

ATTACHMENT N

6-Month Follow-up – Session 1 (Modules)

Follow-up – Session 1 (Modules)

Section	Respondent	Device
Follow-Up 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

FOLLOW-UP QUESTIONNAIRE

Form Approved:
OMB No. 0920-XXXX
Exp. Date xx/xx/20xx

FOR TESTING, CREATE PRELIMINARY QUESTIONS TO SIMULATE 1) SAMPLE PRELOAD FOR EXPOSED/UNEXPOSED AND 2) CMS CASELOAD STATUS WHETHER WE HAVE MET OUR QUOTA FOR OWNERS vs. RENTERS.

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 BASELINE SESSION 1
_____ [ALLOW 20 CHARACTERS]

SBDAY. INTERVIEWER: ENTER THE CHILD'S BIRTHDAY FROM BASELINE SESSION 1
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 BASELINE?
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.

Public reporting burden of this collection of information is estimated to average 47 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-XXXX).

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.

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.

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 study that is important to us. 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 FOR PARENT/GUARDIAN AND CHILD PERMISSION FOR PARTICIPATION SCRIPT, ALSO CHILD ASSENT SCRIPTS FOR DIFFERENT AGE GROUPS

CONF11. [IF NO CONSENT] 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 NO ASSENT BY CHILD] 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 NO CONSENT] Are you considering joining a lawsuit that is related to Hurricane Katrina or Rita?
1 YES
2 NO

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

CONF15. [IF NO CONSENT] Those are all the questions I have. Thank you for your assistance.

PRESS 1 TO CONTINUE

CONF16. [IF NO CONSENT] INTERVIEWER RECORD THIS RESPONDENT'S GENDER

- 1 MALE
- 2 FEMALE

CONF17. [IF NO CONSENT] INTERVIEWER RECORD THIS RESPONDENT'S RACE. SELECT ONE OR MORE .

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian or Alaskan Native

CONFIRMATORY QUESTIONS

C1. I need to confirm some information with you. The name of [CHILD] living here who is enrolled in this study is [FILL: Child first name, middle name, last name]. Is that correct?

- 1 YES
 - 2 NO
- NODK
NOREF

CO2. [IF CO1=2] ASK IF NEEDED: Do I need to correct the child's name?

- 1 YES
 - 2 NO
 - 3 ENROLLED CHILD IS NOT LIVING HERE
- NODK
NOREF

PROGRAMMER: IF CO2=2, SKIP TO CO5. IF CO3=3 SKIP TO CO4.

CO3. [IF CO2=1] What is the child's full name?

- a. FIRST NAME: _____
- b. MIDDLE NAME: _____
- c. LAST NAME: _____

PROGRAMMER: IF CO2=YES, USE THE ANSWER RECORDED IN CO3a IN SUBSEQUENT FILLS OF "CHILD".

CO4. [IF CO2=3] Because [CHILD] enrolled in our study is not living here at the address where I was sent, I am unable to conduct an interview at this time. Thank you for your assistance. PRESS 1 TO CONTINUE

PROGRAMMER: INHIBIT DK/REF IN CO4. IF CO4=1 THEN SEND USER TO EXIT SCREEN, FROM WHICH THE "NEXT" BUTTON WILL SEND USER TO CASE MANAGEMENT SYSTEM

CO5. May I confirm that [CHILD]'s birth date is [FILL: BIRTH DATE]?

- 1 YES
- 2 NO

CO6. [IF CO5=NO] What is [CHILD] s birth date?
MM/DD/YYYY

PROGRAMMER: CALCULATE CHILD AGE BASED ON PRELOADED DOB USED IN CO5 OR REVISED DOB REPORTED IN CO6. USE CALCULATED AGE IN CO7.

- CO7. That means that [FILL: CHILD NAME]'s age is [CALCULATED AGE], correct?
- 1 YES
 - 2 NO
- NODK
NOREF

PROGRAMMER: IF CO=2 THEN SKIP BACK TO CO6

- CO8. I need to confirm some information before beginning our interview. Are you:
- 1 BASELINE SESSION 1 RESPONDENT: [FILL: PARENT FNAME LNAME], [CHILD] 's [FILL: RELATIONSHIP TO CHILD]
 - 2 BASELINE SESSION 2 RESPONDENT: [FILL: PARENT FNAME LNAME], [CHILD] 's [FILL: RELATIONSHIP TO CHILD]
 - 3 NEITHER
- NODK
NOREF

- CO9. INTERVIEWER: INDICATE WHAT INFORMATION NEEDS TO BE ADDED OR CORRECTED
- 1 RESPONDENT NAME
 - 2 RELATIONSHIP TO CHILD
 - 3 BOTH NAME AND RELATIONSHIP
- NODK
NOREF

- CO10. [IF CO9=1 OR 3] What is your full name?

FIRST NAME: _____
MIDDLE NAME: _____
LAST NAME: _____

- CO11. [IF CO9=2 OR 3] What is your relationship to [CHILD]?

- 1 MOTHER
- 2 FATHER
- 3 GRANDMOTHER
- 4 GRANDFATHER
- 5 LEGAL GUARDIAN
- 6 OTHER

CO11oth. [IF BA3=6] DESCRIBE _____ [ALLOW 30 CHARACTERS]

NODK
NOREF

- CO12. Let me confirm also that the home address for [CHILD] is [FILL: STREET ADDRESS, CITY, STATE, ZIP CODE] and the phone number is [FILL: PRIMARY PHONE NUMBER]. Is that correct?

- 1 YES
- 2 NO

CO13. [IF CO12=2] Let me record the correct home address where [CHILD] lives.
 STREET ADDRESS: _____ ALLOW 40 CHARACTERS
 CITY: _____ [ALLOW 20 CHARACTERS]
 STATE: _____ [LOOK-UP TABLE]
 ZIP CODE: _____ REQUIRE 5 DIGITS
 PHONE: _____ [REQUIRE 3-3-4 FORMAT]

CO14. Does [CHILD] regularly attend school?
 1 YES
 2 NO

CO15. [IF CO14=YES] Does [CHILD] still attend [BASELINE SCHOOL]?
 1 YES
 2 NO

CO16. [IF CO15=NO] What school does [CHILD] regularly attend?
 Name of school: _____
 Address (number and street name): _____
 Name of city, town or post office: _____
 State ____
 Zip code: _____

CO17. [IF CO14=YES] What grade or level is [CHILD] attending, or if they are currently out of school, what was the last grade or level they completed?

PRESCHOOL	SEVENTH GRADE
KINDERGARDEN	EIGHTH GRADE
FIRST GRADE	NINTH GRADE
SECOND GRADE	TENTH GRADE
THIRD GRADE	ELEVENTH GRADE
FOURTH GRADE	TWELTH GRADE
FIFTH GRADE	COLLEGE OR OTHER POSTSECONDARY SCHOOL
SIXTH GRADE	

CO18. [IF CO8=1] In our very first interview we recorded that the highest level of education you personally completed was [BASELINE EDUCATION]. Is that still correct?
 1 YES
 2 NO

CO19. [IF CO8=2 OR 3] 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

PROGRAMMER NOTE: IF CO8=3, ADMINISTER CONSENT FOR PARENT/GUARDIAN AND CHILD PERMISSION FOR PARTICIPATION

PARTICIPANT RESIDENCES SINCE BASELINE INTERVIEW

RINTRO1. We want to ask about homes where [CHILD] has lived for at least 2 months since our first interview for this study, which took place on [FILL: BASELINE INTERVIEW DATE]. By home we mean any place [he/she] lived; it might include house, apartment, trailer and so on. We will start with the home where [CHILD] lived when we last saw you and work forwards in time. Let's work with a visual aid that will help to remember the homes. PRESENT A BLANK CALENDAR.

Since our first interview on [FILL: BASELINE INTERVIEW DATE], has [CHILD] lived in any other home for at least 2 months other than the one described in that interview as [FILL:BASELINE R8]?

- 1 YES
- 2 NO

PRESS 1 TO CONTINUE

PROGRAMMER: IF RINTRO1=2, SKIP TO HINTRO

REVIEWER NOTE (PROGRAMMER IGNORE): CALENDAR TO CONSIST OF A GRID WITH SEPARATE ROW FOR EACH YEAR 2011-2012, SEPARATE COLUMNS FOR MONTHS JANUARY TO DECEMBER.

R1. We will start with the home where [CHILD] lived right after the interview and work forwards in time. Let's work with a visual aid that will help to remember the homes. PRESENT A BLANK CALENDAR.

INTERVIEWER: MARK AN ASTERISK * ON BASELINE INTERVIEW DATE

PRESS 1 TO CONTINUE

R2. Now take a moment to think about the **first** home where [CHILD] lived **for at least 2 months after that**.

When did [he/she] move into that home? When did [he/she] move out? If you can't remember an exact month and year, make your best guess. I will mark the move-in and move-out dates on this calendar with Xs.

MARK Xs ON CALENDAR FOR MOVE-IN/MOVE OUT DATES

Now think of a short name for this home that will help you tell it apart from any other homes we may discuss. For example, you might call it "the home on Canal Street" or anything that will help to remember it.

RECORD NAME ON CALENDAR

PRESS 1 WHEN YOU ARE FINISHED WITH FIRST HOME

- R3. Let us now work forward in time and describe the other homes where [CHILD] lived for **2 months or longer**. We will describe each one by marking an X for the months [he/she] moved in and moved out, and by giving it a short name.

The last home we will add to this calendar will be the one where [CHILD] lives now, even if [he/she] has lived there **less** than two months.

You may report the same home more than once if [CHILD] moved back into a former home. You may report two homes during the same period if [he/she] spent time in different places, for example in a home that was being repaired and in a trailer.

Now what is the **next** home where [CHILD] lived 2 months or longer? When did [he/she] move in? When [he/she] move out?

RECORD THE FOLLOWING FOR EACH HOME

- 1) MARK AN "X" FOR MOVE-IN MONTH/YEAR
- 2) MARK AN "X" FOR MOVE-OUT MONTH/YEAR
- 3) CONNECT Xs WITH A LINE
- 4) THE CURRENT HOME WILL NOT HAVE AN X FOR MOVE-OUT DATE
- 5) RECORD A SHORT NAME TO DESCRIBE HOME

PRESS 1 WHEN CALENDAR IS COMPLETED

- R4. I need to enter information from this calendar into the computer, but first can you confirm that [CHILD]'s current home is shown on this calendar?

- 1 YES, LAST HOME ON CALENDAR IS CHILD'S CURRENT HOME
- 2 NO

- R5. [IF R4=NO] INTERVIEWER: WORK WITH RESPONDENT TO ADD CURRENT HOME TO CALENDAR.

PRESS 1 TO CONTINUE

- R6. How many homes **in all** have we described on the calendar?

ENTER NUMBER OF HOMES

_____ RANGE: 1-20

- 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

R7. INTERVIEWER: RECORD HOME NAMES IN ORDER, STARTING WITH THE EARLIEST HOME AND WORKING FORWARD TO THE CURRENT HOME.

IF CHILD MOVED BACK TO AN EARLIER HOME, DISTINGUISH THAT SOMEHOW, SUCH "FIRST TIME ELM STREET" AND "SECOND TIME ELM STREET."

IF CHILD LIVED IN TWO PLACES AT ONE TIME, DISTINGUISH THEM SOMEHOW, SUCH AS "TRAILER ON CANAL STREET" AND "HOME ON CANAL STREET"

Let's begin with the [first/next] home shown on the calendar. I'll enter the name, the dates that [CHILD] lived there, and ask a couple other questions from the computer.

