTHER

IP20a.   [IF IP20=OTHER] PLEASE DESCRIBE THE CONDITION OF THE INDOOR H2S BADGE

_____ [ALLOW 100 CHARACTERS]

IP20b.   [IF IP20=OTHER] CAN THE INDOOR H2S BADGE STILL BE DEPLOYED?
1   YES
2   NO

IP20c.   [IF IP20=2, 3, OR 5 OR IP20b=NO] DO NOT DEPLOY THE INDOOR H2S BADGE.
PLACE THE INOPERABLE INDOOR H2S BADGE BACK IN THE PARTICIPANT BOX

PRESS 1 TO CONTINUE

IP20d.   [IF IP20b=NO OR IP20=2, 3, OR 5 AND COLUMN HS_FB IS NOT EMPTY] YOU SHOULD
HAVE A BLACK DOTTED FIELD BLANK H2S BADGE IN YOUR PARTICIPANT BOX. DO
YOU HAVE THIS SAMPLER? ?
1   YES
2   NO

PROGRAMMER: IF IP20d=NO SKIP TO IP22, SKIP TO IP22b IF DEPLOYING THE DUPLICATE BADGE.

IP20e.   [IF IP20d=YES] INSPECT THE FIELD BLANK H2S (HS) BADGE IN THE SHIPPING VIAL
LABELED WITH A BLACK DOT

SCAN BARCODE ON BLACK DOTTED FIELD BLANK H2S BADGE SHIPPING VIAL. IF THE
BARCODE DOES NOT SCAN, KEY THE ID.

BLACK DOTTED FIELD BLANK H2S BADGE ID NUMBER:

_____ [ALLOW 6 CHARACTERS - HS AND 4 NUMBERS]

PROGRAMMER: FIELD BLANK H2S BADGE ID SHOULD BE 6 CHARACTERS: HS####. CHECK THE ENTERED
ID AGAINST VALID IDS IN THE SAMPLER INVENTORY. IF NOT A VALID ID, PLEASE HAVE A POP-UP BOX
APPEAR WHEN THE FI PRESSES ENTER TO CONTINUE INDICATING THE FI HAS ENTERED AN INVALID ID
AND SHOULD ENTER A CORRECT ID TO PROCEED

PROGRAMMER: IF SCANNED/KEYED BARCODE ON H2S BADGE MATCHES EXPECTED BARCODE (WHICH IS A FIELD BLANK H2S BADGE AS SET IN THE SYSTEM), GO TO IP20i. IF SCANNED BARCODE ON H2S BADGE IS DIFFERENT FROM EXPECTED BARCODE (IT IS NOT A FIELD BLANK H2S BADGE AS SET IN THE SYSTEM), GO TO IP20f.

IP20f.   ARE YOU SURE YOU SCANNED/KEYED THE FIELD BLANK (BLACK DOTTED) H2S BADGE? OUR RECORDS SHOW YOU HAVE SCANNED A [FILL NOTE BELOW] WITH ID [FILL NOTE BELOW]
1   YES
2   NO

PROGRAMMER: FILL IP20f WITH TYPE OF SAMPLER AND ID THE SYSTEM SHOWS ASSIGNED TO THAT ID. IF IP20f=NO, LOOP BACK TO IP20e.

IP20g.   [IF IP20f=YES] DO YOU WANT TO ADD THIS FIELD BLANK H2S BADGE TO YOUR PARTICIPANT BOX? A REPORT WILL BE SENT TO CHATS SUPERVISORS INFORMING THEM OF THE ADDITION.
1   YES
2   NO

PROGRAMMER: IF IP20g=NO, LOOP BACK TO IP20e

IP20h.   [IF IP20g=YES] THIS FIELD BLANK H2S BADGE HAS BEEN ADDED TO THE PARTICIPANT BOX ASSIGNED TO THIS CASE.

PRESS 1 TO CONTINUE

IP20i.   REMOVE THE HS2 BADGE FROM THE SHIPPING VIAL

WHAT IS THE CONDITION OF THE FIELD BLANK H2S BADGE? SELECT ALL THAT APPLY.
1   NO DAMAGE
2   SHIPPING VIAL WAS ALREADY OPEN (NOT DEPLOYABLE)
3   SCREW CAP ON H2S TUBE IS OFF (NOT DEPLOYABLE)
4   MINOR SCRATCH ON H2S TUBE
5   MAJOR CRACK ON H2S TUBE (NOT DEPLOYABLE)
6   OTHER

IP20j.   [IF IP20i=OTHER] PLEASE DESCRIBE THE CONDITION OF THE FIELD BLANK H2S BADGE

_____ [ALLOW 100 CHARACTERS]

IP20k.   [IF IP20i=OTHER] CAN THE FIELD BLANK H2S BADGE STILL BE DEPLOYED?
1   YES
2   NO

IP20l.   [IF IP20i=2, 3, OR 5 or IP20k=NO] DO NOT DEPLOY THE FIELD BLANK H2S BADGE.

PLACE THE INOPERABLE FIELD BLANK H2S BADGE BACK IN THE PARTICIPANT BOX

PRESS 1 TO CONTINUE

PROGRAMMER: IF IP20i=2, 3, OR 5 OR IP20k=NO AND COLUMN HS_ID IS EMPTY SKIP TO IP22, IF NOT EMPTY SKIP TO IP22b

IP21. [IF IP20=1 OR 4 (OR 6 IF IP20b=YES) OR IP20i=1 OR 4 (OR 6 IF IP20k=YES)] SNAP THE H2S BADGE INTO THE LABELED BACKING PLATE ATTACHED TO THE CAGE.

IF DEPLOYING A DUPLICATE H2S BADGE, USE THE 2ND BACKING PLATE LOCATED IN YOUR TOOL KIT AND CLIP THE PLATE/BADGE TO THE CAGE

CLOSE SHIPPING VIAL AND PLACE BACK IN THE PARTICIPANT BOX.

PRESS 1 TO CONTINUE

PROGRAMMER RECORD TIME AND DATE STAMP WHEN USER PRESSES 1 TO CONTINUE

IP22. HAS THE H2S BADGE BEEN SUCCESSFULLY DEPLOYED?
1 YES
2 NO

IP22a. [IF IP22=NO] PLEASE DESCRIBE THE REASON WHY YOU DID NOT DEPLOY THE H2S BADGE

_____ [ALLOW 100 CHARACTERS]

PROGRAMMER: IF COLUMN HS_ID IS NOT EMPTY PLEASE DUPLICATE THE STEPS FOR IP19a-IP21 FOR DEPLOYING THE SECOND H2S BADGE.

IP22b. [IF COLUMN HS_ID IS NOT EMPTY] HAS THE SECOND H2S BADGE BEEN SUCCESSFULLY DEPLOYED?
1 YES
2 NO

IP22c. [IF IP22b=NO] PLEASE DESCRIBE THE REASON WHY YOU DID NOT DEPLOY THE SECOND H2S BADGE

_____ [ALLOW 100 CHARACTERS]

INDOOR CATS TUBE

IP23. [DISPLAY IF COLUMN PF_ID IS NOT EMPTY, IF EMPTY SKIP TO IP23a] YOU SHOULD HAVE FOUND 2 CATS TUBES IN YOUR PARTICIPANT BOX.

THE INSTRUCTIONS THAT FOLLOW WILL TELL YOU HOW TO DEPLOY BOTH TUBES IN THE INDOOR PLATFORM CAGE. YOU WILL DEPLOY EACH BADGE SEPARATELY. FOLLOW THE NEXT STEPS CAREFULLY

PRESS 1 TO CONTINUE

PROGRAMMER: IF COLUMN PF_ID IS NOT EMPTY, THIS INDICATES THE FI SHOULD DEPLOY 2 CATS TUBES. PLEASE DUPLICATE THE STEPS FOR IP23a THROUGH IP25 AND ADD QUESTION IP26b IF DEPLOYING THE SECOND CATS TUBE.

IP23a.　[DISPLAY IF COLUMN PF_IS IS NOT EMPTY, IF EMPTY SKIP TO IP27] INSPECT THE INDOOR CATS (PF) TUBE IN THE SHIPPING TUBE LABELED WITH A YELLOW DOT

SCAN BARCODE ON INDOOR CATS TUBE SHIPPING TUBE. IF THE BARCODE DOES NOT SCAN, KEY THE ID.

INDOOR CATS TUBE ID NUMBER: _____[ALLOW 6 CHARACTERS - PF AND 4 NUMBERS]

PROGRAMMER: INDOOR CATS TUBE ID SHOULD BE 6 CHARACTERS: PF####. CHECK THE ENTERED ID AGAINST VALID IDS IN THE SAMPLER INVENTORY. IF NOT A VALID ID, PLEASE HAVE A POP-UP BOX APPEAR WHEN THE FI PRESSES ENTER TO CONTINUE INDICATING THE FI HAS ENTERED AN INVALID ID AND SHOULD ENTER A CORRECT ID TO PROCEED

PROGRAMMER: IF SCANNED/KEYED BARCODE ON CATS TUBE MATCHES EXPECTED BARCODE (WHICH IS AN INDOOR CATS TUBE AS SET IN THE SYSTEM), GO TO IP24. IF SCANNED BARCODE ON CATS TUBE IS DIFFERENT FROM EXPECTED BARCODE (IT IS NOT AN INDOOR CATS TUBE AS SET IN THE SYSTEM), GO TO IP23b.

IP23b.　ARE YOU SURE YOU SCANNED/KEYED THE INDOOR (YELLOW DOTTED) CATS TUBE? OUR RECORDS SHOW YOU HAVE SCANNED A [FILL NOTE BELOW] WITH THE ID [FILL NOTE BELOW]
1　YES
2　NO

PROGRAMMER: FILL IP23b WITH TYPE OF SAMPLER AND ID THE SYSTEM SHOWS ASSIGNED TO THAT ID. IF IP23b=NO, LOOP BACK TO IP23a.

IP23c.　[IF IP23b=YES] DO YOU WANT TO ADD THIS INDOOR CATS TUBE TO YOUR PARTICIPANT BOX? A REPORT WILL BE SENT TO CHATS SUPERVISORS INFORMING THEM OF THE ADDITION.
1　YES
2　NO

PROGRAMMER: IF IP23c=NO, LOOP BACK TO IP23a

IP23d.　[IF IP23c=YES] THIS INDOOR CATS TUBE HAS BEEN ADDED TO THE PARTICIPANT BOX ASSIGNED TO THIS CASE.

PRESS 1 TO CONTINUE

IP24.   REMOVE THE CATS TUBE FROM THE SHIPPING TUBE

WHAT IS THE CONDITION OF THE INDOOR CATS TUBE? SELECT ALL THAT APPLY.
1   NO DAMAGE
2   ONE OR MORE OF THE RUBBER CAPS IS MISSING (NOT DEPLOYABLE)
3   CATS TUBE IS BROKEN OR CRACKED (NOT DEPLOYABLE)
4   OTHER

IP24a.   [IF IP24=OTHER] PLEASE DESCRIBE THE CONDITION OF THE INDOOR CATS TUBE

_____ [ALLOW 100 CHARACTERS]

IP24b.   [IF IP24=OTHER] CAN THE INDOOR CATS TUBE STILL BE DEPLOYED?
1   YES
2   NO

IP24c.   [IF IP24=2 OR 3 OR IP24b=NO] DO NOT DEPLOY THE INDOOR CATS TUBE.
PLACE THE INOPERABLE INDOOR CATS TUBE BACK IN THE PARTICIPANT BOX

PRESS 1 TO CONTINUE

IP25.   [IF IP24=1 (OR 4 IF IP24b=YES)] REMOVE THE RUBBER CAP FROM THE END OF THE CATS TUBE
THAT HAS NUMBERS PRINTED ON THE GLASS

CLIP THE CATS TUBE WITH THE OPEN END FACING UPWARD TO THE LABELED LOCATION IN
THE INDOOR PLATFORM CAGE

PLACE THE RUBBER CAP IN THE SHIPPING TUBE

RESEAL THE SHIPPING TUBE AND PLACE BACK IN THE PARTICIPANT BOX

PRESS 1 TO CONTINUE

PROGRAMMER RECORD TIME AND DATE STAMP WHEN USER PRESSES 1 TO CONTINUE

IP26.   HAS THE CATS TUBE BEEN SUCCESSFULLY DEPLOYED?
1   YES
2   NO

IP26a.   [IF IP26=NO] PLEASE DESCRIBE THE REASON WHY YOU DID NOT DEPLOY THE CATS
TUBE

_____ [ALLOW 100 CHARACTERS]

PROGRAMMER: IF COLUMN PF_ID IS NOT EMPTY PLEASE DUPLICATE THE STEPS FOR IP23a-IP25 FOR
DEPLOYING THE SECOND CATS TUBE.

IP26b.   [IF COLUMN PF_ID IS NOT EMPTY] HAS THE SECOND CATS TUBE BEEN
SUCCESSFULLY DEPLOYED?
1   YES
2   NO

IP26c.   [IF IP26b=NO] PLEASE DESCRIBE THE REASON WHY YOU DID NOT DEPLOY THE
SECOND CATS TUBE

_____ [ALLOW 100 CHARACTERS]

INDOOR HOBO

IP27.   [DISPLAY IF COLUMN URTIS IS NOT EMPTY AND TR_IS IS NOT EMPTY, IF BOTH ARE EMPTY
SKIP TO IP31]REMOVE FROM THE PARTICIPANT BOX THE HOBO LABELED WITH A YELLOW
DOT.

SCAN BARCODE ON HOBO. IF THE BARCODE DOES NOT SCAN, KEY THE ID.

HOBO ID NUMBER: _____[ALLOW 6 CHARACTERS - TR AND 4 NUMBERS]

PROGRAMMER: HOBO ID SHOULD BE 6 CHARACTERS: TR####. CHECK THE ENTERED ID AGAINST VALID
IDS IN THE SAMPLER INVENTORY. IF NOT A VALID ID, PLEASE HAVE A POP-UP BOX APPEAR WHEN THE FI
PRESSES ENTER TO CONTINUE INDICATING THE FI HAS ENTERED AN INVALID ID AND SHOULD ENTER A
CORRECT ID TO PROCEED.

PROGRAMMER: IF SCANNED/KEYED BARCODE ON HOBO MATCHES EXPECTED BARCODE (WHICH IS AN
INDOOR HOBO AS SET IN THE SYSTEM), GO TO IP28. IF SCANNED BARCODE ON HOBO IS DIFFERENT
FROM EXPECTED BARCODE (IT IS NOT AN INDOOR HOBO AS SET IN THE SYSTEM), GO TO IP27a.

IP27a.   ARE YOU SURE YOU SCANNED/KEYED THE INDOOR (YELLOW DOTTED) HOBO? OUR
RECORDS SHOW YOU HAVE SCANNED A [FILL NOTE BELOW] WITH THE ID [FILL NOTE
BELOW]
[CHECK ID AGAINST MICROPEM IDS IN COLUMN URTOS AND URTIS, IF A MATCH
DISPLAY "a MICROPEM"]
[IF ID DOES NOT MATCH ANY ID LISTED IN URTOS OR URTIS OR TR_IS, DISPLAY
"something other than a HOBO, possibly a type of sampler']
1   YES
2   NO

PROGRAMMER: IF IP27a =NO, LOOP BACK TO IP27.

IP27b.   [IF IP27a=YES] DO YOU WANT TO ADD THIS INDOOR HOBO TO YOUR PARTICIPANT
BOX? A REPORT WILL BE SENT TO CHATS SUPERVISORS INFORMING THEM OF THE
ADDITION.
1   YES
2   NO

PROGRAMMER: IF IP27b=NO, LOOP BACK TO IP27

IP27c.   [IF IP27b=YES] THIS INDOOR HOBO HAS BEEN ADDED TO THE PARTICIPANT BOX
          ASSIGNED TO THIS CASE.

          PRESS 1 TO CONTINUE

IP28.   WHAT IS THE CONDITION OF THE HOBO? SELECT ALL THAT APPLY.
          1   NO DAMAGE
          2   LIGHT IS NOT BLINKING (NOT DEPLOYABLE)
          3   LIGHT IS BLINKING TO FAST (NOT DEPLOYABLE)
          4   MINOR SCRATCH TO HOBO CASE
          5   MAJOR CRACK TO HOBO CASE
          6   OTHER

          IP28a.   [IF IP28=OTHER] PLEASE DESCRIBE THE CONDITION OF THE HOBO

                    _____ [ALLOW 100 CHARACTERS]

          IP28b.   [IF IP28=OTHER] CAN THE INDOOR HOBO STILL BE DEPLOYED?
                    1   YES
                    2   NO

          IP28c.   [IF IP28=2 OR 3 (OR 6 IF IP28b=NO] DO NOT DEPLOY THE HOBO.

                    PLACE THE INOPERABLE INDOOR HOBO BACK IN THE PARTICIPANT BOX

                    PRESS 1 TO CONTINUE

PROGRAMMER: IF IP28=2 OR 3 (OR 6 IF IP28b=NO), AFTER PRESSING 1 TO CONTINUE, SKIP TO IP30

IP29.   [IF IP28=1, 4, 5, (OR 6 IF IP28b=YES)] PLACE THE MAGNETIC INDOOR HOBO AGAINST THE
          LABELED STEEL PLATE IN THE INDOOR PLATFORM CAGE.

          PRESS 1 TO CONTINUE

PROGRAMMER RECORD TIME AND DATE STAMP WHEN USER PRESSES 1 TO CONTINUE

IP30.   HAS THE INDOOR HOBO BEEN SUCCESSFULLY DEPLOYED?
          1   YES
          2   NO

          IP30b.   [IF IP30=NO] PLEASE DESCRIBE THE REASON WHY YOU DID NOT DEPLOY THE
                    INDOOR HOBO

                    _____ [ALLOW 100 CHARACTERS]

IP31.   CHECK ASSEMBLED INDOOR PLATFORM AGAINST PICTURE IN JOB AIDS BOOKLET TO ENSURE
          CORRECTLY ASSEMBLED

CLOSE THE LID AND SECURE THE CAGE USING THE COMBINATION LOCK FOUND IN YOUR TOOLKIT (COMBINATION IS 821)

PRESS 1 TO CONTINUE

IP31NSD.   [IF (URTIS IS NOT EMPTY AND IP6=NO); AND IF (VC_IS IS NOT EMPTY AND IP14=NO); AND IF (VC_ID IS NOT EMPTY AND IP14b=NO); AND IF (AL_IS IS NOT EMPTY AND IP10=NO); AND IF (AL_ID IS NOT EMPTY AND IP10b=NO); AND IF (NX_IS IS NOT EMPTY AND IP18=NO); AND IF (NX_ID IS NOT EMPTY AND IP18b=NO); AND IF (HS_IS IS NOT EMPTY AND IP22=NO); AND IF (HS_ID IS NOT EMPTY AND IP22b=NO); AND IF (PF_IS IS NOT EMPTY AND IP26=NO); AND IF (PF_ID IS NOT EMPTY AND IP26b=NO); AND IF (URTIS IS NOT EMPTY AND TR_IS IS NOT EMPTY AND IP30=NO)] I seem to be having some equipment difficulties with the indoor air sampling device. Unfortunately, I won't be able to set up the device for the study. Let's move on to the next part of the study and thank you for waiting.

INTERVIEWER: DO NOT DEPLOY THE INDOOR PLATFORM. YOU SHOULD HAVE ALREADY REPACKED THE INDOOR PLATFORM SAMPLERS. PLEASE PUT AWAY THE INDOOR PLATFORM CAGE

PRESS 1 TO CONTINUE

PROGRAMMER: SKIP TO OPINTRO1

IP32.   Thank you for waiting while I put together the indoor air sampling device. Now let's discuss where we should place the device so that it will not be disturbed until in return to retrieve it during session 2 in 5 to 9 days.

I would like to place the device in [CHILD]'s main living area. Earlier, you said this was:

1 [FILL DESCRIPTION FROM DSINTRO OR DSINTROa IF DSINTRO=OTHER (FROM DUST COLLECTION SCRIPTS)]

Can we go to that area now to find a suitable place to leave the device?
1   YES
2   NO

IP32a.   [IF IP32=NO] (Can you tell me more about your reasons for not wanting me place the indoor air sampling device in your child's main living area?)

_____ [ALLOW 100 CHARACTERS]

IP32b.   INTERVIEWER: ADDRESS CONCERNS ABOUT THE INDOOR AIR SAMPLING DEVICE
After having spoken about the indoor air sampling device, will you now allow us to place the device in [CHILD]'s main living area?
1   YES
2   NO

IP32c.   [IF IP32=YES OR IP32b=YES] INTERVIEWER: PLACE THE INDOOR PLATFORM CAGE IN THE CHILD'S MAIN LIVING AREA USING THE GUIDELINES BELOW

ACCEPTABLE LOCATION: A TABLE IN A COMMON AREA THAT MEETS THE FOLLOWING CRITERIA:
1   MUST BE AWAY FROM HVAC VENTS
2   MUST BE AWAY FROM STRONG LIGHT/HEAT SOURCES (SUCH AS A FIREPLACE, RADIATOR, COMPUTER, TV, OR STEREO)
3   MUST BE AWAY FROM ANY OBSERVABLE SOURCES: ASHTRAYS, ETC.