- a. NAME: _____ ALLOW 25 CHARACTERS
- b. MOVE-IN: MM__ [REQUIRE 2 DIGITS], YYYY__ [REQUIRE 4 DIGITS]
- c. MOVE-OUT: MM__ [REQUIRE 2 DIGITS], YYYY__ [REQUIRE 4 DIGITS]
- d. Was this a FEMA trailer? YES/NO
- e. IF R7d=NO, ASK: Was this home damaged by Hurricanes Katrina or Rita? YES/NO

IF R6>1 THEN ADMINISTER R8 WHEN R7a-d HAS BEEN ADMINISTERED R6-1 TIMES

R8. I am about to enter [CHILD]'s **current** home, which is here on the calendar. POINT TO LAST HOME ON CALENDAR. Is this correct?

- 1 YES
- 2 NO

PROGRAMMER: ALLOW ONLY A YES ENTRY, OR "PREVIOUS", OR A JUMP-BACK FEATURE TO ALLOW USER TO REVISE R6. WHEN YES IS ENTERED, ADMINISTER R7-d FOR THE FINAL (CURRENT) HOME.

PROGRAMMER: SELECT ALL HOMES FOR FOLLOW-UP.

LOOP THE SERIES R9-R17 BELOW FOR ALLHOMES.

RCONF2. Later in this interview I will be asking you about the characteristics of homes [FILL R7_1, FILL7_2, FILLR7_3] and activities that [CHILD] did while living in those homes. Before we get to those questions, can you say how confident you feel about your **memory** of these particular homes? Would you say that you feel very confident, somewhat confident, somewhat uncertain, or very uncertain?

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

R9. Tell me the city, state and zip code for [FILL: R7 DESCRIPTION]?
CITY
STATE
ZIP CODE

PROGRAMMER: THE FILL FOR R10 SHOULD START WITH THE R8_1 AND CONTINUE WITH R7_1 FOR QUESTIONS R10 THROUGH R17. THE SERIES OF QUESTIONS (R9 THROUGH R17) SHOULD LOOP AGAIN WITH R7_2 NEXT (IF APPLICABLE) AND LOOP AGAIN WITH R7_3 (IF APPLICABLE)

- R10. [R7d=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]
- R11. [IF R7d=NO] [Is/Was] the home we described as [FILL: R7 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
- R12. [IF R7d=YES] What type of trailer was it?
- 1 Travel trailer
 - 2 Mobile home
 - 3 Park model
 - 4 FEMA-built cottage
- R13. [IF R7d=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
- R14. [IF R13=3] What was the name of the trailer park?
_____ ALLOW 30 CHARACTERS
- R15. How many adults over the age of 18 usually lived at [FILL: R7 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]
- R16. How many children **under** the age of 18 usually lived at [FILL: R7 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]
- R17. [IF R7d=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

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

PRESS 1 TO CONTINUE.

- H1. [IF BASELINE H1=2]Has a doctor or other health professional told you that [CHILD] had asthma since our first interview on [FILL: BASELINE INTERVIEW DATE]?
- 1 YES
 - 2 NO
- H2. Has [CHILD] had wheezing or whistling in the chest at any time in the past since our first interview on [FILL: BASELINE INTERVIEW DATE]?
- 1 YES
 - 2 NO
- H3. [IF H2=1] Since our first interview on [FILL: BASELINE INTERVIEW DATE] how many attacks of wheezing or whistling has [he/she] had?
- 1 None
 - 2 1 to 3
 - 3 4 to 12
 - 4 More than 12
- H4. [IF H2=1] Has [CHILD's] sleep been disturbed due to wheezing or whistling since our first interview on [FILL: BASELINE INTERVIEW DATE]?
- 1 YES
 - 2 NO
- H5. [IF H4=1] Since our first interview on [FILL: BASELINE INTERVIEW DATE], how often, on average, was [his/her] sleep disturbed due to wheezing or whistling?
- 1 Never woken with wheezing
 - 2 Less than one night per week
 - 3 One or more nights per week
- H6. [IF H2=1] Has the wheezing been severe enough to limit [his/her] speech to only one or two words at a time between breaths since our first interview on [FILL: BASELINE INTERVIEW DATE]?
- 1 YES
 - 2 NO
- H7. [IF H2=1] Has [CHILD]'s chest sounded wheezy during or after exercise since our first interview on [FILL: BASELINE INTERVIEW DATE]?
- 1 YES
 - 2 NO
- H8. [IF H2=1] Since our first interview on [FILL: BASELINE INTERVIEW DATE], how many time(s) did [CHILD] go to the doctor's office, clinic, or hospital emergency room for asthma or an attack of wheezing?
- 1 None
 - 2 1 to 5

- 3 6 to 10
- 4 11+

H9. [IF H2=1] Since our first interview on [FILL: BASELINE INTERVIEW DATE], how many times has [he/she] been admitted to the hospital because of asthma or an attack of wheezing?

- 1 None
- 2 1 to 5
- 3 6 to 10
- 4 11+

H10. 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 since our first interview on [FILL: BASELINE INTERVIEW DATE]?

- 1 YES
- 2 NO

H11. [IF H10=1] What was their relationship to [CHILD]? CODE ONE OF THE FOLLOWING.

- 1 FATHER/MOTHER
- 2 SISTER/BROTHER
- 3 OTHER BLOOD RELATIVE

H12. Apart from a cough associated with a cold or chest infection, has [CHILD] had a dry cough at night for as many as 60 days since our first interview on [FILL: BASELINE INTERVIEW DATE]?

- 1 YES
- 2 NO

H13. Has [CHILD] used any prescribed medicines or home remedies for any breathing problems? Include such medications as inhalers, pills, Advair, or Singulair since our first interview on [FILL: BASELINE INTERVIEW DATE].

- 1 YES
- 2 NO

H14. [IF H13=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:

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, Uniphyll (Theophylline)
12. Zyflo, Zyflo CR (Zileuton)
13. MEDICATION NOT LISTED
- 14.

H14a. [IF H14=12 (MEDICATION NOT LISTED)] TYPE DRUG NAME OR HOME REMEDY IN BOX BELOW

_____ [ALLOW 35 CHARACTERS]

- H15. [IF H13=1] How often (does/did) [he/she] use this?
- 1 1-2 times/week
 - 2 >2 times/week
 - 3 Every day

- H16. [IF H13=1] Are there other prescribed medicines or home remedies has [he/she] used for any breathing problems?
- 1 YES
 - 2 NO

PROGRAMMER: LOOP H14-H16 UNTIL USER ENTERS H16=2, THEN CONTINUE TO H17. ALLOW 20 LOOPS.

- H17. Have you been told by a doctor or other health professional that [CHILD] had hay fever or other allergies since our first interview on [FILL: BASELINE INTERVIEW DATE]?
- 1 YES
 - 2 NO

- H18. Has [he/she] had a problem with sneezing or a runny or blocked nose [IF H17=1(, including hay fever,)] when [he/she] did **not** have a cold or the flu since our first interview on [FILL: BASELINE INTERVIEW DATE]?
- 1 YES
 - 2 NO

- H19. [IF H18=1] Has this nose problem [IF H17=1(, including hay fever,)] been accompanied by itchy, watery eyes?
- 1 YES
 - 2 NO

- H20. [IF H18=1] How much has this nose problem [IF H17=1(, including hay fever,)] interfered with [his/her] daily activities? Would you say...

- 1 Not at all
- 2 A little
- 3 A moderate amount
- 4 A lot

- H21. Has a doctor or other health professional told you that [CHILD] had eczema or any kind of skin allergy since our first interview on [FILL: BASELINE INTERVIEW DATE]?
- 1 YES
 - 2 NO
- H22. [IF H21=2]Has [CHILD] had an itchy rash which was coming and going since our first interview on [FILL: BASELINE INTERVIEW DATE]?
- 1 YES
 - 2 NO
- H23. [IF H22=1] Did this itchy rash [IF H21=1(, including eczema,)] affect any of the following places since our first interview on [FILL: BASELINE INTERVIEW DATE]?
- 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))
- H24. [IF H21 OR H22=1] Has this rash [IF H21=1(, including eczema,)] cleared completely at any time?
- 1 YES
 - 2 NO
- H25. [IF H21 OR H22=1] How often on average was [he/she] kept awake by this itchy rash [IF H21=1(, including eczema,)] since our first interview on [FILL: BASELINE INTERVIEW DATE]?
- 1 Never
 - 2 Less than one night per week
 - 3 One or more times a week
- H26. Is [CHILD] allergic to any foods?
- 1 YES
 - 2 NO
- H26a. [IF H26=1] SPECIFY FOODS _____ [ALLOW 100 CHARACTERS]
- H27. Has [he/she] been skin tested for allergies since our first interview on [FILL: BASELINE INTERVIEW DATE]?
- 1 YES
 - 2 NO
- H28. [IF H27=1] 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

H28oth. [IF H28f=1] DESCRIBE _____ [ALLOW 100 CHARACTERS]

H29. [IF H27=1] Does/Did [CHILD] receive any shots for [his/her] allergies?

- 1 YES
- 2 NO

H30. Has [CHILD] used any prescribed medicines or home remedies for any allergies, runny nose, or itchy rash since our first interview on [FILL: BASELINE INTERVIEW DATE]?

- 1 YES
- 2 NO

H31. [IF H30=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 H22=1 (ITCHY SKIN/RASH), ALSO SHOW ANSWER CATEGORY 12

- 12. Hydrocortisone cream
- 13. MEDICATION NOT LISTED

H31a. [IF H31=13 (MEDICATION NOT LISTED)] TYPE DRUG NAME OR HOME REMEDY IN BOX BELOW

_____ [ALLOW 35 CHARACTERS]

H32. [IF H30=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

H33. [IF H30=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 H31-H33 UNTIL USER ENTERS H33=2, THEN CONTINUE TO H34. ALLOW 20 LOOPS.

H34. Is [CHILD] allergic to any medications?

- 1 YES
- 2 NO

H35. [IF H34=1] What medications is [he/she] allergic to?

_____ [ALLOW 30 CHARACTERS]

H36. Any other medications?

- 1 YES
- 2 NO

PROGRAMMER: ADMINISTER H35 UNTIL USER ENTERS H36=2, THEN CONTINUE TO H37. ALLOW 20 LOOPS.

H38. Was [CHILD] diagnosed by a doctor or other health professional with a blood disorder or anemia since our first interview on [FILL: BASELINE INTERVIEW DATE]?

- 1 YES
- 2 NO

H40. Was [CHILD] diagnosed by a doctor or other health professional with cancer since our first interview on [FILL: BASELINE INTERVIEW DATE]?

- 1 YES
- 2 NO

H40a. [IF H40=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?

H40oth. [IF H40g=1] DESCRIBE _____ [ALLOW 30 CHARACTERS]

- H41. 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

PRIMARY CARE PROVIDER INFORMATION AND MEDICAL RECORDS REQUEST

PROGRAMMER NOTE: ADMINISTER THIS SECTION FOR ALL CASES WHERE H1=YES (DIAGNOSED WITH ASTHMA) AND ALL CASES WHERE H44=YES (EVER DIAGNOSED WITH CANCER).

INSERT: PARENT/GUARDIAN AUTHORIZATION FOR RELEASE OF HEALTH ASSESSMENT RESULTS SCRIPT.

NOTE: Collection of primary care providers list will be moved to Session 2 (as was shown for the Baseline)

PCPIntro. [IF AUTHORIZATION GIVEN] Thank you. Has any doctor or other health care professional seen [CHILD] for any breathing problems, allergies, hay fever, or skin problems [FILL IF H28a=YES: or cancer] since the first interview on [FILL: BASELINE INTERVIEW DATE]?

- 1 YES
- 2 NO

PCPIntro2. [IF PCPIntro=NO, DK, REF] Just to clarify, your child has never been to a doctor or other health care professional visited a clinic for a breathing problem, allergy, hay fever, or skin problems [FILL IF H44=YES: or cancer] even once since the first interview on [FILL: BASELINE INTERVIEW DATE]?

- 1 YES
- 2 NO

PROGRAMMER: IF PCPINTRO2=YES, DK, OR REF, THEN SKIP TO AINTRO OF EXPOSURE QUESTIONNAIRE

PCP1. [IF PCPINTRO=YES OR PCPINTRO2=NO] Thank you, now I will ask about doctors or other health care professionals who saw [CHILD] for any breathing problems, allergies, hay fever, or skin problems [FILL IF H44=YES: or cancer] since our first interview on [FILL: BASELINE INTERVIEW DATE]. Let me start by entering the name of a doctor or health professional who saw [CHILD]?

_____ LAST NAME, FIRST NAME [ALLOW 20 CHARACTERS ENTRY]

PROGRAMMER NOTE: ALLOW USERS TO ACCESS THE INSTALLED DATABASE OF HEALTH CARE PROVIDERS SO THAT WHILE TYPING LAST NAME, A SMART SEARCH OCCURS BASED ON SPELLING SO THAT LIKELY MATCHES BRING UP LAST NAME, FIRST NAME, SPECIALTY, CITY, STATE. BY PRESSING "ENTER", THE DOCTOR WILL BE SAVED TO INTERVIEW RECORD. FOR EXAMPLE, TYPING "ADAMS" MAY DISPLAY A LIST FROM:

ADAMS, DEBORAH, PEDIATRICIAN, NEW ORLEANS, LA
ADAMS, JEREMY, GENERAL PRACTITIONER, PICAYUNE, LA
ADAMSEN, TYSON, PEDIATRICIAN, ADAMSON, BILOXI, MS
ARTHUR, PULMONARY SPECIALIST, HOUSTON, TX
Etc.

IF A NAMED DOCTOR IS NOT LISTED, ALLOW USER TO RECORD A NEW, UNLISTED PROVIDER UPON ENTERING THE PHRASE "UNSPECIFIED." UPON MAKING THAT SELECTION, THE COMPUTER SHOULD ADMINISTER PCP1alt, AND THEN GO TO PCP2.

PCP1alt. Let me enter information about this doctor. I will record name, specialty, city, state, and zip code.

a _____ DOCTOR FIRST NAME [ALLOW 15 CHARACTERS]

- b _____ DOCTOR LAST NAME [ALLOW 20 CHARACTERS]
- c _____ DOCTOR SPECIALTY [ALLOW 15 CHARACTERS]
- d _____ CITY
- e _____ STATE
- f _____ ZIP CODE

PROGRAMMER: EMPLOY LOOK UP TABLE OF STATES

PCP2. What was the approximate month and year that [CHILD] first saw this doctor?
MM/YYYY

PCP3. What was the approximate last month and year [CHILD] last saw this doctor?
MM/YYYY

PCP4. Was there another doctor who treated [CHILD] for breathing problems, allergies, hay fever, or skin problems [FILL IF H44=YES: or cancer] since our first interview on [FILL: BASELINE INTERVIEW DATE]?
1 YES
2 NO

PROGRAMMER: IF PCP4=YES, THEN REPEAT PCP1-PCP3. ALLOW UP TO 10 DOCTORS.

PCP5. Was there any clinic that saw [CHILD] for breathing problems, allergies, hay fever, or skin problems [FILL IF H44=YES: or cancer] since our first interview on [FILL: BASELINE INTERVIEW DATE] that we haven't covered already in these questions about doctors?
1 YES
2 NO

PCP6. [IF PCP5=YES] Please tell me the clinic name, city, state, and zipcode?
a _____ CLINIC NAME [ALLOW 30 CHARCTERS]
b _____ CITY
c _____ STATE
d _____ ZIP CODE

PROGRAMMER: EMPLOY LOOK UP TABLE OF STATES

PROGRAMMER: FOR PCP7, DISPLAY THE FIRST AND LAST NAME OF EACH DOCTOR RECORDED IN PCP1a/b, PCP1alta/b, and PCP6a.

PCP7. These are the [NUMBER] health care providers whom we would like to ask for medical records, if you will give your signed permission:

- [DOCTOR/CLINIC NAME]
- [DOCTOR/CLINIC NAME]
- [DOCTOR/CLINIC NAME]

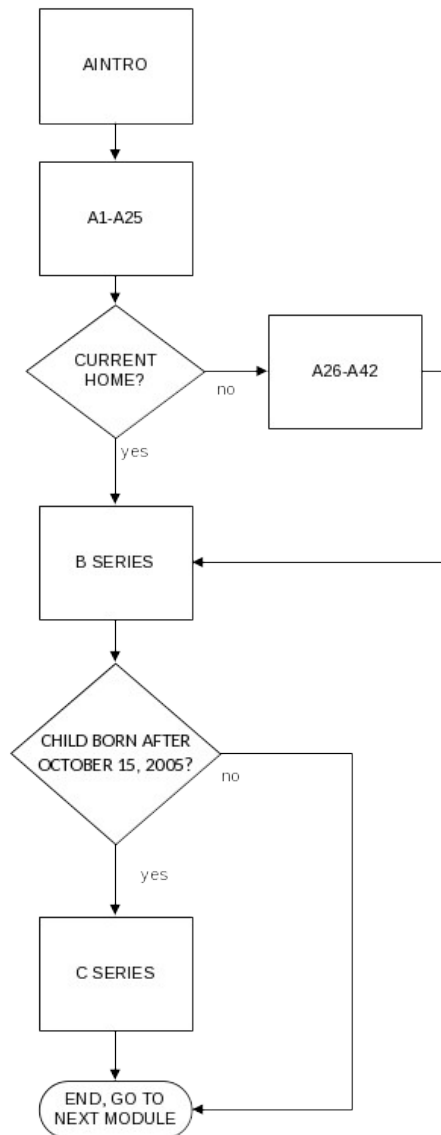
INTERVIEWER: RECORD DOCTOR AND CLINIC NAMES ON MEDICAL RECORDS RELEASE CONSENT FORM(S) AND COLLECT SIGNATURE FOR EACH.
PRESS 1 TO CONTINUE

PCP8. INTERVIEWER: HAVE YOU COLLECTED SIGNATURES FOR EACH DOCTOR OR CLINIC?
PRESS 1 TO CONTINUE

EXPOSURE QUESTIONNAIRE

PROGRAMMER: IF 2 HOMES WERE SELECTED IN R7a-d, THE EARLIER HOME WAS REPORTED IN R7_2 AND CURRENT HOME IN R7_1. IN SUCH CASES, THE FIRST LOOP TO ADMINISTER A1-A25 AND B1-B3e FOR CURRENT HOME R8_1. THEN RETURN TO A2 AND ADMINISTER A2-A25 AND B1-B3e FOR EARLIER HOME R7_2. THEN ADMINISTER RCONF4. THEN CONTINUE TO NEXT SECTION.

IF JUST 1 HOME WAS REPORTED IN R7a-d, CONSIDER IT R7_1. ADMINISTER A1-A25 AND B1-B3e QUESTIONS FOR THIS CURRENT HOME. THEN ADMINISTER RCONF4. THEN CONTINUE TO NEXT SECTION.



NOTE: NO C SERIES IN FOLLOW_UP

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 R7_*d = NO, e.g., NON-TRAILER HOME] Let us now talk about [the current home/FILL: R7 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: R7 DESCRIPTION OF HOUSE] while [CHILD] lived in the home.

INTERVIEWER: THIS QUESTION IS ASKING ABOUT [THE CURRENT HOME/ FILL: R7 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: R7 DESCRIPTION OF HOUSE] while [CHILD] lived in the home.

_____ [ALLOW 100 CHARACTERS]

A2. INTERVIEWER: THIS QUESTION IS ASKING ABOUT [THE CURRENT HOME/ FILL: R7 DESCRIPTION OF HOUSE]

What [is/was] the regular air conditioning source in [the current home/FILL: R7 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: R7 DESCRIPTION OF HOUSE] [IF A2=2] How many window or wall AC units [are/were] there in [the current home/FILL: R7 DESCRIPTION OF HOUSE]?

A4.

_____ [ALLOW 1-10]

A5. INTERVIEWER: THIS QUESTION IS ASKING ABOUT [THE CURRENT HOME/ FILL: R7 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

A6. INTERVIEWER: THIS QUESTION IS ASKING ABOUT [THE CURRENT HOME/ FILL: R7 DESCRIPTION OF HOUSE] In [the current home/FILL: R7 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

A6a. [IF A5=YES] INTERVIEWER: THIS QUESTION IS ASKING ABOUT [THE CURRENT HOME/ FILL: R7 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

A7. INTERVIEWER: THIS QUESTION IS ASKING ABOUT [THE CURRENT HOME/ FILL: R7 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

A8. 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 |

A8OTH. [IF A7_7=YES] DESCRIBE_____ ALLOW 30 CHARACTERS

A8a. [IF A7=1]

1. gas
2. electricity
3. oil

A8b. [IF A7=4]

1. wood
2. gas
3. electricity

A8c. [IF A7=5]

1. gas/kerosene/oil
2. electricity

A9. INTERVIEWER: THIS QUESTION IS ASKING ABOUT [THE CURRENT HOME/ FILL: R7 DESCRIPTION OF HOUSE] [Is/was] the heating source centrally controlled by thermostat?

- 1 YES
- 2 NO

A10. [IF A8=YES] INTERVIEWER: THIS QUESTION IS ASKING ABOUT [THE CURRENT HOME/ FILL: R7 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

A11. INTERVIEWER: THIS QUESTION IS ASKING ABOUT [THE CURRENT HOME/ FILL: R7 DESCRIPTION OF HOUSE] Does/Did [the current home/FILL: R7 DESCRIPTION OF HOUSE] have a septic tank?
1 YES
2 NO

A12. [IF A10=YES] INTERVIEWER: THIS QUESTION IS ASKING ABOUT [THE CURRENT HOME/ FILL: R7 DESCRIPTION OF HOUSE] Did you use a tank deodorizer?
1 YES
2 NO

A13. [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

A13OTH. [IF A12=4] DESCRIBE _____ ALLOW 30 CHARACTERS

A14. INTERVIEWER: THIS QUESTION IS ASKING ABOUT [THE CURRENT HOME/ FILL: R7 DESCRIPTION OF HOUSE] [Do/Did] you use a dehumidifier in the home?
1 YES
2 NO

A14a. [IF A13=YES] INTERVIEWER: THIS QUESTION IS ASKING ABOUT [THE CURRENT HOME/ FILL: R7 DESCRIPTION OF HOUSE] How often [do/did] you use a dehumidifier inside the home?
1 Never
2 Seasonally
3 Daily

A15. [Do/Did] any of the following appliances in [the current home/FILL: R7 DESCRIPTION OF HOUSE] use natural gas or propane? (select all that apply)
1 Range/Oven
2 Clothes dryer
3 Water heater

A16. How often [do/did] meals get cooked on the stove in a typical week?
_____ TIMES [0-30]

A17. How often [are/were] household cleaners used in [the current home/FILL: R7 DESCRIPTION OF HOUSE]?
1 Under 3 times per week

- 2 3 to 7 times per week
- 3 More than 7 times per week

A18. [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 |

A18OTH. [IF A17_4=YES] DESCRIBE _____ ALLOW 30 CHARACTERS

A19. [SKIP IF R18_3=NO] Where [does/did] [CHILD] usually sleep [the current home/FILL: R7 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

A20. 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

A21. INTERVIEWER: THIS QUESTION IS ASKING ABOUT [THE CURRENT HOME/ FILL: R7 DESCRIPTION OF HOUSE] How often [is/was] the cloth-covered furniture in the main living area of [the current home/FILL: R7 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

A22. 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

A23. INTERVIEWER: THIS QUESTION IS ASKING ABOUT [THE CURRENT HOME/ FILL: R7 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: R7 DESCRIPTION OF HOUSE]?