PREFERRED, BUT NOT MANDATORY CRITERIA FOR PLACEMENT OF PLATFORM:

1   HIGHER THAN 3 FEET OFF THE FLOOR
2   AWAY FROM EXTERIOR DOORS AND WINDOWS
3   LOCATED A MINIMUM OF 12 INCHES FROM WALL
4   IF POSITIONED IN THE CORNER OF A ROOM, ANGLE THE BOX SO ALL SAMPLERS ARE DIRECTED TOWARD THE CENTER OF THE ROOM
5   NOT IN SAME ROOM AS PFT TUBES (IF PERFORMING CO2 AER TEST), UNLESS VERY LARGE ROOM

PRESS 1 TO CONTINUE

IP32d.   [IF IP32=YES OR IP32b=YES] INTERVIEWER: PLEASE INDICATE IF ANY OF THE BELOW PREFERRED (NOT MANDATORY) PLACEMENT CRITERIA WERE NOT MET. (SELECT ALL THAT APPLY)
1   CAGE WAS **NOT** PLACED ON A TABLE/PLATFORM HIGHER THAN 3 FEET OFF THE FLOOR
2   CAGE WAS **NOT** PLACED AWAY EXTERIOR DOORS OR WINDOWS
3   CAGE WAS **NOT** PLACED A MINIMUM OF 12 INCHES FROM WALL
4   CAGE WAS **NOT** ANGLED SO THAT ALL SAMPLERS FACED THE CENTER OF THE ROOM (IF PLACED IN THE CORNER OF A ROOM)
5   CAGE **WAS** PLACED IN SAME ROOM AS PFT TUBE (BUT PLACED ON OPPOSITE SIDE OF ROOM AWAY FROM PFT TUBE)

IP32e.   [IF PI32=YES OR IP32b=YES] INTERVIEWER: PLEASE ENTER THE LOCATION YOU PLACED THE INDOOR PLATFORM (EXAMPLE: A COFFEE TABLE, ETC., IN THE CHILD'S MAIN LIVING AREA)

_____ [ALLOW 100 CHARACTERS]

PROGRAMMER: SKIP TO IP34

IP33.   [IF IP32b=NO] INTERVIEWER OFFER SUGGESTIONS OF LOCATIONS BASED ON THE HOME INSPECTION TOUR AND WALKING AROUND THE HOME. REVIEW YOUR JOB AIDS BOOKLET FOR IDEAS IF NEEDED.

I think we could place the device [SUGGEST LOCATION]. Do you have concerns with this area?

(If that is a problem, can you please tell me of another room or area in your home where we can place the indoor air sampling device?)

PRESS 1 TO CONTINUE

IP33a. [FOLLOWS IP33] INTERVIEWER, CONTINUE WORKING WITH THE PARENT TO TRY TO FIND AN ACCEPTABLE LOCATION FOR THE INDOOR PLATFORM.

PRESS 1 TO CONTINUE WHEN:
1   YOU HAVE IDENTIFIED A LOCATION TO SET UP THE INDOOR PLATFORM OR
2   YOU ARE UNABLE TO IDENTIFY A LOCATION AND CANNOT SET UP THE INDOOR PLATFORM (RARE)

PRESS 1 TO CONTINUE

PROGRAMMER: IF IP33a=2, SKIP TO IP34

IP33b. [IF IP33a=1] INTERVIEWER: PLACE THE INDOOR PLATFORM CAGE IN THE AGREED UPON AREA USING THE GUIDELINES BELOW

ACCEPTABLE LOCATION: A TABLE IN A COMMON AREA THAT MEETS THE FOLLOWING CRITERIA:
1   MUST BE AWAY FROM HVAC VENTS
2   MUST BE AWAY FROM STRONG LIGHT/HEAT SOURCES (SUCH AS A FIREPLACE, RADIATOR, COMPUTER, TV, OR STEREO)
3   MUST BE AWAY FROM ANY OBSERVABLE SOURCES: ASHTRAYS, ETC.

PREFERRED, BUT NOT MANDATORY CRITERIA FOR PLACEMENT OF PLATFORM:
1   HIGHER THAN 3 FEET OFF THE FLOOR
2   AWAY FROM EXTERIOR DOORS AND WINDOWS
3   LOCATED A MINIMUM OF 12 INCHES FROM WALL
4   IF POSITIONED IN THE CORNER OF A ROOM, ANGLE THE BOX SO ALL SAMPLERS ARE DIRECTED TOWARD THE CENTER OF THE ROOM
5   NOT IN SAME ROOM AS PFT TUBES (IF PERFORMING CO2 AER TEST), UNLESS VERY LARGE ROOM

PRESS 1 TO CONTINUE

IP33c. [IF IP33a=1] INTERVIEWER: PLEASE INDICATE IF ANY OF THE BELOW PREFERRED (NOT MANDATORY) PLACEMENT CRITERIA WERE NOT MET. (SELECT ALL THAT APPLY)

1   CAGE WAS **NOT** PLACED ON A TABLE/PLATFORM HIGHER THAN 3 FEET OFF THE FLOOR
2   CAGE WAS **NOT** PLACED AWAY EXTERIOR DOORS OR WINDOWS
3   CAGE WAS **NOT** PLACED A MINIMUM OF 12 INCHES FROM WALL
4   CAGE WAS **NOT** ANGLED SO THAT ALL SAMPLERS FACED THE CENTER OF THE ROOM (IF PLACED IN THE CORNER OF A ROOM)

5   CAGE **WAS** PLACED IN SAME ROOM AS PFT TUBE (BUT PLACED ON OPPOSITE SIDE OF ROOM AWAY FROM PFT TUBE)

IP33d.   [IF IP33a=1] INTERVIEWER: IN WHAT LOCATION DID YOU PLACE THE INDOOR PLATFORM CAGE? (EXAMPLE: A TABLE IN THE CHILD'S BEDROOM, A SIDE TABLE IN THE DEN.)

_____ [ALLOW 100 CHARACTERS]

IP34.   HAS THE INDOOR PLATFORM BEEN SUCCESSFULLY DEPLOYED AND PLACED IN THE HOME?
1   YES
2   NO

IP34a.   [IF IP34=NO] PLEASE DESCRIBE WHY YOU HAVE NOT SUCCESSFULLY DEPLOYED THE INDOOR PLATFORM

_____ [ALLOW 100 CHARACTERS]

IP35.   Thank you for allowing the CHATS study to leave the indoor air sampling device in your home. Please leave the device where it is until I return for Session 2. Before we move on, do you have any questions?

PRESS 1 TO CONTINUE

PROGRAMMER RECORD TIME AND DATE STAMP WHEN USER PRESSES 1 TO CONTINUE

END OF INDOOR PLATFORM DEPLOYMENT

OUTDOOR PLATFORM DEPLOYMENT

OPINTRO1.   [DISPLAY IF COLUMN VC_OS IS NOT EMPTY, IF EMPTY SKIP TO PREINCB1] Next I would like to set up the outdoor air sampling device I mentioned earlier.

SHOW PARENT PICTURE OF OUTDOOR PLATFORM FROM THE JOB AIDS BOOKLET

Here is a picture of the device in use. As you can tell, it looks very similar to the picture of the indoor air sampling device I showed you. This outdoor device is used to measure the quality of the air outside your home. It will also help us to determine how much outdoor air pollution is getting inside your home??? . I would like to place the device in a location close to but outside of your home and ask that you leave it there until I return in 5 to 9 days for Session 2. There is nothing else that you would need to do with this device. During Session 2, I will retrieve the outdoor air sampling device and ship it to the CHATS lab staff for analysis.

PRESS 1 TO CONTINUE

OPINTRO1a.   [DISPLAY IF VC_IS IS EMPTY OR IPINTRO4b=NO] As a reminder, you will receive a letter from the CHATS study in about 5 months giving you

important information on the air quality around your home and any pollutants that may be in the air your child breathes. Again, if the air quality results suggest that improvements can be made in or around your home, the letter will provide suggestions for how to do that.

As a token of thanks for helping us with our study by answering today's survey questions and allowing us to set up this device in your home, we will give you $40 at the end of today's interview.

PRESS 1 TO CONTINUE

OPINTRO2.   On the side of the cage is a number you can call if you have any questions. I will also leave you some information about the outdoor air sampling device that will include details on what is included in the cage.

May I set up the CHATS outdoor air sampling device in your home?
1   YES
2   NO

OIPINTRO2a.   [IF OPINTRO2=NO] (Can you tell me more about your reasons for not wanting the outdoor air sampling device placed outside your home?)

_____ [ALLOW 100 CHARACTERS]

OPINTRO2b.   [IF OPINTRO2=NO] INTERVIEWER: ADDRESS CONCERNS ABOUT THE OUTDOOR AIR SAMPLING DEVICE
(After having spoken about the outdoor air sampling device and what you would be asked to do, will you now allow me to set up this device in a location outside your home?)
1   YES
2   NO

OPINTRO2c.   [IF OPINTRO2b=NO] Thank you for your feedback. We will move on to the next part of the study, but if you change your mind at any time today while I am still here, we can still set up the outdoor air sampling device.

PRESS 1 TO CONTINUE

PROGRAMMER: IF OPINTRO2b=NO SKIP TO PREINCB1

OP1.   [IF OPINTRO2=YES OR OPINTRO2b=YES] Thank you for allowing me to set up the outdoor air sampling device outside your home for the CHATS study. It will take me a few minutes to set up the device and then we can discuss where to leave it until I return for Session 2.

PRESS 1 TO CONTINUE

OP1a.   [DISPLAY IF COLUMN URTPS IS EMPTY AND COLUMN VC_IS IS EMPTY] First I will begin by putting on some sterile gloves. This is so that I don't accidently affect

or contaminate the samples we will collect from your home by touching the equipment with my bare hands. By my wearing these gloves, we can ensure that we collect high quality data from your home.

PRESS 1 TO CONTINUE

OP2.	(PUT ON NITRILE GLOVES)

HAVE READY THE PLATFORM CAGE WITH A SOLID, SLOPED ROOF.

OPEN THE PARTICIPANT BOX(ES) AND REMOVE SAMPLER TRAY

FOR OUTDOOR PLATFORM DEPLOYMENT, REMOVE FROM THE PARTICIPANT BOX(ES) THE FOLLOWING ITEMS/SAMPLERS LABELED WITH A BLUE DOT ON THE CONTAINER:

1.	OUTDOOR MICROPEM
2.	OUTDOOR ALDEHYDE BADGE – YOU MAY HAVE MORE THAN 1
3.	OUTDOOR VOC BADGE – YOU MAY HAVE MORE THAN 1
4.	OUTDOOR NO2 BADGE – YOU MAY HAVE MORE THAN 1

LEAVE SAMPLERS WITH BLACK DOTS IN THE BOX. IF INCLUDED IN THE BOX, THESE SAMPLERS WILL BE USED WHEN YOU RETURN FOR RETRIEVAL OR AS REPLACEMENTS.

PRESS 1 TO CONTINUE

OUTDOOR MICROPEM

OP3.	[DISPLAY IF COLUMN URTOS IS NOT EMPTY, IF EMPTY SKIP TO OP7] PLACE CAP FROM YOUR SUPPLY BAG ONTO THE MICROPEM OPENING

TURN ON OUTDOOR MICROPEM LABELED WITH A BLUE DOT BY PRESSING BUTTON 1.

SCAN SERIAL ID BARCODE ON THE BOTTOM OF THE OUTDOOR MICROPEM. IF THE BARCODE DOES NOT SCAN, KEY THE ID.