- 1 YES
- 2 NO

A24. [IF A22=YES] INTERVIEWER: THIS QUESTION IS ASKING ABOUT [THE CURRENT HOME/ FILL: R7 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]

A24OTH. [IF A23=3] DESCRIBE _____ALLOW 30 CHARACTERS

A25. [IF A22=YES] INTERVIEWER: THIS QUESTION IS ASKING ABOUT [THE CURRENT HOME/ FILL: R7 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

A26. [IF A24=YES] INTERVIEWER: THIS QUESTION IS ASKING ABOUT [THE CURRENT HOME/ FILL: R7 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 R7_1, R7_2; IF 2 HOMES, THEN ASK FOR HOMES IN FIELD R1; IF ONLY 1 HOME, DO NOT ASK FOR CURRENT HOME

A27. INTERVIEWER: THIS QUESTION IS ASKING ABOUT [FILL: R7 DESCRIPTION OF HOUSE] Did you use the exhaust fan on the stove when cooking in [FILL: R7 DESCRIPTION OF HOUSE]?

- 1 YES
- 2 NO
- 3 N/A - NO COOKING STOVE

- A28. INTERVIEWER: THIS QUESTION IS ASKING ABOUT [FILL: R7 DESCRIPTION OF HOUSE] Was there a whole-house or attic fan in [FILL: R7 DESCRIPTION OF HOUSE]?
- 1 YES
 - 2 NO
- A29. INTERVIEWER: THIS QUESTION IS ASKING ABOUT [FILL: R7 DESCRIPTION OF HOUSE] Were there storm windows in the home?
- 1 YES
 - 2 NO
- A30. INTERVIEWER: THIS QUESTION IS ASKING ABOUT [FILL: R7 DESCRIPTION OF HOUSE] Was there a plastic shower curtain in the home?
- 1 YES
 - 2 NO
- A31. INTERVIEWER: THIS QUESTION IS ASKING ABOUT [FILL: R7 DESCRIPTION OF HOUSE] Was there a clothes dryer in the home?
- 1 YES
 - 2 NO
- A32. INTERVIEWER: THIS QUESTION IS ASKING ABOUT [FILL: R7 DESCRIPTION OF HOUSE] [IF A30=YES] Was the clothes dryer vented out of the dwelling?
- 1 YES
 - 2 NO
- A33. INTERVIEWER: THIS QUESTION IS ASKING ABOUT [FILL: R7 DESCRIPTION OF HOUSE] Was there mold visible on walls, carpet, or other surfaces inside [FILL: R7 DESCRIPTION OF HOUSE]?
- 1 YES
 - 2 NO
- A34. INTERVIEWER: THIS QUESTION IS ASKING ABOUT [FILL: R7 DESCRIPTION OF HOUSE] Did the home have a moldy smell?
- 1 YES
 - 2 NO
- A35. INTERVIEWER: THIS QUESTION IS ASKING ABOUT [FILL: R7 DESCRIPTION OF HOUSE] Did the [FILL: R7 DESCRIPTION OF HOUSE] have any visible water damage?
- 1 YES
 - 2 NO
- A36. INTERVIEWER: THIS QUESTION IS ASKING ABOUT [FILL: R7 DESCRIPTION OF HOUSE] [IF A34=YES] Was the source of the water problem ever fixed?
- 1 YES
 - 2 NO
- A37. [IF R7d = NO] INTERVIEWER: THIS QUESTION IS ASKING ABOUT [FILL: R7 DESCRIPTION OF HOUSE] Did [FILL: R7 DESCRIPTION OF HOUSE] have an attached garage with a door leading into the house?

- 1 YES
- 2 NO

A38. [IF A36=YES] INTERVIEWER: THIS QUESTION IS ASKING ABOUT [FILL: R7 DESCRIPTION OF HOUSE]. SELECT ONE RESPONSE. Was the garage mostly used for...

- 1 Parking cars
- 2 Storage of gasoline cans, paints, or solvents
- 3 Both
- 4 Neither

A39. INTERVIEWER: THIS QUESTION IS ASKING ABOUT [FILL: R7 DESCRIPTION OF HOUSE] Did anyone living in [FILL: R7 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: R7 DESCRIPTION OF HOUSE] What type of flooring was in the **kitchen** in [FILL: R7 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: R7 DESCRIPTION OF HOUSE] What type of flooring was in [CHILD]'s **bedroom** in [FILL: R7 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 |

A41OTH. [IF A40e=YES] DESCRIBE _____ ALLOW 30 CHARACTERS

A42. INTERVIEWER: THIS QUESTION IS ASKING ABOUT [FILL: R7 DESCRIPTION OF HOUSE] Think about the main area where [CHILD] spent the most time in [FILL: R7 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 |

A42OTH. [IF A41e=YES] DESCRIBE _____ ALLOW 30 CHARACTERS

A43. INTERVIEWER: THIS QUESTION IS ASKING ABOUT [FILL: R7 DESCRIPTION OF HOUSE] In [FILL: R7 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 home, FILL: R7 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 next home, FILL: R7 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/R7 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: R7 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: R7 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: R7 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: R7 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: R7 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: R7 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

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 not at all a problem for you, point to the smiling face. If it is sometimes a problem for you, point to the middle face. If it is a problem for you a lot, 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.

INTERVIEWER: 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 CHLDAGE BETWEEN 8 AND 12 YEARS, ADMINISTER THE FOLLOWING PEDSQL SHORT FORM 15 GENERIC CORE SCALE.

PEDSQL™ 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 and Activity Diary.

PRESS 1 TO CONTINUE TO NEXT MODULE (TIME AND 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™ 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 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)

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 and Activity Diary.

PRESS 1 TO CONTINUE TO NEXT MODULE (TIME AND 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 not at all a problem for you, point to the smiling face. If it is sometimes a problem for you, point to the middle face. If it is a problem for you a lot, 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.

INTERVIEWER: 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 AND 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 and Activity Diary.

PRESS 1 TO CONTINUE TO NEXT MODULE (TIME AND 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 Never
- 1 Almost Never
- 2 Sometimes
- 3 Often
- 4 Almost Always

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 and Activity Diary.

PRESS 1 TO CONTINUE TO NEXT MODULE (TIME AND 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. It would be best to have [CHILD] join us for this part of the interview. (Is [CHILD] available right now?)

- 1 CHILD IS HERE
- 2 CHILD IS UNAVAILABLE

TADPEM1. [IF TADPEM1=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

PROGRAMMER: IF TADPEM1=2, SKIP TO LOC1

IMPLEMENT SKIP LOGIC TO RETURN TO THESE QUESTIONS ONCE CHILD IS AVAILABLE

TADPEM2. SHOW PARENT/GUARDIAN 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 time activity diary 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 or 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. For example: $\frac{1}{4}$ hour is 15 minutes, $\frac{1}{2}$ hour is 30 minutes, and $\frac{3}{4}$ 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

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: $\frac{1}{4}$ hour is 15 minutes. $\frac{1}{2}$ hour is 30 minutes. $\frac{3}{4}$ 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 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? 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

[Begin time]

- LOC1a. [IF BASELINE.LOC2 NE REF] Did your total family income change in the past six months?
- 1 YES
 - 2 NO
- LOC2. [ASK IF LOC1a=YES or IF BASELINE.LOC2=REF or DK] 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]

LOC13a [ASK IF MISSING] Your Social Security number would also help us find you. Would you be willing to provide your Social Security number for use in locating you in the future? This information will only be used to contact you [about the CHATS study](#). [Giving us your Social Security Number is completely voluntary and there is no penalty for not disclosing it.](#)

- 1 YES
- 2 NO

LOC13b [IF LOC13a=YES] What is your Social Security number?

{ALLOW 3+2+4 NUMERIC, ALLOW DK or REF}

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.
INTERVIEWER: TRY TO ANSWER CONCERNS ON THIS SCREEN. IF YOU CONVINCED 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?

YES

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 SAMPLING STEPS -- 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 EMPTY AND URTIS IS EMPTY AND TR_IS IS NOT EMPTY "and a small indoor air sampling device"]
- 2 [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"]
- 3 [IF COLUMN VC_IS IS NOT EMPTY "an indoor air sampling device."]
- 4 [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 it disappears. The amount of carbon dioxide that is release 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] 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)

PROGRAMMER: IF SDINTRO2=2 SKIP TO IPINTRO1. APPLY LILIA'S 'MIRACLE TAG'

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 [CHILD] [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 accidentally 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 labled 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 PP8d=NO, LOOP BACK TO PP8.

PP8e. [IF PP8d=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 PP8e=NO, RETURN USER TO PP8

PP8f. [IF PP8e=YES] THIS PERSONAL MICROPEM UNIT HAS BEEN ADDED TO THE PARTICIPANT BOX ASSIGNED TO THIS CASE.

PRESS 1 TO CONTINUE

PP8e. SCAN BARCODE ON THE PERSONAL MICROPEM FILTER. IF THE BARCODE DOES NOT SCAN, KEY THE ID.

PERSONAL MICROPEM FILTER ID NUMBER: _____[ALLOW 10 CHARACTERS - UCC32, 4 NUMBERS, AND 1 LETTER]

PROGRAMMER: PERSONAL MICROPEM FILTER ID SHOULD BE 10 CHARACTERS: UCC32#### AND 1 LETTER. 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 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 AN PERSONAL MICROPEM FILTER AS SET IN THE SYSTEM), GO TO PP8f.

PP8f. 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 PP8f =NO, LOOP BACK TO PP8e.

PP8g. [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 PP8g=NO, RETURN USER TO PP8e

PP8h. [IF PP8g=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. HAS 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

HBINTRO4d1. [IF HBINTRO4e=NO] May I place the HOBO [INTERVIEWER: TELL RESPONDENT AND KEY A 2ND PROPOSED LOCATION BELOW]

_____ [ALLOW 100 CHARACTERS]

HBINTRO4e1. [FOLLOWS HBINTRO4d1] DID THE RESPONDENT AGREE TO THE 2ND PROPOSED HOBO PLACEMENT LOCATION?

- 1 YES
- 2 NO

PROGRAMMER: IF HBINTRO4e1=YES, SKIP TO HBINTRO5

HBINTRO4d2. [IF HBINTRO4e1=NO] May I place the HOBO [INTERVIEWER: TELL RESPONDENT AND KEY 3RD PROPOSED LOCATION BELOW]

_____ [ALLOW 100 CHARACTERS]

HBINTRO4e2. [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 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

PROGRAMMER: IF PREINCB1=1, SKIP TO INCENTB1 (OF THE SESSION 1 INCENTIVE SCRIPT). OTHERWISE, SKIP TO IPINTRO

HOME AIR EXCHANGE RATE TEST

OCCURS AFTER INTRO TO PLATFORM DEPLOYMENT, BUT BEFORE PERSONAL/INDOOR/OUTDOOR PLATFORM DEPLOYMENT STEPS

COAER1. [IF SDINTRO3a=YES OR SDINTRO3c=YES] INTERVIEWER: YOU WILL NEED THE FOLLOWING ITEMS AND PIECES OF EQUIPMENT TO CONDUCT THE CO2 AER TEST. DO YOU HAVE THE FOLLOWING? SELECT ALL THAT APPLY

- 1 NITRILE GLOVES
- 2 TAPE FROM YOUR TOOLKIT
- 3 AIRBOXX UNIT
- 4 FAN
- 5 CO2 CANISTER
- 6 FLOW CONTROL ASSEMBLY
- 7 PFT TUBES FROM YOUR TOOLKIT

COAER1a. [IF COAER1 DOES NOT INCLUDE 7] YOU DO NOT HAVE ALL THE ITEMS NEEDED TO PLACE THE PFT TUBES IN THE HOME FOR THE AER TEST. YOU WILL NOT CONDUCT THE AER TEST.

Thank you for agreeing to allow us to measure the air exchange rate in your home, but unfortunately, I will not be able to conduct this test due to equipment issues. Thank you for waiting. Let's move on to the next part of the study.

PRESS 1 TO CONTINUE

PROGRAMMER: IF SDINTRO2=1, SKIP TO PP1; IF SDINTRO2=2 SKIP TO IPINTRO1. APPLY LILIA'S 'MIRACLE TAG' TO BE ABLE TO JUMP BACK TO THIS SCRIPT (COAER1) IF THE FI IS ABLE TO COMPLETE THE TEST (DUE TO LOCATING THE NECESSARY EQUIPMENT) DURING THIS SESSION 1 INTERVIEW.

COAER1b. [IF COAER1 DOES NOT INCLUDE 3, 4, 5, OR 6] YOU DO NOT HAVE ALL THE ITEMS NEEDED TO COMPLETE THE CO2 AER TEST DURING SESSION 1. YOU WILL STILL ATTEMPT TO PLACE THE PFT TUBES IN THE HOME.

Thank you for agreeing to allow us to measure the air exchange rate in your home. This test will require that I place several small tubes around your home which will release and capture a trace amount of non-toxic gas, allowing us to learn about air movement in your home. When I return for Session 2, I will release a very small amount of carbon dioxide and measure how fast it disappears using a device that will monitor the carbon dioxide levels in your home. It may sound like air is leaking from a canister. This sound is carbon dioxide and it will be released at a very low level that is not harmful to you or anyone in your home. Normally I would release this small amount of gas in your home today, but due to some equipment difficulties, we will postpone that part of the test until Session 2.

PRESS 1 TO CONTINUE

COAER1c. Once we place the small tubes, called PFT tubes, around your home, we can move on to the next part of the study. When I return for Session 2, I will conduct the air exchange rate test and at the end of that appointment I will collect the PFT tubes that were placed in your home

today. Please leave the PFT tubes where we place them until I return as they are not harmful to keep in your home.

If you don't have any concerns or questions, let's move on to placing the PFT tubes around your home now..

PRESS 1 TO CONTINUE

PROGRAMMER: SKIP TO COAER14

COAER2. [IF COAER1 INCLUDES 1, 3, 4, 5, 6, AND 7] Thank you for agreeing to allow us to measure the air exchange rate in your home. This test will require that I place several small tubes, called PFT tubes, around your home which will release and capture a trace amount of non-toxic gas, allowing us to learn about air movement in your home. Next I will release a very small amount of carbon dioxide and measure how fast it disappears using a device that will monitor the carbon dioxide levels in your home. It may sound like air is leaking from a canister. This sound is carbon dioxide and it is being released at a very low level that is not harmful to you or anyone in your home.

PRESS 1 TO CONTINUE

COAER2a. Once the test starts, we can move on to the next part of the study. When I am ready to leave your home, I will shut down the test and pack up the test equipment. I will collect the small tubes I will place in your home when I return for Session 2. Please leave the PFT tubes where we place them until I return as they are not harmful to keep in your home. It will take me just a few minutes to set up the test.

If you don't have any concerns or questions, I will get started with first quickly checking my equipment to make sure everything is working properly. If there are no problems with the equipment, I will then set up the devices needed to conduct the test. I need to set up the test in a central location in your home, such as a living room or den. If it is alright with you, let's please go to that location now.

PRESS 1 TO CONTINUE

AIRBOXX UNIT

COAER3. TURN ON AIRBOXX UNIT BY PRESSING THE POWER BUTTON.

SCAN BARCODE ON THE AIRBOXX UNIT. IF THE BARCODE DOES NOT SCAN, KEY THE ID.

AIRBOXX UNIT ID NUMBER: _____ [ALLOW 6 CHARACTERS - AE####]

PROGRAMMER: AIRBOXX UNIT ID SHOULD BE 6 CHARACTERS: "AE" PLUS 4 NUMBERS. IF SCANNED/KEYED BARCODE ON AIRBOXX UNIT MATCHES EXPECTED BARCODE (WHICH IS AN AIRBOXX UNIT ID FOUND IN COLUMN XXXX AS SET IN THE FIID LOOKUP TABLE), GO TO COAER4. IF SCANNED

BARCODE ON AIRBOXX UNIT IS DIFFERENT FROM EXPECTED BARCODE (IT IS NOT AN AIRBOXX UNIT AS SET IN THE SYSTEM – THE AIRBOXX UNIT DOES NOT NEED TO BE ASSIGNED TO A SPECIFIC FI, THE ID SCANNED JUST NEEDS TO BE ANY AIRBOXX UNIT ID LISTED IN THE LOOKUP TABLE), GO TO COAER3a.

COAER3a. ARE YOU SURE YOU SCANNED/KEYED THE ID ON AN AIRBOX 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 UNIT IDS IN COLUMN UP_IS, UP_OS, UP_PS, URTOS, URTIS, AND URTPS, IF A MATCH DISPLAY “A MICROPEM”, IF NO MATCH LEAVE BLANK]

[IF ID DOES NOT MATCH ANY ID LISTED IN ABOVE COLUMNS, DISPLAY “SOMETHING OTHER THAN AN AIRBOXX, POSSIBLY A TYPE OF SAMPLER”]

- 1 YES
- 2 NO
- 3

PROGRAMMER: IF COAER3a=NO, LOOP BACK TO COAER3.

COAER3b. [IF COAER3a=YES] DO YOU WANT TO ADD THIS AIRBOXX UNIT TO YOUR ASSIGNMENT? A REPORT WILL BE SENT TO CHATS SUPERVISORS INFORMING THEM OF THE ADDITION.

- 1 YES
- 2 NO

PROGRAMMER IF COAER3b=NO, RETURN USER TO COAER3

COAER3c. [IF COAER3b=YES] THIS AIRBOXX UNIT HAS BEEN ADDED TO YOUR ASSIGNMENT.

PRESS 1 TO CONTINUE

COAER4. WHAT IS THE CONDITION OF THE AIRBOXX UNIT? SELECT ALL THAT APPLY

- 1 NO DAMAGE
- 2 SCREEN DOES NOT LIGHT UP WHEN POWERED ON (NOT DEPLOYABLE)
- 3 SCREEN LIGHTS UP BUT NO HUMMING SOUND OF OPERATING PUMP (NOT DEPLOYABLE)
- 4 CRACK TO THE CASE (BUT OPERABLE)
- 5 OTHER

COAER4a. [IF COAER4=5] PLEASE DESCRIBE THE CONDITION OF THE AIRBOXX UNIT

_____ [ALLOW 100 CHARACTERS]

COAER4b. [IF COAER4=5] CAN THE AIRBOXX UNIT STILL BE DEPLOYED?

- 1 YES
- 2 NO

COAER4c. [IF COAER4= 2, 3 (OR 5 IF COAER4b=NO)] DO NOT DEPLOY THE AIRBOXX UNIT.

PLACE THE INOPERABLE AIRBOXX UNIT BACK IN YOUR TOOLKIT

PRESS 1 TO CONTINUE

PROGRAMMER: SKIP TO COAER6

COAER5. [IF COAER4=1 OR 4 (OR 5 IF COAER4b=YES)]. PLACE THE AIRBOXX ON A SURFACE IN A CENTRAL AREA IN THE HOME (SUCH AS A LIVING ROOM OR DEN)

DO NOT PLACE THE AIRBOXX ON THE FLOOR BUT ON A COFFEE TABLE OR DESK

PRESS 1 TO CONTINUE

PROGRAMMER RECORD TIME AND DATE STAMP WHEN USER PRESSES 1 TO CONTINUE

COAER6. HAS THE AIRBOXX UNIT BEEN SUCCESSFULLY DEPLOYED?

- 1 YES
- 2 NO

COAER6a. [IF COAER6=NO] PLEASE DESCRIBE THE REASON WHY YOU DID NOT DEPLOY THE AIRBOXX UNIT

_____ [ALLOW 100 CHARACTERS]

PROGRAMMER: IF COAER6=NO, SKIP TO COAER13

FAN

COAER7. PLUG THE FAN INTO A POWER SOURCE (OR TURN ON IF BATTERY POWERED). IS THE FAN WORKING PROPERLY?

- 1 YES
- 2 NO

PROGRAMMER: IF COAER7=NO SKIP TO COAER9

COAER8. [IF COAER7=YES] SET THE POWERED OFF FAN ON A CENTRAL SURFACE NEAR THE AIRBOXX

PRESS 1 TO CONTINUE

COAER9. HAS THE FAN BEEN SUCCESSFULLY INSTALLED?

- 1 YES
- 2 NO

COAER9a. [IF COAER9=NO] PLEASE DESCRIBE THE REASON WHY YOU DID NOT INSTALL THE FAN

_____ [ALLOW 100 CHARACTERS]

TURN OFF AND PACK UP THE FAN

TURN OFF AND PACK UP THE AIRBOXX

PROGRAMMER: IF COAER9=NO, SKIP TO COAER13

CO2 CANISTER

COAER10. WHAT IS THE CONDITION OF THE CO2 CANISTER AND THE CO2 FLOW CONTROL ASSEMBLY? SELECT ALL THAT APPLY

- 1 NO DAMAGE TO BOTH DEVICES
- 2 CO2 FLOW CONTROL ASSEMBLY IS BROKEN (NOT DEPLOYABLE)
- 3 O-RING IS MISSING FROM CO2 CANISTER (NOT DEPLOYABLE)
- 4 CO2 FLOW CONTROL ASSEMBLY IS NOT ASSEMBLED (ROTAMETER AND/OR MASTER FLOW CONTROL IS UNSCREWED)
- 5 ROTAMETER AND/OR MASTER FLOW CONTROL IS MISSING (NOT DEPLOYABLE)
- 6 VISIBLE DAMAGE TO THE CANISTER (BUT OPERABLE)
- 7 OTHER

PLEASE SEE YOUR JOB AIDS BOOKLET FOR PICTURES OF THESE CONDITIONS IF YOU HAVE QUESTIONS

COAER10a. [IF COAER10=OTHER] PLEASE DESCRIBE THE CONDITION OF THE CO2 CANISTER AND/OR CO2 FLOW CONTROL ASSEMBLY

_____ [ALLOW 100 CHARACTERS]

COAER10b. [IF COAER10=OTHER] CAN BOTH THE CO2 CANISTER AND CO2 FLOW CONTROL ASSEMBLY STILL BE DEPLOYED?