OUTDOOR MICROPEM SERIAL ID NUMBER: _____[ALLOW 10 CHARACTERS – UCC32, 4 NUMBERS, AND 1 LETTER]

PROGRAMMER: OUTDOOR MICROPEM SERIAL ID SHOULD BE 10 CHARACTERS: UCC32#### AND 1 LETTER. CHECK THE ENTERED ID AGAINST VALID IDS IN THE SAMPLER INVENTORY. IF NOT A VALID ID, PLEASE HAVE A POP-UP BOX APPEAR WHEN THE FI PRESSES ENTER TO CONTINUE INDICATING THE FI HAS ENTERED AN INVALID ID AND SHOULD ENTER A CORRECT ID TO PROCEED.

PROGRAMMER: IF SCANNED/KEYED BARCODE ON MICROPEM MATCHES EXPECTED BARCODE (WHICH IS AN OUTDOOR MICROPEM UNIT FOUND IN COLUMN URTIS AS SET IN THE SYSTEM), GO TO OP4. IF SCANNED BARCODE ON MICROPEM IS DIFFERENT FROM EXPECTED BARCODE (IT IS NOT AN OUTDOOR MICROPEM AS SET IN THE SYSTEM), GO TO OP3a.

OP3a.   ARE YOU SURE YOU SCANNED/KEYED THE SERIAL ID ON AN OUTDOOR (BLUE DOTTED) MICROPEM UNIT? OUR RECORDS SHOW YOU HAVE SCANNED

[CHECK ID AGAINST HOBO IDS IN COLUMN TR_IS, IF A MATCH DISPLAY "a HOBO", IF NO MATCH LEAVE BLANK]
[CHECK ID AGAINST FILTER IDS IN COLUMN UP_IS, UP_OS, UP_PS, IF A MATCH DISPLAY "a MicroPEM Filter, not a MicroPEM unit, IF NO MATCH LEAVE BLANK]
[CHECK ID AGAINST MICROPEM UNIT IDS IN COLUMN URTIS OR URTPS, IF A MATCH DISPLAY, "either a Personal MicroPEM labeled with a red dot or an Indoor MicroPEM labeled with a yellow dot" IF NO MATCH LEAVE BLANK]
[IF ID DOES NOT MATCH ANY ID LISTED IN ABOVE COLUMNS, DISPLAY "something other than a MicroPEM unit, possibly a type of sampler']

1   YES
2   NO

PROGRAMMER: IF OP3a =NO, LOOP BACK TO OP3.

OP3b.   [IF OP3a=YES] DO YOU WANT TO ADD THIS OUTDOOR MICROPEM UNIT TO YOUR PARTICIPANT BOX? A REPORT WILL BE SENT TO CHATS SUPERVISORS INFORMING THEM OF THE ADDITION.
1   YES
2   NO

PROGRAMMER IF OP3b=NO, RETURN USER TO OP3

OP3c.   [IF OP3b=YES] THIS OUTDOOR MICROPEM UNIT HAS BEEN ADDED TO THE PARTICIPANT BOX ASSIGNED TO THIS CASE.

PRESS 1 TO CONTINUE

OP3d.   SCAN BARCODE ON THE OUTDOOR MICROPEM FILTER. IF THE BARCODE DOES NOT SCAN, KEY THE ID.

OUTDOOR MICROPEM FILTER ID NUMBER: _____[ALLOW 6 CHARACTERS – UP AND 4 NUMBERS]

PROGRAMMER: OUTDOOR MICROPEM FILTER ID SHOULD BE 6 CHARACTERS: UP####. IF NOT A VALID ID, PLEASE HAVE A POP-UP BOX APPEAR WHEN THE FI PRESSES ENTER TO CONTINUE INDICATING THE FI HAS ENTERED AN INVALID ID AND SHOULD ENTER A CORRECT ID TO PROCEED.

PROGRAMMER: IF SCANNED/KEYED BARCODE ON MICROPEM MATCHES EXPECTED BARCODE (WHICH IS AN OUTDOOR MICROPEM FILTER ID FOUND IN COLUMN UP_OS AS SET IN THE SYSTEM), GO TO OP4. IF SCANNED BARCODE ON MICROPEM IS DIFFERENT FROM EXPECTED BARCODE (IT IS NOT AN OUTDOOR MICROPEM FILTER AS SET IN THE SYSTEM), GO TO OP3e.

OP3e.   ARE YOU SURE YOU SCANNED/KEYED THE ID ON AN OUTDOOR (BLUE DOTTED) MICROPEM FILTER? OUR RECORDS SHOW YOU HAVE SCANNED

[CHECK ID AGAINST HOBO IDS IN COLUMN TR_IS, IF A MATCH DISPLAY "a HOBO", IF NO MATCH LEAVE BLANK]
[CHECK ID AGAINST UNIT IDS IN COLUMN URTOS, URTIS, AND URTPS, IF A MATCH DISPLAY "a MicroPEM unit, not a MicroPEM filter, IF NO MATCH LEAVE BLANK]
[IF ID DOES NOT MATCH ANY ID LISTED IN ABOVE COLUMNS, DISPLAY "something other than a MicroPEM filter, possibly a type of sampler']

1   YES
2   NO

PROGRAMMER: IF OP3e =NO, LOOP BACK TO OP3d.

OP3f.   [IF OP3e=YES] DO YOU WANT TO ADD THIS OUTDOOR MICROPEM FILTER TO YOUR PARTICIPANT BOX? A REPORT WILL BE SENT TO CHATS SUPERVISORS INFORMING THEM OF THE ADDITION.
1   YES
2   NO

PROGRAMMER IF OP3f=NO, RETURN USER TO OP3d

OP3g.   [IF OP3f=YES] THIS OUTDOOR MICROPEM FILTER HAS BEEN ADDED TO THE PARTICIPANT BOX ASSIGNED TO THIS CASE.

PRESS 1 TO CONTINUE

OP4.   WHAT IS THE CONDITION OF THE OUTDOOR MICROPEM? SELECT ALL THAT APPLY
1   NO DAMAGE
2   PUMP DID NOT START/IS INAUDIBLE (NOT DEPLOYABLE)
3   LED IS NOT BLINKING (NOT DEPLOYABLE)
4   VISIBLE DAMAGE TO THE CASE
5   OTHER

OP4a.   [IF OP4=OTHER] PLEASE DESCRIBE THE CONDITION OF THE OUTDOOR MICROPEM

_____ [ALLOW 100 CHARACTERS]

OP4b.   [IF OP4=OTHER] CAN THE OUTDOOR MICROPEM STILL BE DEPLOYED?
1   YES
2   NO

OP4c.   [IF OP4=2 OR 3 OR OP4b=NO] PLEASE REFER TO YOUR JOB AIDS BOOKLET FOR STEPS TO TAKE TO CORRECT THE MALFUNCTIONING MICROPEM. PLEASE COMPLETE THESE STEPS A MINIMUM OF 2 TIMES.

AFTER FOLLOWING THE STEPS IN THE JOB AIDS BOOKLET, IS THE MICROPEM NOW FUNCTIONING PROPERLY AND READY TO BE DEPLOYED?
1   YES
2   NO

OP4d.   [IF OP4c=NO] DO NOT DEPLOY THE MICROPEM.

PLACE THE INOPERABLE OUTDOOR MICROPEM BACK IN THE PARTICIPANT BOX

PRESS 1 TO CONTINUE

PROGRAMMER: IF OP4c=NO, AFTER PRESSING 1 TO CONTINUE, SKIP TO OP6

OP5.   [IF OP4=1, 4, (OR 5 IF OP4b=YES) OR IF OP4c=YES] LEAVE THE OUTDOOR MICROPEM TURNED ON AND CAPPED FOR 1 MINUTE.

AFTER 1 MINUTE, REMOVE THE CAP AND PLACE BACK IN YOUR SUPPLY BAG

PLACE THE OUTDOOR MICROPEM (STILL POWERED ON) IN THE CENTER CAGE IN THE OUTDOOR PLATFORM CAGE.

PRESS 1 TO CONTINUE

PROGRAMMER RECORD TIME AND DATE STAMP WHEN USER PRESSES 1 TO CONTINUE

OP6.   HAS THE OUTDOOR MICROPEM BEEN SUCCESSFULLY DEPLOYED?
1   YES
2   NO

OP6a.   [IF OP6=NO] PLEASE DESCRIBE THE REASON WHY YOU DID NOT DEPLOY THE OUTDOOR MICROPEM

_____ [ALLOW 100 CHARACTERS]

OUTDOOR ALDEHYDE BADGE

OP7.   [DISPLAY IF COLUMN AL_OD IS NOT EMPTY, IF EMPTY SKIP TO OP7a] YOU SHOULD HAVE FOUND 2 ALDEHYDE BADGES IN YOUR PARTICIPANT BOX.

THE INSTRUCTIONS THAT FOLLOW WILL TELL YOU HOW TO DEPLOY BOTH BADGES IN THE OUTDOOR PLATFORM CAGE. YOU WILL DEPLOY EACH BADGE SEPARATELY. FOLLOW THE NEXT STEPS CAREFULLY

PRESS 1 TO CONTINUE

PROGRAMMER: IF COLUMN AL_OD IS NOT EMPTY, THIS INDICATES THE FI SHOULD DEPLOY 2 ALDEHYDE BADGES. PLEASE DUPLICATE THE STEPS FOR OP7a THROUGH OP9 AND ADD QUESTION OP10b IF DEPLOYING THE SECOND ALDEHYDE BADGE.

OP7a.   [DISPLAY IF COLUMN AL_OS IS NOT EMPTY, IF EMPTY SKIP TO OP11] TAKE THE OUTDOOR ALDEHYDE (AL) BADGE OUT OF THE POUCH LABELED WITH A BLUE DOT

PEEL SECOND BARCODE LABEL FROM OUTSIDE OF POUCH AND PLACE ON BACK OF BADGE

SCAN BARCODE ON OUTDOOR ALDEHYDE BADGE. IF THE BARCODE DOES NOT SCAN, KEY THE ID.

OUTDOOR ALDEHYDE BADGE ID NUMBER: _____[ALLOW 6 CHARACTERS - AL AND 4 NUMBERS]

PROGRAMMER: OUTDOOR ALDEHYDE BADGE ID SHOULD BE 6 CHARACTERS: AL####. CHECK THE ENTERED ID AGAINST VALID IDS IN THE SAMPLER INVENTORY. IF NOT A VALID ID, PLEASE HAVE A POP-UP BOX APPEAR WHEN THE FI PRESSES ENTER TO CONTINUE INDICATING THE FI HAS ENTERED AN INVALID ID AND SHOULD ENTER A CORRECT ID TO PROCEED

PROGRAMMER: IF SCANNED/KEYED BARCODE ON ALDEHYDE BADGE MATCHES EXPECTED BARCODE (WHICH IS AN OUTDOOR ALDEHYDE BADGE AS SET IN THE SYSTEM), GO TO OP8. IF SCANNED BARCODE ON ALDEHYDE BADGE IS DIFFERENT FROM EXPECTED BARCODE (IT IS NOT AN OUTDOOR ALDEHYDE BADGE AS SET IN THE SYSTEM), GO TO OP7b.

OP7b. ARE YOU SURE YOU SCANNED/KEYED THE OUTDOOR (BLUE DOTTED) ALDEHYDE BADGE? OUR RECORDS SHOW YOU HAVE SCANNED A [FILL NOTE BELOW] WITH THE ID [FILL NOTE BELOW]
1 YES
2 NO

PROGRAMMER: FILL OP7b WITH TYPE OF SAMPLER AND ID THE SYSTEM SHOWS ASSIGNED TO THAT ID. IF OP7b=NO, LOOP BACK TO OP7a.

OP7c. [IF OP7b=YES] DO YOU WANT TO ADD THIS OUTDOOR ALDEHYDE BADGE TO YOUR PARTICIPANT BOX? A REPORT WILL BE SENT TO CHATS SUPERVISORS INFORMING THEM OF THE ADDITION.
1 YES
2 NO

PROGRAMMER: IF OP7c=NO, LOOP BACK TO OP7a

OP7d. [IF OP7c=YES] THIS OUTDOOR ALDEHYDE BADGE HAS BEEN ADDED TO THE PARTICIPANT BOX ASSIGNED TO THIS CASE.

PRESS 1 TO CONTINUE

OP8. WHAT IS THE CONDITION OF THE OUTDOOR ALDEHYDE BADGE? SELECT ALL THAT APPLY.
1 NO DAMAGE
2 GREEN SLIDE OPEN ALREADY OR MISSING
3 CLIP BROKEN/NOT PRESENT
4 MINOR SCRATCH TO BADGE
5 MAJOR CRACK TO BADGE (NOT DEPLOYABLE)
6 OTHER

OP8a   [IF OP8=OTHER] PLEASE DESCRIBE THE CONDITION OF THE OUTDOOR
            ALDEHYDE BADGE

            _____ [ALLOW 100 CHARACTERS]

OP8b.   [IF OP8=OTHER] CAN THE OUTDOOR ALDEHYDE BADGE STILL BE DEPLOYED?
            1   YES
            2   NO

OP8c.   [IF OP8=5 or OP8b=NO] DO NOT DEPLOY THE OUTDOOR ALDEHYDE BADGE.

            PLACE THE INOPERABLE OUTDOOR ALDEHYDE BACK IN THE PARTICIPANT BOX

            PRESS 1 TO CONTINUE

OP8d.   [IF OP8b=NO OR OP8=5 AND COLUMN AL_FB IS NOT EMPTY, IF AL_FB IS EMPTY,
            SKIP TO OP10] YOU SHOULD HAVE A BLACK DOTTED FIELD BLANK ALDEHYDE
            BADGE IN YOUR PARTICIPANT BOX. DO YOU HAVE THIS BADGE?
            1   YES
            2   NO, THERE IS NO FIELD BLANK IN THE BOX
            3   NO, I USED THE FIELD BLANK FOR THE PERSONAL OR INDOOR PLATFORM
                 DEPLOYMENT

PROGRAMMER: IF OP8d=2 OR 3, SKIP TO OP10, SKIP TO OP10b IF DEPLOYING THE DUPLICATE BADGE

OP8e.   [IF OP8d=YES] TAKE THE FIELD BLANK ALDEHYDE (AL) BADGE OUT OF THE
            POUCH LABELED WITH A BLACK DOT.

            PEEL SECOND BARCODE LABEL FROM OUTSIDE OF POUCH AND PLACE ON BACK
            OF BADGE

            SCAN BARCODE ON BLACK DOTTED FIELD BLANK ALDEHYDE BADGE. IF THE
            BARCODE DOES NOT SCAN, KEY THE ID.

            BLACK DOTTED FIELD BLANK ALDEHYDE BADGE ID NUMBER:
            _____[ALLOW 6 CHARACTERS - AL AND 4 NUMBERS]

PROGRAMMER: FIELD BLANK ALDEHYDE BADGE ID SHOULD BE 6 CHARACTERS: AL####. CHECK THE
ENTERED ID AGAINST VALID IDS IN THE SAMPLER INVENTORY. IF NOT A VALID ID, PLEASE HAVE A POP-
UP BOX APPEAR WHEN THE FI PRESSES ENTER TO CONTINUE INDICATING THE FI HAS ENTERED AN
INVALID ID AND SHOULD ENTER A CORRECT ID TO PROCEED

PROGRAMMER: IF SCANNED/KEYED BARCODE ON ALDEHYDE BADGE MATCHES EXPECTED BARCODE
(WHICH IS A FIELD BLANK ALDEHYDE BADGE AS SET IN THE SYSTEM), GO TO OP8i. IF SCANNED
BARCODE ON ALDEHYDE BADGE IS DIFFERENT FROM EXPECTED BARCODE (IT IS NOT A FIELD BLANK
ALDEHYDE BADGE AS SET IN THE SYSTEM), GO TO OP8f.

OP8f.   ARE YOU SURE YOU SCANNED/KEYED THE FIELD BLANK (BLACK DOTTED) ALDEHYDE BADGE? OUR RECORDS SHOW YOU HAVE SCANNED A [FILL NOTE BELOW] WITH THE ID [FILL NOTE BELOW]
1   YES
2   NO

PROGRAMMER: FILL OP8f WITH TYPE OF SAMPLER AND ID THE SYSTEM SHOWS ASSIGNED TO THAT ID. IF OP8f=NO, LOOP BACK TO OP8e.

OP8g.   [IF OP8f=YES] DO YOU WANT TO ADD THIS FIELD BLANK ALDEHYDE BADGE TO YOUR PARTICIPANT BOX? A REPORT WILL BE SENT TO CHATS SUPERVISORS INFORMING THEM OF THE ADDITION.
1   YES
2   NO

PROGRAMMER IF OP8g=NO, LOOP BACK TO OP8e

OP8h.   [IF OP8g=YES] THIS FIELD BLANK ALDEHYDE BADGE HAS BEEN ADDED TO THE PARTICIPANT BOX ASSIGNED TO THIS CASE.

PRESS 1 TO CONTINUE

OP8i.   WHAT IS THE CONDITION OF THE FIELD BLANK ALDEHYDE BADGE? SELECT ALL THAT APPLY.
1   NO DAMAGE
2   GREEN SLIDE OPEN ALREADY OR MISSING
3   CLOP BROKEN/NOT PRESENT
4   MINOR SCRATCH TO BADGE
5   MAJOR CRACK TO BADGE (NOT DEPLOYABLE)
6   OTHER

OP8j.   [IF OP8i=OTHER] PLEASE DESCRIBE THE CONDITION OF THE FIELD BLANK ALDEHYDE BADGE

_____ [ALLOW 100 CHARACTERS]

OP8k.   [OP8i=OTHER] CAN THE FIELD BLANK ALDEHYDE BADGE STILL BE DEPLOYED?
1   YES
2   NO

OP8l.   [IF OP8i=5 or OP8k=NO] DO NOT DEPLOY THE FIELD BLANK ALDEHYDE BADGE.

PLACE THE INOPERABLE FIELD BLANK ALDEHYDE BADGE BACK IN THE PARTICIPANT BOX

PRESS 1 TO CONTINUE

PROGRAMMER: IF OP8i=5 OR OP8k=NO AND COLUMN AL_OD IS EMPTY SKIP TO OP10, IF NOT EMPTY SKIP TO OP10b

OP9.   [IF OP8=1, 2, 3, 4 (OR 6 if OP8b=YES) OR OP8i=1, 2, 3, 4, (OR 6 IF OP8k=YES)] SLIDE THE
            GREEN COVER DOWN TO OPEN THE ALDEHYDE BADGE

            CLOP THE BADGE TO THE LABELED LOCATION IN THE OUTDOOR PLATFORM CAGE

            RESEAL THE ALDEHYDE POUCH AND PUT THE POUCH BACK INTO THE PARTICIPANT BOX.

            PRESS 1 TO CONTINUE

PROGRAMMER RECORD TIME AND DATE STAMP WHEN USER PRESSES 1 TO CONTINUE

OP10.   HAS THE ALDEHYDE BADGE BEEN SUCCESSFULLY DEPLOYED?
            1   YES
            2   NO

            OP10a.   [IF OP10=NO] PLEASE DESCRIBE THE REASON WHY YOU DID NOT DEPLOY THE
                      ALDEHYDE BADGE

                      _____ [ALLOW 100 CHARACTERS]

PROGRAMMER: IF COLUMN AL_OD IS NOT EMPTY PLEASE DUPLICATE THE STEPS FOR OP7a-OP9 FOR
DEPLOYING THE SECOND ALDEHYDE BADGE.

            OP10b.   [IF COLUMN AL_OD IS NOT EMPTY] HAS THE SECOND ALDEHYDE BADGE BEEN
                      SUCCESSFULLY DEPLOYED?
                      1   YES
                      2   NO

            OP10c.   [IF OP10b=NO] PLEASE DESCRIBE THE REASON WHY YOU DID NOT DEPLOY THE
                      SECOND ALDEHYDE BADGE

                      _____ [ALLOW 100 CHARACTERS]

OUTDOOR VOC BADGE

OP11.   [DISPLAY IF COLUMN VC_OD IS NOT EMPTY, IF EMPTY SKIP TO OP11a] YOU SHOULD HAVE
            FOUND 2 VOC BADGES IN YOUR PARTICIPANT BOX.

            THE INSTRUCTIONS THAT FOLLOW WILL TELL YOU HOW TO DEPLOY BOTH BADGES IN THE
            OUTDOOR PLATFORM CAGE. YOU WILL DEPLOY EACH BADGE SEPARATELY. FOLLOW THE
            NEXT STEPS CAREFULLY

            PRESS 1 TO CONTINUE

PROGRAMMER: IF COLUMN VC_OD IS NOT EMPTY, THIS INDICATES THE FI SHOULD DEPLOY 2 VOC
BADGES. PLEASE DUPLICATE THE STEPS FOR OP11a THROUGH OP13 AND ADD QUESTION OP14b FOR
DEPLOYING THE SECOND VOC BADGE.

OP11a.   [DISPLAY IF COLUMN VC_OS IS NOT EMPTY, IF EMPTY SKIP TO OP15]TAKE THE OUTDOOR VOC (VC) BADGE OUT OF THE CAN LABELED WITH A BLUE DOT.

PLACE THE SECOND BARCODE LABEL FROM THE CAN LID ONTO THE BACK OF THE BADGE

SCAN THE BARCODE. IF THE BARCODE DOES NOT SCAN, KEY THE ID.