- 1 YES
- 2 NO

COAER10c. [IF COAER10=4] IF THE CO2 FLOW CONTROL ASSEMBLY (ROTAMETER AND MASTER FLOW CONTROL) IS NOT PROPERLY ASSEMBLED MAKE SURE THE TWO PIECES ARE CONNECTED BY SCREWING THE ROTAMETER INTO THE MASTER FLOW CONTROL USING CLOCKWISE TURNS UNTIL THERE IS A TIGHT SEAL. DO NOT OVER TIGHTEN.

PLEASE SEE YOUR JOB AIDS BOOKLET IF YOU HAVE QUESTIONS

PRESS 1 TO CONTINUE

COAER10d. [IF COAER10=4] IS THE CO2 FLOW CONTROL ASSEMBLY NOW PROPERLY ASSEMBLED AND READY TO BE DEPLOYED?

- 1 YES
- 2 NO

COAER10e. [IF COAER10= 2, 3, 5 OR (7 IF COAER10b=NO) OR IF COAER10d=NO] DO NOT USE THE CO2 CANISTER OR CO2 FLOW CONTROL ASSEMBLY.

PACK UP THE INOPERABLE CO2 CANISTER AND CO2 FLOW CONTROL ASSEMBLY.

TURN OFF AND PACK UP THE AIRBOXX UNIT

TURN OFF AND PACK UP THE FAN

PRESS 1 TO CONTINUE

PROGRAMMER: SKIP TO COAER12

COAER11. [IF COAER10=1, 6 (OR 7 IF COAER10b=YES) OR IF COAER10d=YES]. MAKE SURE THE MASTER FLOW CONTROL KNOB ON THE CO2 FLOW CONTROL ASSEMBLY IS IN THE "SCREWED UP" POSITION (THE ROUND FLAT KNOB SHOULD BE TURNED IN THE COUNTER-CLOCKWISE DIRECTION)

MAKE SURE THE ROTAMETER KNOB ON THE CO2 FLOW CONTROL ASSEMBLY IS IN THE CLOSED POSITION (THE CONE SHAPED KNOB SHOULD BE TURNED IN THE CLOCKWISE DIRECTION)

ATTACH THE CO2 FLOW CONTROL ASSEMBLY TO THE CO2 CANISTER (TURN THE CO2 FLOW CONTROL ASSEMBLY CLOCKWISE ONTO THE CO2 CANISTER)

REVIEW YOUR JOBS AIDS BOOKLET IF YOU HAVE QUESTIONS

PRESS 1 TO CONTINUE

PROGRAMMER RECORD TIME AND DATE STAMP WHEN USER PRESSES 1 TO CONTINUE

COAER12. HAS THE CO2 CANISTER AND CO2 FLOW CONTROL ASSEMBLY BEEN SUCCESSFULLY SET UP?

- 1 YES
- 2 NO

COAER12a. [IF COAER12=NO] PLEASE DESCRIBE THE REASON WHY YOU DID NOT SET UP THE CO2 CANISTER AND CO2 FLOW CONTROL ASSEMBLY

_____ [ALLOW 100 CHARACTERS]

PROGRAMMER: IF COAER12=NO, SKIP TO COAER13

COAER13. [IF COAER6=NO OR IF COAER7=NO OR COAER9=NO OR COAER12=NO] I seem to be having some equipment difficulties with the air exchange rate test. We can still place the small PFT tubes around your home as planned, only instead of conducting the test today, we will complete it when I return for Session 2. For now, let's move on to placing the tubes and thank you for waiting.

PRESS 1 TO CONTINUE

COAER14. INTERVIEWER HOW MANY FLOORS ARE IN THE HOME? ASK IF YOU DO NOT RECALL THIS INFO FROM THE HOME INSPECTION

- 1 1 FLOOR
- 2 2 FLOORS
- 3 3 FLOORS
- 4 4 OR MORE FLOORS

COAER15. [IF COAER14= 1, 2, 3, OR 4] INTERVIEWER: HOW MANY ROOMS ARE ON THE FIRST FLOOR? ASK IF YOU DO NOT RECALL THIS INFO FROM THE HOME INSPECTION

(Can you please tell me how many rooms are on the first floor of your home? Please do not count bathrooms, closets, finished or unfinished basements, or screened in porches. Do include rooms such as bedrooms, living rooms, dens, utility rooms, kitchens, sunrooms, and finished attics with usable living space)

- 1 1-2 ROOMS
- 2 3-4 ROOMS
- 3 5-6 ROOMS
- 4 7 OR MORE ROOMS

COAER15a. [IF COAER14= 2, 3, OR 4] INTERVIEWER: HOW MANY ROOMS ARE ON THE SECOND FLOOR? ASK IF YOU DO NOT RECALL THIS INFO FROM THE HOME INSPECTION

(Can you please tell me how many rooms are on the second floor of your home?)

(Please do not count bathrooms, closets, finished or unfinished basements, or screened in porches. Do include rooms such as bedrooms, living rooms, dens, utility rooms, kitchens, sunrooms, and finished attics with usable living space)

- 1 1-2 ROOMS
- 2 3-4 ROOMS
- 3 5-6 ROOMS
- 4 7 OR MORE ROOMS

COAER15b. [IF COAER14= 3, OR 4] INTERVIEWER: HOW MANY ROOMS ARE ON THE THIRD FLOOR? ASK IF YOU DO NOT RECALL THIS INFO FROM THE HOME INSPECTION

(Can you please tell me how many rooms are on the third floor of your home?)

(Please do not count bathrooms, closets, finished or unfinished basements, or screened in porches. Do include rooms such as bedrooms, living rooms, dens, utility rooms, kitchens, sunrooms, and finished attics with usable living space)

- 1 1-2 ROOMS
- 2 3-4 ROOMS
- 3 5-6 ROOMS
- 4 7 OR MORE ROOMS

COAER15c. [IF COAER14= 4] INTERVIEWER: HOW MANY ROOMS ARE ON THE FOURTH FLOOR? ASK IF YOU DO NOT RECALL THIS INFO FROM THE HOME INSPECTION

(Can you please tell me how many rooms are on the fourth floor of your home?)

(Please do not count bathrooms, closets, finished or unfinished basements, or screened in porches. Do include rooms such as bedrooms, living rooms, dens, utility rooms, kitchens, sunrooms, and finished attics with usable living space)

- 1 1-2 ROOMS
- 2 3-4 ROOMS
- 3 5-6 ROOMS
- 4 7 OR MORE ROOMS

COAER16. INTERVIEWER: YOU WILL PLACE PFT TUBES IN THE FOLLOWING AREAS:

- 1 [IF COAER14=1, 2, 3, OR 4, DISPLAY, "FIRST FLOOR - [IF COAER15=1, "1 PFT TUBE"; IF COAER15=2, "2 PFT TUBES"; IF COAER15=3, "3 PFT TUBES"; IF COAER15=4, "4 PFT TUBES"]]
- 2 [IF COAER14= 2, 3, OR 4, DISPLAY, "SECOND FLOOR - [IF COAER15a=1, "1 PFT TUBE"; IF COAER15a=2, "2 PFT TUBES"; IF COAER15a=3, "3 PFT TUBES"; IF COAER15a=4, "4 PFT TUBES"]]
- 3 [IF COAER14= 3 OR 4, DISPLAY, "THIRD FLOOR - [IF COAER15b=1, "1 PFT TUBE"; IF COAER15b=2, "2 PFT TUBES"; IF COAER15b=3, "3 PFT TUBES"; IF COAER15b=4, "4 PFT TUBES"]]
- 4 [IF COAER14= 4, DISPLAY, "FOURTH FLOOR - [IF COAER15c=1, "1 PFT TUBE"; IF COAER15c=2, "2 PFT TUBES"; IF COAER15c=3, "3 PFT TUBES"; IF COAER15c=4, "4 PFT TUBES"]]

LARGE ROOMS MAY REQUIRE MORE THAN 1 PFT TUBE. PLEASE CARRY YOUR CONTAINER OF PFT TUBES WITH YOU IN CASE MORE TUBES ARE NEEDED. THE SCREENS THAT FOLLOWS WILL GIVE FURTHER PFT TUBE PLACEMENT INSTRUCTIONS

PRESS 1 TO CONTINUE

COAER17. PUT ON NITRILE GLOVES

RETRIEVE PFT TUBES FROM YOUR TOOLKIT. EACH PFT TUBE SHOULD BE TAPED TO A PLASTIC DISH. IF A PFT TUBE IS NOT PROPERLY TAPED, USE THE TAPE FROM YOUR TOOLKIT TO SECURE THE TUBE TO THE DISH.

PRESS 1 TO CONTINUE

COAER18. Please help me to select rooms in your home to begin placing the PFT tubes. I have put on a pair of sterile gloves so that I do not contaminate the test by touching the tubes with my bare hands. [IF COAER14=2, 3, OR 4] Let's go to the topmost floor to place the tubes and work our way down to the first floor.

COAER18a. [IF COAER14= 4] We would like to place [FILL#1 BELOW] in [FILL #2 BELOW] on the [FILL #3 BELOW] floor of your home. Depending on the size, I may place one extra PFT tube in a room. In which room(s) can we place PFT Tube(s) on this floor?

MANDATORY CRITERIA FOR PLACING THE PFT TUBES:

- 1 MUST BE PLACED NEAR AN OUTSIDE WALL IN THE ROOM IN WHICH IT IS PLACED.
- 2 MUST **NOT** BE PLACED IN BATHROOMS, CLOSETS, FINISHED OR UNFINISHED BASEMENTS, OR SCREENED IN PORCHES.
- 3 MUST **NOT** BE PLACED IN SUNSHINE, OR NEAR SOURCES OF HEAT OR COLD.
- 4 AVOID PLACING PFT TUBES:
 - a. ON TOP OF REFRIGERATORS
 - b. ON TOP OF TELEVISIONS OR MONITORS
 - c. ON FIREPLACE MANTLES
 - d. ON WINDOW SILLS
 - e. ABOVE HEAT VENTS
 - f. ABOVE STOVE
 - g. NEAR SPACE HEATER

PREFERRED, BUT NOT MANDATORY CRITERIA FOR PLACEMENT OF PFT TUBE:

- 1 PLACED OUT OF THE REACH OF CHILDREN AND/OR PETS.
- 2 LOCATED 0.5 - 1.5 M ABOVE THE FLOOR.

PRESS 1 TO CONTINUE

PROGRAMMER: FILL COAER18a #1 WITH COAER16, 4TH BULLET; FILL COAER18a #2 WITH (IF FILL #1 = 1 PFT TUBE, "1 room" IF FILL #1= 2 PFT TUBES, "2 rooms" IF FILL #1=3 PFT TUBES, "3 rooms"; IF FILL #1=4 PFT TUBES, "4 rooms"; FILL COAER18a #3 WITH "fourth"

COAER18a1. WHAT IS THE NAME OF THE SELECTED ROOM ON THE FOURTH FLOOR?
(EXAMPLE: SISTER'S RED BEDROOM)

IF MORE THAN 1 ROOM HAS BEEN SELECTED, PLEASE START WITH THE FIRST ROOM.

_____ [ALLOW 100 CHARACTERS]

COAER18a2. IS THIS ROOM VERY LARGE (LARGER THAN 12 FT WIDE X 20 FT LONG WITH 8 FT CEILING) OR A DUAL PURPOSE ROOM (LARGE ROOM COMBINING KITCHEN AND LIVING ROOM)?

- 1 YES
- 2 NO

COAER18a3. [IF COAER18a2=1] YOU WILL PLACE 2 TUBES IN THIS LARGE/DUAL PURPOSE ROOM.
TAPE THE PFT TUBES TO THE AGREED UPON LOCATIONS.