OUTDOOR VOC BADGE ID NUMBER: _____[ALLOW 6 CHARACTERS - VC AND 4 NUMBERS]

PROGRAMMER: OUTDOOR VOC BADGE ID SHOULD BE 6 CHARACTERS: VC####. CHECK THE ENTERED ID AGAINST VALID IDS IN THE SAMPLER INVENTORY. IF NOT A VALID ID, PLEASE HAVE A POP-UP BOX APPEAR WHEN THE FI PRESSES ENTER TO CONTINUE INDICATING THE FI HAS ENTERED AN INVALID ID AND SHOULD ENTER A CORRECT ID TO PROCEED

PROGRAMMER: IF SCANNED/KEYED BARCODE ON VOC BADGE MATCHES EXPECTED BARCODE (WHICH IS AN OUTDOOR VOC BADGE AS SET IN THE SYSTEM), GO TO OP12. IF SCANNED BARCODE ON VOC BADGE IS DIFFERENT FROM EXPECTED BARCODE (IT IS NOT AN OUTDOOR VOC BADGE AS SET IN THE SYSTEM), GO TO OP11b.

OP11b.   ARE YOU SURE YOU SCANNED/KEYED THE OUTDOOR (BLUE DOTTED) VOC BADGE? OUR RECORDS SHOW YOU HAVE SCANNED A [FILL NOTE BELOW] WITH THE ID [FILL NOTE BELOW]
1   YES
2   NO

PROGRAMMER: FILL OP11b WITH TYPE OF SAMPLER AND ID THE SYSTEM SHOWS ASSIGNED TO THAT ID. IF OP11b=NO, LOOP BACK TO OP11a.

OP11c.   [IF OP11b=YES] DO YOU WANT TO ADD THIS OUTDOOR VOC BADGE TO YOUR PARTICIPANT BOX? A REPORT WILL BE SENT TO CHATS SUPERVISORS INFORMING THEM OF THE ADDITION.
1   YES
2   NO

PROGRAMMER: IF OP11c=NO, LOOP BACK TO OP11a

OP11d.   [IF OP11c=YES] THIS OUTDOOR VOC BADGE HAS BEEN ADDED TO THE PARTICIPANT BOX ASSIGNED TO THIS CASE.

PRESS 1 TO CONTINUE

OP12.   WHAT IS THE CONDITION OF THE OUTDOOR VOC BADGE? SELECT ALL THAT APPLY.
1   NO DAMAGE
2   TORN MEMBRANE
3   CLOP BROKEN/NOT PRESENT
4   MINOR SCRATCH TO BADGE

5   MAJOR CRACK TO BADGE (NOT DEPLOYABLE)
6   OTHER

OP12a.   [IF OP12=OTHER] PLEASE DESCRIBE THE CONDITION OF THE OUTDOOR VOC
            BADGE

            _____ [ALLOW 100 CHARACTERS]

OP12b.   [IF OP12=OTHER] CAN THE OUTDOOR VOC BADGE STILL BE DEPLOYED?
            1   YES
            2   NO

OP12c.   [IF OP12=5 OR OP12b=NO] DO NOT DEPLOY THE VOC BADGE.

            PLACE THE INOPERABLE OUTDOOR VOC BADGE BACK IN THE PARTICIPANT BOX

        PRESS 1 TO CONTINUE

OP12d.   [IF OP12b=NO OR OP12=5 AND COLUMN VC_FB IS NOT EMPTY]] YOU SHOULD
            HAVE A BLACK DOTTED FIELD BLANK VOC BADGE IN YOUR PARTICIPANT BOX.
            DO YOU HAVE THIS BADGE?
            1   YES
            2   NO, THERE IS NO FIELD BLANK IN BOX
            3   NO, I USED THE FIELD BLANK FOR THE PERSONAL OR INDOOR PLATFORM
                DEPLOYMENT

PROGRAMMER: IF OP12d=2 OR 3, SKIP TO OP14, SKIP TO OP14b IF DEPLOYING THE DUPLICATE BADGE

OP12e.   [IF OP12d=YES] TAKE THE FIELD BLANK VOC (VC) BADGE OUT OF THE CAN
            LABELED WITH A BLACK DOT

            PEEL SECOND BARCODE LABEL FROM THE CAN LID ONTO THE BACK OF BADGE

            SCAN BARCODE ON BLACK DOTTED FIELD BLANK VOC BADGE. IF THE BARCODE
            DOES NOT SCAN, KEY THE ID.

            BLACK DOTTED FIELD BLANK VOC BADGE ID NUMBER: _____[ALLOW 6
            CHARACTERS - VC AND 4 NUMBERS]

PROGRAMMER: FIELD BLANK VOC BADGE ID SHOULD BE 6 CHARACTERS: VC####. CHECK THE ENTERED
ID AGAINST VALID IDS IN THE SAMPLER INVENTORY. IF NOT A VALID ID, PLEASE HAVE A POP-UP BOX
APPEAR WHEN THE FI PRESSES ENTER TO CONTINUE INDICATING THE FI HAS ENTERED AN INVALID ID
AND SHOULD ENTER A CORRECT ID TO PROCEED

PROGRAMMER: IF SCANNED/KEYED BARCODE ON VOC BADGE MATCHES EXPECTED BARCODE (WHICH
IS A FIELD BLANK VOC BADGE AS SET IN THE SYSTEM), GO TO OP12i. IF SCANNED BARCODE ON VOC
BADGE IS DIFFERENT FROM EXPECTED BARCODE (IT IS NOT A FIELD BLANK VOC BADGE AS SET IN THE
SYSTEM), GO TO OP12f.

OP12f.   ARE YOU SURE YOU SCANNED/KEYED THE FIELD BLANK (BLACK DOTTED) VOC BADGE? OUR RECORDS SHOW YOU HAVE SCANNED A [FILL NOTE BELOW] WITH THE ID [FILL NOTE BELOW]
1   YES
2   NO

PROGRAMMER: FILL OP12f WITH TYPE OF SAMPLER AND ID THE SYSTEM SHOWS ASSIGNED TO THAT ID. IF OP12f=NO, LOOP BACK TO OP12e.

OP12g.   [IF OP12f=YES] DO YOU WANT TO ADD THIS FIELD BLANK VOC BADGE TO YOUR PARTICIPANT BOX? A REPORT WILL BE SENT TO CHATS SUPERVISORS INFORMING THEM OF THE ADDITION.
1   YES
2   NO

PROGRAMMER IF OP12g=NO, LOOP BACK TO OP12e

OP12h.   [IF OP12g=YES] THIS FIELD BLANK VOC BADGE HAS BEEN ADDED TO THE PARTICIPANT BOX ASSIGNED TO THIS CASE.

PRESS 1 TO CONTINUE

OP12i.   WHAT IS THE CONDITION OF THE FIELD BLANK VOC BADGE? SELECT ALL THAT APPLY.
1   NO DAMAGE
2   TORN MEMBRANE
3   CLOP BROKEN/NOT PRESENT
4   MINOR SCRATCH TO BADGE
5   MAJOR CRACK TO BADGE (NOT DEPLOYABLE)
6   OTHER

OP12j.   [IF OP12i=OTHER] PLEASE DESCRIBE THE CONDITION OF THE FIELD BLANK VOC BADGE

_____ [ALLOW 100 CHARACTERS]

OP12k.   [IF OP12i=OTHER] CAN THE FIELD BLANK VOC BADGE STILL BE DEPLOYED?
1   YES
2   NO

OP12l.   [IF OP12i=5 OR OP12k=NO] DO NOT DEPLOY THE FIELD BLANK VOC BADGE.

PLACE THE INOPERABLE FIELD BLANK VOC BADGE BACK IN THE PARTICIPANT BOX

PRESS 1 TO CONTINUE

PROGRAMMER: IF OP12i=5 OR OP12k=NO AND COLUMN VC_OD IS EMPTY SKIP TO OP14, IF NOT EMPTY SKIP TO OP14b

OP13.   [IF OP12=1, 2, 3, 4 (OR 6 IF OP12b=YES) OR OP12i=1, 2, 3, 4, (OR 6 IF OP12k=YES] PLACE
             THE OUTDOOR SAMPLING PROTECTIVE SCREEN OVER THE VOC MEMBRANE

             CLOP THE BADGE TO THE LABELED LOCATION IN THE OUTDOOR PLATFORM CAGE

             PLACE WHITE LID BACK ON THE CAN, MAKE SURE THE 3 CLEAR LIDS ARE STILL IN THE CAN,
             AND PUT THE CAN BACK IN THE PARTICIPANT BOX.

             PRESS 1 TO CONTINUE

PROGRAMMER RECORD TIME AND DATE STAMP WHEN USER PRESSES 1 TO CONTINUE

OP14.   HAS THE VOC BADGE BEEN SUCCESSFULLY DEPLOYED?
             1   YES
             2   NO

             OP14a.   [IF OP14=NO] PLEASE DESCRIBE THE REASON WHY YOU DID NOT DEPLOY THE
                       VOC BADGE

                       _____ [ALLOW 100 CHARACTERS]

PROGRAMMER: IF COLUMN VC_OD IS NOT EMPTY PLEASE DUPLICATE THE STEPS FOR OP11-OP13 FOR
DEPLOYING THE SECOND VOC BADGE.

             OP14b.   [IF COLUMN VC_OD IS NOT EMPTY] HAS THE SECOND VOC BADGE BEEN
                       SUCCESSFULLY DEPLOYED?
                       1   YES
                       2   NO

             OP14c.   [IF OP14b=NO] PLEASE DESCRIBE THE REASON WHY YOU DID NOT DEPLOY THE
                       SECOND VOC BADGE

                       _____ [ALLOW 100 CHARACTERS]

OUTDOOR NO2 BADGE

OP15.   [DISPLAY IF COLUMN NX_OD IS NOT EMPTY, IF EMPTY SKIP TO OP15a] YOU SHOULD HAVE
             FOUND 2 NO2 BADGES IN YOUR PARTICIPANT BOX.

             THE INSTRUCTIONS THAT FOLLOW WILL TELL YOU HOW TO DEPLOY BOTH BADGES IN THE
             OUTDOOR PLATFORM CAGE. YOU WILL DEPLOY EACH BADGE SEPARATELY. FOLLOW THE
             NEXT STEPS CAREFULLY

             PRESS 1 TO CONTINUE

PROGRAMMER: IF COLUMN NX_OD IS NOT EMPTY, THIS INDICATES THE FI SHOULD DEPLOY 2 NO2 BADGES. PLEASE DUPLICATE THE STEPS FOR OP15a THROUGH OP17 AND ADD QUESTION OP18b IF DEPLOYING THE SECOND NO2 BADGE.

OP15a. [DISPLAY IF COLUMN NX_OS IS NOT EMPTY, IF EMPTY SKIP TO OP19] TAKE THE OUTDOOR NO2 (NX) BADGE OUT OF THE JAR LABELED WITH A BLUE DOT

PLACE THE SECOND BARCODE LABEL FROM THE JAR LID ONTO THE BACK OF THE BADGE

SCAN BARCODE ON OUTDOOR NO2 BADGE. IF THE BARCODE DOES NOT SCAN, KEY THE ID.

OUTDOOR NO2 BADGE ID NUMBER: _____[ALLOW 6 CHARACTERS - NX AND 4 NUMBERS]

PROGRAMMER: OUTDOOR NO2 BADGE ID SHOULD BE 6 CHARACTERS: NX####. CHECK THE ENTERED ID AGAINST VALID IDS IN THE SAMPLER INVENTORY. IF NOT A VALID ID, PLEASE HAVE A POP-UP BOX APPEAR WHEN THE FI PRESSES ENTER TO CONTINUE INDICATING THE FI HAS ENTERED AN INVALID ID AND SHOULD ENTER A CORRECT ID TO PROCEED

PROGRAMMER: IF SCANNED/KEYED BARCODE ON NO2 BADGE MATCHES EXPECTED BARCODE (WHICH IS AN OUTDOOR NO2 BADGE AS SET IN THE SYSTEM), GO TO OP16. IF SCANNED BARCODE ON NO2 BADGE IS DIFFERENT FROM EXPECTED BARCODE (IT IS NOT AN OUTDOOR NO2 BADGE AS SET IN THE SYSTEM), GO TO OP15b.

OP15b. ARE YOU SURE YOU SCANNED/KEYED THE OUTDOOR (BLUE DOTTED) NO2 BADGE? OUR RECORDS SHOW YOU HAVE SCANNED A [FILL NOTE BELOW] WITH THE ID [FILL NOTE BELOW]
1 YES
2 NO

PROGRAMMER: FILL OP15b WITH TYPE OF SAMPLER AND ID THE SYSTEM SHOWS ASSIGNED TO THAT ID. IF OP15b=NO, LOOP BACK TO OP15a.

OP15c. [IF OP15b=YES] DO YOU WANT TO ADD THIS OUTDOOR NO2 BADGE TO YOUR PARTICIPANT BOX? A REPORT WILL BE SENT TO CHATS SUPERVISORS INFORMING THEM OF THE ADDITION.
1 YES
2 NO

PROGRAMMER: IF OP15c=NO, LOOP BACK TO OP15a

OP15d. [IF OP15c=YES] THIS OUTDOOR NO2 BADGE HAS BEEN ADDED TO THE PARTICIPANT BOX ASSIGNED TO THIS CASE.

PRESS 1 TO CONTINUE

OP16.   WHAT IS THE CONDITION OF THE OUTDOOR NO2 BADGE? SELECT ALL THAT APPLY.
          1   NO DAMAGE
          2   CLOP BROKEN/NOT PRESENT
          3   MINOR SCRATCH TO BADGE
          4   MAJOR CRACK TO BADGE (NOT DEPLOYABLE)
          5   OTHER

          OP16a.   [IF OP16=OTHER] PLEASE DESCRIBE THE CONDITION OF THE OUTDOOR NO2
                   BADGE

                   _____ [ALLOW 100 CHARACTERS]

          OP16b.   [IF OP16=OTHER] CAN THE OUTDOOR NO2 BADGE STILL BE DEPLOYED?
                   1   YES
                   2   NO

          OP16c.   [IF OP16=4 OR OP16b=NO] DO NOT DEPLOY THE OUTDOOR NO2 BADGE.
                   PLACE THE INOPERABLE OUTDOOR NO2 BADGE BACK IN THE PARTICIPANT BOX

                   PRESS 1 TO CONTINUE

          OP16d.   [IF OP16b=NO OR OP16=4 AND COLUMN NX_FB IS NOT EMPTY] YOU SHOULD
                   HAVE A BLACK DOTTED FIELD BLANK NO2 BADGE IN YOUR PARTICIPANT BOX.
                   DO YOU HAVE THIS SAMPLER?
                   1   YES
                   2   NO, THERE IS NO FIELD BLANK IN BOX
                   3   NO, I USED THE FIELD BLANK FOR THE PERSONAL OR INDOOR PLATFORM
                       DEPLOYMENT

PROGRAMMER: IF OP16d=2 OR 3 SKIP TO OP18, SKIP TO OP18b IF DEPLOYING THE DUPLICATE BADGE

          OP16e.   [IF OP16d=YES] TAKE THE FIELD BLANK NO2 (NX) BADGE OUT OF THE JAR
                   LABELED WITH A BLACK DOT

                   PLACE THE SECOND BARCODE LABEL FROM THE JAR LID ONTO THE BACK OF THE
                   BADGE

                   SCAN BARCODE ON BLACK DOTTED FIELD BLANK NO2 BADGE. IF THE BARCODE
                   DOES NOT SCAN, KEY THE ID.

                   BLACK DOTTED FIELD BLANK NO2 BADGE ID NUMBER: _____[ALLOW 6
                   CHARACTERS - NX AND 4 NUMBERS]

PROGRAMMER: FIELD BLANK NO2 BADGE ID SHOULD BE 6 CHARACTERS: NX####. CHECK THE
ENTERED ID AGAINST VALID IDS IN THE SAMPLER INVENTORY. IF NOT A VALID ID, PLEASE HAVE A POP-
UP BOX APPEAR WHEN THE FI PRESSES ENTER TO CONTINUE INDICATING THE FI HAS ENTERED AN
INVALID ID AND SHOULD ENTER A CORRECT ID TO PROCEED

PROGRAMMER: IF SCANNED/KEYED BARCODE ON NO2 BADGE MATCHES EXPECTED BARCODE (WHICH IS A FIELD BLANK NO2 BADGE AS SET IN THE SYSTEM), GO TO OP16i. IF SCANNED BARCODE ON NO2 BADGE IS DIFFERENT FROM EXPECTED BARCODE (IT IS NOT A FIELD BLANK NO2 BADGE AS SET IN THE SYSTEM), GO TO OP16f.

OP16f.   ARE YOU SURE YOU SCANNED/KEYED THE FIELD BLANK (BLACK DOTTED) NO2 BADGE? OUR RECORDS SHOW YOU HAVE SCANNED A [FILL NOTE BELOW] WITH ID [FILL NOTE BELOW]
1   YES
2   NO

PROGRAMMER: FILL OP16f WITH TYPE OF SAMPLER AND ID THE SYSTEM SHOWS ASSIGNED TO THAT ID. IF OP16f=NO, LOOP BACK TO OP16e.

OP16g.   [IF OP16f=YES] DO YOU WANT TO ADD THIS FIELD BLANK NO2 BADGE TO YOUR PARTICIPANT BOX? A REPORT WILL BE SENT TO CHATS SUPERVISORS INFORMING THEM OF THE ADDITION.
1   YES
2   NO

PROGRAMMER IF OP16g=NO, LOOP BACK TO OP16e

OP16h.   [IF OP16g=YES] THIS FIELD BLANK NO2 BADGE HAS BEEN ADDED TO THE PARTICIPANT BOX ASSIGNED TO THIS CASE.

PRESS 1 TO CONTINUE

OP16i.   WHAT IS THE CONDITION OF THE FIELD BLANK NO2 BADGE? SELECT ALL THAT APPLY.
1   NO DAMAGE
2   CLOP BROKEN/NOT PRESENT
3   MINOR SCRATCH TO BADGE
4   MAJOR CRACK TO BADGE (NOT DEPLOYABLE)
5   OTHER

OP16j.   [IF OP16i=OTHER] PLEASE DESCRIBE THE CONDITION OF THE FIELD BLANK NO2 BADGE

_____ [ALLOW 100 CHARACTERS]

OP16k.   [IF OP16i=OTHER] CAN THE FIELD BLANK NO2 BADGE STILL BE DEPLOYED?
1   YES
2   NO

OP16l.   [IF OP16i=4 or OP16k=NO] DO NOT DEPLOY THE FIELD BLANK NO2 BADGE.

PLACE THE INOPERABLE FIELD BLANK NO2 BADGE BACK IN THE PARTICIPANT BOX

PRESS 1 TO CONTINUE

PROGRAMMER: IF OP16i=4 OR OP16k=NO AND COLUMN NX_OD IS EMPTY SKIP TO OP18, IF NOT
EMPTY SKIP TO OP18b

OP17.   [IF OP16=1, 2, 3, (OR 5 IF OP16b=YES) OR OP16i=1, 2, 3 (OR 5 IF OP16k=YES)] CLOP THE NO2
            BADGE TO THE LABELED LOCATION IN THE OUTDOOR PLATFORM CAGE

            PLACE LID BACK ON THE EMPTY JAR AND PUT THE JAR BACK IN THE PARTICIPANT BOX.

            PRESS 1 TO CONTINUE

PROGRAMMER RECORD TIME AND DATE STAMP WHEN USER PRESSES 1 TO CONTINUE

OP18.   HAS THE NO2 BADGE BEEN SUCCESSFULLY DEPLOYED?
            1   YES
            2   NO

            OP18a.   [IF OP18=NO] PLEASE DESCRIBE THE REASON WHY YOU DID NOT DEPLOY THE
                        NO2 BADGE

                        _____ [ALLOW 100 CHARACTERS]

PROGRAMMER: IF COLUMN NX_OD IS NOT EMPTY PLEASE DUPLICATE THE STEPS FOR OP15a-OP17 FOR
DEPLOYING THE SECOND NO2 BADGE.

            OP18b.   [IF COLUMN NX_OD IS NOT EMPTY] HAS THE SECOND NO2 BADGE BEEN
                        SUCCESSFULLY DEPLOYED?
                        1   YES
                        2   NO

            OP18c.   [IF OP18b=NO] PLEASE DESCRIBE THE REASON WHY YOU DID NOT DEPLOY THE
                        SECOND NO2 BADGE

                        _____ [ALLOW 100 CHARACTERS]

            OP18NSD. [[IF (URTOS IS NOT EMPTY AND OP6=NO); AND IF (VC_OS IS NOT EMPTY AND
                        OP14=NO); AND IF (VC_OD IS NOT EMPTY AND OP14b=NO); AND IF (AL_OS IS
                        NOT EMPTY AND OP10=NO); AND IF (AL_OD IS NOT EMPTY AND OP10b=NO);
                        AND IF (NX_OS IS NOT EMPTY AND OP18=NO); AND IF (NX_OD IS NOT EMPTY
                        AND OP18b=NO)]] I seem to be having some equipment difficulties with the
                        outdoor air sampling device. Unfortunately, I won't be able to set up the device
                        for the study. Let's move on to the next part of the study and thank you for
                        waiting.

                        PRESS 1 TO CONTINUE

PROGRAMMER: SKIP TO PREINCB1

OP19.	CHECK ASSEMBLED OUTDOOR PLATFORM AGAINST PICTURE IN JOB AIDS BOOKLET TO ENSURE CORRECTLY ASSEMBLED

CLOSE THE LID AND SECURE THE CAGE USING THE COMBINATION LOCK FOUND IN YOUR TOOLKIT (COMBINATION IS 821)

PRESS 1 TO CONTINUE

OP20.	Thank you for waiting while I put together the outdoor air sampling device. Now let's talk about where I can place the device in a location outside but near your home so that it will not be disturbed until in return to retrieve it during session 2 in 5 to 9 days.