PRESS 1 TO CONTINUE

COAER18a4. [IF COAER18a2=1] IN WHAT EXACT LOCATIONS IN THIS ROOM DID YOU PLACE THE PFT TUBES? (EXAMPLE: ON TOP OF THE LEFT BOOKCASE)

1. _____ [ALLOW 100 CHARACTERS]
2. _____ [ALLOW 100 CHARACTERS]

COAER18a5. [IF COAER18a2=2] YOU WILL PLACE 1 TUBE IN THIS ROOM.

TAPE THE PFT TUBE TO THE AGREED UPON LOCATION.

PRESS 1 TO CONTINUE

COAER18a6. [IF COAER18a2=2] IN WHAT EXACT LOCATION IN THIS ROOM DID YOU PLACE THE PFT TUBE? (EXAMPLE: ON TOP OF THE LEFT BOOKCASE)

_____ [ALLOW 100 CHARACTERS]

PROGRAMMER: IF COAER18a FILL #2 = 2 ROOMS, 3 ROOMS, OR 4 ROOMS, PLEASE REPEAT QUESTIONS COAER18a1 THROUGH COAER18a6 FOR EACH NUMBER OF ROOMS ON THE FLOOR (I.E. IF 2 ROOMS, REPEAT QUESTION SERIES TWICE, IF 3 ROOMS, REPEAT 3 TIMES, IF 4 ROOMS, REPEAT 4 TIME

COAER18aFINAL. DID YOU SUCCESSFULLY PLACE THE PFT TUBE(S) ON THE FOURTH FLOOR OF THE HOME?

- 1 YES
- 2 NO

COAER18aFINAL1. [IF COAER18aFINAL=NO] PLEASE DESCRIBE THE REASON WHY YOU DID NOT PLACE THE PFT TUBE(S) ON THE FOURTH FLOOR OF THE HOME

_____ [ALLOW 100 CHARACTERS]

COAER18aFINAL2. [IF COAER18aFINAL1=YES] DO YOU HAVE ANY REMAINING PFT TUBES?

- 1 YES
- 2 NO

PROGRAMMER: IF COAER18aFINAL2=NO, SKIP TO COAER19.

COAER18b. [IF COAER14= 3, OR 4] We would like to place [FILL#1 BELOW] in [FILL #2 BELOW] on the [FILL #3 BELOW] floor of your home. Depending on the size, I may place one extra PFT tube in a room. In which room(s) can we place PFT Tube(s) on this floor?

_____ [ALLOW 100 CHARACTERS]

MANDATORY CRITERIA FOR PLACING THE PFT TUBES:

- 1 MUST BE PLACED NEAR AN OUTSIDE WALL IN THE ROOM IN WHICH IT IS PLACED.
- 2 MUST **NOT** BE PLACED IN BATHROOMS, CLOSETS, FINISHED OR UNFINISHED BASEMENTS, OR SCREENED IN PORCHES.
- 3 MUST **NOT** BE PLACED IN SUNSHINE, OR NEAR SOURCES OF HEAT OR COLD.
- 4 AVOID PLACING PFT TUBES:
 - a. ON TOP OF REFRIGERATORS
 - b. ON TOP OF TELEVISIONS OR MONITORS
 - c. ON FIREPLACE MANTLES
 - d. ON WINDOW SILLS
 - e. ABOVE HEAT VENTS
 - f. ABOVE STOVE
 - g. NEAR SPACE HEATER

PREFERRED, BUT NOT MANDATORY CRITERIA FOR PLACEMENT OF PFT TUBE:

- 1 PLACED OUT OF THE REACH OF CHILDREN AND/OR PETS.
- 2 LOCATED 0.5 - 1.5 M ABOVE THE FLOOR.

PRESS 1 TO CONTINUE

PROGRAMMERS: FILL COAER18b #1 WITH COAER16, 3RD BULLET; FILL COAER18b #2 WITH (IF FILL #1 = 1 PFT TUBE, "1 room" IF FILL #1= 2 PFT TUBES, "2 rooms" IF FILL #1=3 PFT TUBES, "3 rooms"; IF FILL #1=4 PFT TUBES, "4 rooms"; FILL COAER18b #3 WITH "third"

COAER18b1. WHAT IS THE NAME OF THE SELECTED ROOM ON THE THIRD FLOOR?
(EXAMPLE: SISTER'S RED BEDROOM)

IF MORE THAN 1 ROOM HAS BEEN SELECTED, PLEASE START WITH THE FIRST ROOM.

_____ [ALLOW 100 CHARACTERS]

COAER18b2. IS THIS ROOM VERY LARGE (LARGER THAN 12 FT WIDE X 20 FT LONG WITH 8 FT CEILING) OR A DUAL PURPOSE ROOM (LARGE ROOM COMBINING KITCHEN AND LIVING ROOM)?

- 1 YES
- 2 NO

COAER18b3. [IF COAER18b2=1] YOU WILL PLACE 2 TUBES IN THIS LARGE/DUAL PURPOSE ROOM.

TAPE THE PFT TUBES TO THE AGREED UPON LOCATIONS.

PRESS 1 TO CONTINUE

COAER18b4. [IF COAER18b2=1] IN WHAT EXACT LOCATIONS IN THIS ROOM DID YOU PLACE THE PFT TUBES? (EXAMPLE: ON TOP OF THE LEFT BOOKCASE)

- 1. _____ [ALLOW 100 CHARACTERS]
- 2. _____ [ALLOW 100 CHARACTERS]

COAER18b5. [IF COAER18b2=2] YOU WILL PLACE 1 TUBE IN THIS ROOM.

TAPE THE PFT TUBE TO THE AGREED UPON LOCATION.

PRESS 1 TO CONTINUE

COAER18b6. [IF COAER18b2=2] IN WHAT EXACT LOCATION IN THIS ROOM DID YOU PLACE THE PFT TUBE? (EXAMPLE: ON TOP OF THE LEFT BOOKCASE)

_____ [ALLOW 100 CHARACTERS]

PROGRAMMER: IF COAER18b FILL #2 = 2 ROOMS, 3 ROOMS, OR 4 ROOMS, PLEASE REPEAT QUESTIONS COAER18b1 THROUGH COAER18b6 FOR EACH NUMBER OF ROOMS ON THE FLOOR (I.E. IF 2 ROOMS, REPEAT QUESTION SERIES TWICE, IF 3 ROOMS, REPEAT 3 TIMES, IF 4 ROOMS, REPEAT 4 TIME

COAER18bFINAL. DID YOU SUCCESSFULLY PLACE THE PFT TUBE(S) ON THE THIRD FLOOR OF THE HOME?

- 1 YES
- 2 NO

COAER18bFINAL1. [IF COAER18bFINAL=NO] PLEASE DESCRIBE THE REASON WHY YOU DID NOT PLACE THE PFT TUBE(S) ON THE THIRD FLOOR OF THE HOME

_____ [ALLOW 100 CHARACTERS]

COAER18bFINAL2. [IF COAER18bFINAL1=YES] DO YOU HAVE ANY REMAINING PFT TUBES?

- 1 YES
- 2 NO

PROGRAMMER: IF COAER18bFINAL2=NO, SKIP TO COAER19.

COAER18c. [IF COAER14= 2, 3, OR 4] We would like to place [FILL#1 BELOW] in [FILL #2 BELOW] on the [FILL #3 BELOW] floor of your home. Depending on the size, I may place one extra PFT tube in a room. In which room(s) can we place PFT Tube(s) on this floor?

_____ [ALLOW 100 CHARACTERS]

MANDATORY CRITERIA FOR PLACING THE PFT TUBES:

- 1 MUST BE PLACED NEAR AN OUTSIDE WALL IN THE ROOM IN WHICH IT IS PLACED.
- 2 MUST **NOT** BE PLACED IN BATHROOMS, CLOSETS, FINISHED OR UNFINISHED BASEMENTS, OR SCREENED IN PORCHES.
- 3 MUST **NOT** BE PLACED IN SUNSHINE, OR NEAR SOURCES OF HEAT OR COLD.
- 4 AVOID PLACING PFT TUBES:
 - a. ON TOP OF REFRIGERATORS
 - b. ON TOP OF TELEVISIONS OR MONITORS
 - c. ON FIREPLACE MANTLES
 - d. ON WINDOW SILLS
 - e. ABOVE HEAT VENTS
 - f. ABOVE STOVE
 - g. NEAR SPACE HEATER

PREFERRED, BUT NOT MANDATORY CRITERIA FOR PLACEMENT OF PFT TUBE:

- 1 PLACED OUT OF THE REACH OF CHILDREN AND/OR PETS.
- 2 LOCATED 0.5 - 1.5 M ABOVE THE FLOOR.

PRESS 1 TO CONTINUE

PROGRAMMERS: FILL COAER18c #1 WITH COAER16, 2ND BULLET; FILL COAER18c #2 WITH (IF FILL #1 = 1 PFT TUBE, "1 room" IF FILL #1= 2 PFT TUBES, "2 rooms" IF FILL #1=3 PFT TUBES, "3 rooms"; IF FILL #1=4 PFT TUBES, "4 rooms"; FILL COAER18c #3 WITH "second"

COAER18c1. WHAT IS THE NAME OF THE SELECTED ROOM ON THE SECOND FLOOR?
(EXAMPLE: SISTER'S RED BEDROOM)

IF MORE THAN 1 ROOM HAS BEEN SELECTED, PLEASE START WITH THE FIRST ROOM.

_____ [ALLOW 100 CHARACTERS]

COAER18c2. IS THIS ROOM VERY LARGE (LARGER THAN 12 FT WIDE X 20 FT LONG WITH 8 FT CEILING) OR A DUAL PURPOSE ROOM (LARGE ROOM COMBINING KITCHEN AND LIVING ROOM)?

- 1 YES
- 2 NO

COAER18c3. [IF COAER18c2=1] YOU WILL PLACE 2 TUBES IN THIS LARGE/DUAL PURPOSE ROOM.
TAPE THE PFT TUBES TO THE AGREED UPON LOCATIONS.

PRESS 1 TO CONTINUE

COAER18c4. [IF COAER18c2=1] IN WHAT EXACT LOCATIONS IN THIS ROOM DID YOU PLACE THE PFT TUBES? (EXAMPLE: ON TOP OF THE LEFT BOOKCASE)

- 1. _____ [ALLOW 100 CHARACTERS]
- 2. _____ [ALLOW 100 CHARACTERS]

COAER18c5. [IF COAER18c2=2] YOU WILL PLACE 1 TUBE IN THIS ROOM.

TAPE THE PFT TUBE TO THE AGREED UPON LOCATION.

PRESS 1 TO CONTINUE

COAER18c6. [IF COAER18c2=2] IN WHAT EXACT LOCATION IN THIS ROOM DID YOU PLACE THE PFT TUBE? (EXAMPLE: ON TOP OF THE LEFT BOOKCASE)

_____ [ALLOW 100 CHARACTERS]

PROGRAMMER: IF COAER18c FILL #2 = 2 ROOMS, 3 ROOMS, OR 4 ROOMS, PLEASE REPEAT QUESTIONS COAER18c1 THROUGH COAER18c6 FOR EACH NUMBER OF ROOMS ON THE FLOOR (I.E. IF 2 ROOMS, REPEAT QUESTION SERIES TWICE, IF 3 ROOMS, REPEAT 3 TIMES, IF 4 ROOMS, REPEAT 4 TIME

COAER18cFINAL. DID YOU SUCCESSFULLY PLACE THE PFT TUBE(S) ON THE SECOND FLOOR OF THE HOME?