PRESS 1 TO CONTINUE

OP21.	Do you have a yard, patio, or balcony where I can hang the device?
	1	YES
	2	NO, THE PARENT DOES NOT WANT TO HANG THE DEVICE IN THESE AREAS
	3	NO, THE HOME DOES NOT HAVE A YARD, PATIO, OR BALCONY

OP21a.	[IF OP21=2] (Can you tell me more about your reasons for not wanting me place the outdoor air sampling device in your yard, patio, or balcony?)

_____ [ALLOW 100 CHARACTERS]

OP21b.	[IF OP21=2] INTERVIEWER: ADDRESS CONCERNS ABOUT THE OUTDOOR AIR SAMPLING DEVICE
(After having spoken about the outdoor air sampling device, will you now allow us to place the device in one of these areas?)
	1	YES
	2	NO

OP21c.	[IF OP21=YES OR OP21b=YES] INTERVIEWER: WHERE ARE YOU ALLOWED TO PLACE THE OUTDOOR PLATFORM?
	1	FRONT YARD
	2	BACKYARD
	3	PATIO
	4	BALCONY
	5	OTHER ACCEPTABLE LOCATION

OP21d.	[IF OP21c=5] DESCRIBE THE OTHER ACCEPTABLE LOCATION THE PARENT WILL ALLOW YOU TO PLACE THE OUTDOOR PLATFORM (EXAMPLE: PARKING LOT, DRIVEWAY, FRONT PORCH, SIDE YARD ETC)._

_____ [ALLOW 100 CHARACTERS]

OP21e.	[IF OP21c=1 OR 2] USE THE SHEPHERD'S HOOK TO HANG THE OUTDOOR PLATFORM IN THE YARD.

	1	I WILL USE THE SHEPHERD'S HOOK TO HANG THE PLATFORM

2   THE ENTIRE YARD IS A PAVED SURFACE, AND I CANNOT USE THE
     SHEPHERD'S HOOK

PROGRAMMER: IF OP21e=1, SKIP TO OP21g.

OP21f.   [IF OP21c=3, 4, OR 5] IF THE LOCATION IS PAVED AND YOU CANNOT SET UP THE
          SHEPHERD'S HOOK, DOES THE PARENT HAVE AN EXISTING OBJECT, SUCH AS A
          CLOTHESLINE OR PLANT HANGER, WHERE YOU CAN HANG THE OUTDOOR
          PLATFORM?

          1   I CAN USE THE SHEPHERD'S HOOK TO HANG THE PLATFORM
          2   I WILL USE AN ACCEPTABLE EXISTING OBJECT AT THE HOME TO HANG THE
               PLATFORM

OP21g.   [IF OP21=YES OR OP21b=YES] PLACE THE OUTDOOR PLATFORM CAGE IN THE
          AGREED UPON AREA USING THE GUIDELINES BELOW.

          1.   MUST BE LOCATED A MINIMUM OF 1 METER ABOVE GROUND
          2.   MUST BE AWAY FROM HVAC UNITS

          PREFERRED, BUT NOT MANDATORY CRITERIA FOR PLACEMENT OF PLATFORM
          1.   LOCATED WHERE IT WILL NOT BE OBSTRUCTED BY FENCES OR SHRUBBERY
          2.   LOCATED 10 FEET FROM RESIDENTIAL STRUCTURES
          3.   AWAY FROM OUTDOOR PET'S PLAY AREA

          PRESS 1 TO CONTINUE

OP21h.   IF OP21=YES OR OP21b=YES] PLEASE INDICATE IF ANY OF THE BELOW
          PREFERRED (NOT MANDATORY) PLACEMENT CRITERIA WERE NOT MET.
          (SELECT ALL THAT APPLY)

          1.   CAGE WAS **NOT** PLACED WHERE IT WILL NOT BE OBSTRUCTED BY FENCES
                OR SHRUBBERY
          2.   CAGE WAS **NOT** PLACED MORE THAN 10 FEET FROM RESIDENTIAL
                STRUCTURES IF SPACE ALLOWS
          3.   CAGE WAS **NOT** PLACED AWAY FROM OUTDOOR PET'S PLAY AREA

OP22i.   [IF OP21=YES OR OP21b=YES] INTERVIEWER: IN WHAT OUTSIDE LOCATION
          DID YOU PLACE THE OUTDOOR PLATFORM CAGE? (EXAMPLE: TO THE RIGHT OF
          THE FRONT DOOR, ON THE LEFT SIDE OF THE HOME, ETC.)

          _____ [ALLOW 100 CHARACTERS]

PROGRAMMER: SKIP TO OP23

OP22.   [IF OP21=3 OR OP21b=NO] INTERVIEWER OFFER SUGGESTIONS OF LOCATIONS. REVIEW
         YOUR JOB AIDS BOOKLET FOR IDEAS IF NEEDED.

I think we could place the device [SUGGEST LOCATION]. Do you have concerns with this area?

(If that is a problem, can you please tell me of another area near your home where we can place the outdoor air sampling device?)

PRESS 1 TO CONTINUE

OP22a.   [FOLLOWS OP22] INTERVIEWER, CONTINUE WORKING WITH THE PARENT TO TRY TO FIND AN ACCEPTABLE LOCATION FOR THE OUTDOOR PLATFORM.

PRESS 1 TO CONTINUE WHEN:
1   YOU HAVE IDENTIFIED A LOCATION TO SET UP THE OUTDOOR PLATFORM OR
2   YOU ARE UNABLE TO IDENTIFY A LOCATION AND CANNOT SET UP THE OUTDOOR PLATFORM (RARE)

PRESS 1 TO CONTINUE

PROGRAMMER: IF OP22a=2, SKIP TO OP23

OP22b.   [IF OP22a=1] USE THE SHEPHERD'S HOOK TO HANG THE OUTDOOR PLATFORM IF POSSIBLE. IF NOT POSSIBLE, LOOK FOR AN EXISTING OBJECT, SUCH AS A CLOTHESLINE OR PLANT HANGER, WHERE YOU CAN HANG THE OUTDOOR PLATFORM.
1   I WILL USE THE SHEPHERD'S HOOK TO HANG THE PLATFORM
2   I WILL USE AN ACCEPTABLE EXISTING OBJECT AT THE HOME TO HANG THE PLATFORM

OP22c.   [IF OP22a=1] PLACE THE OUTDOOR PLATFORM CAGE IN THE AGREED UPON AREA USING THE GUIDELINES BELOW.
1.   MUST BE LOCATED A MINIMUM OF 1 METER ABOVE GROUND
2.   MUST BE AWAY FROM HVAC UNITS

PREFERRED, BUT NOT MANDATORY CRITERIA FOR PLACEMENT OF PLATFORM
1.   LOCATED WHERE IT WILL NOT BE OBSTRUCTED BY FENCES OR SHRUBBERY
2.   LOCATED 10 FEET FROM RESIDENTIAL STRUCTURES
3.   AWAY FROM OUTDOOR PET'S PLAY AREA
PRESS 1 TO CONTINUE

OP22d.   [IF OP22a=1] PLEASE INDICATE IF ANY OF THE BELOW PREFERRED (NOT MANDATORY) PLACEMENT CRITERIA WERE NOT MET. (SELECT ALL THAT APPLY)

1.   CAGE WAS **NOT** PLACED WHERE IT WILL NOT BE OBSTRUCTED BY FENCES OR SHRUBBERY
2.   CAGE WAS **NOT** PLACED MORE THAN 10 FEET FROM RESIDENTIAL STRUCTURES IF SPACE ALLOWS
3.   CAGE WAS **NOT** PLACED AWAY FROM OUTDOOR PET'S PLAY AREA

PRESS 1 TO CONTINUE

OP22e.   [IF OP22a=1] INTERVIEWER: IN WHAT OUTSIDE LOCATION DID YOU PLACE THE OUTDOOR PLATFORM CAGE? (EXAMPLE: TO THE RIGHT OF THE FRONT DOOR, ON THE LEFT SIDE OF THE HOME, ETC.)

_____ [ALLOW 100 CHARACTERS]

OP23.   HAS THE OUTDOOR PLATFORM BEEN SUCCESSFULLY DEPLOYED AND PLACED OUTSIDE THE HOME?
1   YES
2   NO

OP23a.   [IF OP23=NO] PLEASE DESCRIBE WHY YOU HAVE NOT SUCCESSFULLY DEPLOYED THE OUTDOOR PLATFORM

_____ [ALLOW 100 CHARACTERS]

OP24.   Thank you for allowing the CHATS study to leave the outdoor air sampling device outside your home. Please leave the device where it is until I return for Session 2. Before we move on, do you have any questions?

PRESS 1 TO CONTINUE

PROGRAMMER RECORD TIME AND DATE STAMP WHEN USER PRESSES 1 TO CONTINUE

END OF OUTDOOR PLATFORM DEPLOYMENT

SESSION 1 INCENTIVE PAYMENT

PREINCB1. [IF PP3 =NO OR PP3b=NO OR PP4=NO OR PP4B=NO, OTHERWISE SKIP TO INCENTB1] We have now reached the end of the CHATS Session 1 interview! I hope taking part in this study today has been an enjoyable experience for both you and [CHILD]. Before I leave, I just want to check again to see if you and [CHILD] have changed your mind about wearing the PEM for the CHATS study. It is not too late for me to set up the device for [CHILD] if you like.

Are you interested in participating in this part of the study?
1   YES, THE PARENT **AND** THE CHILD AGREE TO WEARING THE PEM
2   NO, THE PARENT STILL DOES NOT AGREE TO WEARING THE PEM
3   NO, THE CHILD STILL DOES NOT AGREE TO WEARING THE PEM

PROGRAMMER: IF PREINCB1=1, APPLY LILIA'S SKIP MECHANISM WITH TAG TO SKIP BACK TO PP5.

INCENTB1. Thank you for your participation in the CHATS Baseline Session 1 interview. At this time, I'd like to give you a token of our appreciation for completing today's interview.
PRESS 1 TO CONTINUE

INCENTB2. INTERVIEWER: GIVE PARENT/GUARDIAN $40 IN CASH. COMPLETE THE INCENTIVE RECEIPT FORM.
I have signed this receipt form and marked the second box to show that I have paid you the promised $40 for completing today's interview [IF IP34=YES OR OP23=YES and allowing us to set up the CHATS environmental equipment in your home].

INTERVIEWER: IF THE PARENT/GUARDIAN WILL NOT ACCEPT THE CASH INCENTIVE, MARK THE APPROPRIATE BOX ON THE CASH PAYMENT RECEIPT FORM.

PRESS 1 TO CONTINUE

INCENTB3. Would you please help me by both printing and signing your name on this receipt form? I will then give you a copy of the receipt to keep for your records.

PRESS 1 TO CONTINUE

INCENTB4. That is all we have for today's session. I have a few questions I need to answer on my laptop and then I will pack up my equipment. (I will return next week at our agreed upon time to complete Session 2 with you and [CHILD].) Thank you so much for your participation in this important study.

PRESS 1 TO CONTINUE