- 1 YES
- 2 NO

COAER18cFINAL1.[IF COAER18cFINAL=NO] PLEASE DESCRIBE THE REASON WHY YOU DID NOT PLACE THE PFT TUBE(S) ON THE SECOND FLOOR OF THE HOME

_____ [ALLOW 100 CHARACTERS]

COAER18cFINAL2. [IF COAER18cFINAL1=YES] DO YOU HAVE ANY REMAINING PFT TUBES?

- 1 YES
- 2 NO

PROGRAMMER: IF COAER18cFINAL2=NO, SKIP TO COAER19.

COAER18d. [IF COAER14= 1, 2, 3, OR 4] We would like to place [FILL#1 BELOW] in [FILL #2 BELOW] on the [FILL #3 BELOW] floor of your home. Depending on the size, I may place one extra PFT tube in a room. In which room(s) can we place PFT Tube(s) on this floor?

_____ [ALLOW 100 CHARACTERS]

MANDATORY CRITERIA FOR PLACING THE PFT TUBES:

- 1 MUST BE PLACED NEAR AN OUTSIDE WALL IN THE ROOM IN WHICH IT IS PLACED.
- 2 MUST **NOT** BE PLACED IN BATHROOMS, CLOSETS, FINISHED OR UNFINISHED BASEMENTS, OR SCREENED IN PORCHES.
- 3 MUST **NOT** BE PLACED IN SUNSHINE, OR NEAR SOURCES OF HEAT OR COLD.
- 4 AVOID PLACING PFT TUBES:
 - a. ON TOP OF REFRIGERATORS
 - b. ON TOP OF TELEVISIONS OR MONITORS
 - c. ON FIREPLACE MANTLES
 - d. ON WINDOW SILLS
 - e. ABOVE HEAT VENTS
 - f. ABOVE STOVE
 - g. NEAR SPACE HEATER

PREFERRED, BUT NOT MANDATORY CRITERIA FOR PLACEMENT OF PFT TUBE:

- 1 PLACED OUT OF THE REACH OF CHILDREN AND/OR PETS.
- 2 LOCATED 0.5 - 1.5 M ABOVE THE FLOOR.

PRESS 1 TO CONTINUE

PROGRAMMERS: FILL COAER18d #1 WITH COAER16, 1st BULLET; FILL COAER18d #2 WITH (IF FILL #1 = 1 PFT TUBE, "1 room" IF FILL #1= 2 PFT TUBES, "2 rooms" IF FILL #1=3 PFT TUBES, "3 rooms"; IF FILL #1=4 PFT TUBES, "4 rooms"; FILL COAER18d #3 WITH "first"

COAER18d1. WHAT IS THE NAME OF THE SELECTED ROOM ON THE FIRST FLOOR?
(EXAMPLE: SISTER'S RED BEDROOM)

IF MORE THAN 1 ROOM HAS BEEN SELECTED, PLEASE START WITH THE FIRST ROOM.

_____ [ALLOW 100 CHARACTERS]

COAER18d2. IS THIS ROOM VERY LARGE (LARGER THAN 12 FT WIDE X 20 FT LONG WITH 8 FT CEILING) OR A DUAL PURPOSE ROOM (LARGE ROOM COMBINING KITCHEN AND LIVING ROOM)?

- 1 YES
- 2 NO

COAER18d3. [IF COAER18d2=1] YOU WILL PLACE 2 TUBES IN THIS LARGE/DUAL PURPOSE ROOM.
TAPE THE PFT TUBES TO THE AGREED UPON LOCATIONS.

PRESS 1 TO CONTINUE

COAER18d4. [IF COAER18d2=1] IN WHAT EXACT LOCATIONS IN THIS ROOM DID YOU PLACE THE PFT TUBES? (EXAMPLE: ON TOP OF THE LEFT BOOKCASE)

1. _____ [ALLOW 100 CHARACTERS]
2. _____ [ALLOW 100 CHARACTERS]

COAER18d5. [IF COAER18d2=2] YOU WILL PLACE 1 TUBE IN THIS ROOM.

TAPE THE PFT TUBE TO THE AGREED UPON LOCATION.

PRESS 1 TO CONTINUE

COAER18d6. [IF COAER18d2=2] IN WHAT EXACT LOCATION IN THIS ROOM DID YOU PLACE THE PFT TUBE? (EXAMPLE: ON TOP OF THE LEFT BOOKCASE)

_____ [ALLOW 100 CHARACTERS]

PROGRAMMER: IF COAER18d FILL #2 = 2 ROOMS, 3 ROOMS, OR 4 ROOMS, PLEASE REPEAT QUESTIONS

COAER18d1. THROUGH COAER18d6 FOR EACH NUMBER OF ROOMS ON THE FLOOR (I.E. IF 2 ROOMS, REPEAT QUESTION SERIES TWICE, IF 3 ROOMS, REPEAT 3 TIMES, IF 4 ROOMS, REPEAT 4 TIME

COAER18dFINAL. DID YOU SUCCESSFULLY PLACE THE PFT TUBE(S) ON THE FIRST FLOOR OF THE HOME?

- 1 YES
- 2 NO

COAER18dFINAL1. [IF COAER18aFINAL=NO] PLEASE DESCRIBE THE REASON WHY YOU DID NOT PLACE THE PFT TUBE(S) ON THE FIRST FLOOR OF THE HOME

_____ [ALLOW 100 CHARACTERS]

COAER18e. [IF COAER6=NO OR COAER9=NO OR COAER12=NO AND (IF COAER18aFINAL=NO AND COAER18bFINAL=NO AND COAER18cFINAL=NO AND COAER18dFINAL=NO). Unfortunately, I will not be able to conduct the air exchange rate test due to equipment difficulties and problems with placing the PFT tubes in your home. I will pack up the PFT tubes and then we can move on to the next part of the study. Thank you for waiting.

INTERVIEWER: PACK UP PFT TUBES

PRESS 1 TO CONTINUE

PROGRAMMER: IF SDINTRO2=1, SKIP TO PP1; IF SDINTRO2=2 SKIP TO IPINTRO1.

COAER18f. [IF COAER6=YES AND COAER9=YES AND COAER12=YES AND (COAER18aFINAL=NO AND COAER18bFINAL=NO AND COAER18cFINAL=NO AND COAER18dFINAL=NO)] Unfortunately, I will not be able to conduct the air exchange rate test due to difficulties with placing the PFT tubes in your home. I will pack up my test equipment and then we can move on to the next part of the study. Thank for your patience.

TURN OFF THE FAN AND PACK AWAY

REMOVE THE CO2 FLOW CONTROL ASSEMBLY FROM THE CO2 CANISTER AND PACK IN TOOLKIT

PACK AWAY THE CO2 CANISTER

TURN OFF THE AIRBOXX UNIT AND PACK AWAY (IF AIRBOXX WON'T TURN OFF, REMOVE BATTERIES FROM AIRBOXX BEFORE PACKING AWAY)

PACK AWAY PFT TUBES

PLEASE SEE YOUR JOB AIDS BOOKLET IF YOU HAVE QUESTIONS

PRESS 1 TO CONTINUE

PROGRAMMER: IF SDINTRO2=1, SKIP TO PP1; IF SDINTRO2=2 SKIP TO IPINTRO1.

COAER18g. [IF COAER18aFINAL=YES OR COAER18bFINAL=YES OR COAER18cFINAL=YES OR COAER18dFINAL=YES)] HOW MANY TOTAL PFT TUBES DID YOU PLACE IN THE HOME? YOU SHOULD HAVE STARTED WITH 6 PFT TUBES IN YOUR TOOLKIT.

_____ [MIN OF 1 AND MAX OF 6]

COAER18h. [IF COAER6=NO OR COAER9=NO OR COAER12=NO AND (COAER18aFINAL=YES OR COAER18bFINAL=YES OR COAER18cFINAL=YES OR COAER18dFINAL=YES)]] Thank you for helping me to place the PFT tubes in your home. As I mentioned earlier, I will need to conduct another part of air exchange rate test during the session 2 visit. Please leave the PFT tubes where we just placed them. They are not harmful to keep in your home and will be collected during the Session 2 visit. Thank you for your time and let's move on to the next part of the study.

PROGRAMMER: IF SDINTRO2=1, SKIP TO PP1; IF SDINTRO2=2 SKIP TO IPINTRO1.

START TEST

COAER19. [IF COAER6=YES AND COAER9=YES AND COAER12=YES AND (COAER18aFINAL=YES OR COAER18bFINAL=YES OR COAER18cFINAL=YES OR COAER18dFINAL=YES)] Thank you for helping me to place the PFT tubes in your home. Next I will start the test to measure the air exchange rate in your home. This will take me just a few minutes more. I will leave the test running while we complete the rest of today's CHATS interview. Once we are done and it is time for me to leave your home, I will stop the test, turn off the test devices, and pack up my equipment. Please leave the PFT tubes where we just placed them. They are not harmful to keep in your home and will be collected when I return for Session 2.

PRESS 1 TO CONTINUE

COAER20. TURN FAN ON TO OSCILLATE

TO RELEASE THE CO2 GAS: PUT THE MASTER FLOW CONTROL KNOB IN THE "SCREWED DOWN" POSITION (THE ROUND FLAT KNOB SHOULD BE TURNED IN THE CLOCKWISE DIRECTION)

TURN THE ROTAMETER KNOB (CONE SHAPED) IN THE COUNTERCLOCKWISE DIRECTION UNTIL SCALE ON ROTAMETER READS 10 LPM

REVIEW YOUR JOBS AIDS BOOKLET IF YOU HAVE QUESTIONS

PRESS 1 TO CONTINUE

COAER21. WATCH AIRBOX SCREEN TO SEE RELEASED GAS REACH 1500 PPM **OR** ALLOW 5 MINUTES, WHICHEVER COMES FIRST

AFTER 5 MINUTES **OR** THE GAS REACHES 1500 PPM, FIRST PUT THE MASTER FLOW CONTROL KNOB IN THE "SCREWED UP" POSITION (THE ROUND FLAT KNOB SHOULD BE TURNED IN THE COUNTER CLOCKWISE DIRECTION).

NEXT PLACE THE ROTAMETER IN THE CLOSED POSITION (THE CONE SHAPED KNOB SHOULD BE TURNED IN THE CLOCKWISE DIRECTION)

TURN OFF THE FAN

REVIEW YOUR JOBS AIDS BOOKLET IF YOU HAVE QUESTIONS

PRESS 1 TO CONTINUE

COAER21a. ENTER THE NUMBER OF PEOPLE (INCLUDE YOURSELF AND ALL ADULTS AND CHILDREN) CURRENTLY IN THE ROOM

_____ [ALLOW MIN OF 1 AND MAX OF 20]

COAER22. LEAVE TEST RUNNING. THE INSTRUMENT WILL NEXT TAKE YOU THROUGH THE APPROPRIATE PLATFORM DEPLOYMENT STEPS.

PRESS 1 TO CONTINUE

COAER23. HAVE YOU SUCCESSFULLY SET UP THE CO2 AER TEST?

- 1 YES
- 2 NO

PROGRAMMER RECORD TIME AND DATE STAMP IF USER PRESSES 1

COAER23a. [IF COAER23=NO] PLEASE DESCRIBE THE REASON WHY YOU DID NOT SET UP THE CO2 AER TEST

_____ [ALLOW 100 CHARACTERS]

COAER23b. [IF COAER23=NO] Thank you for helping me to place the PFT tubes in your home. Unfortunately, I will not be able to conduct part of the air exchange rate test today due to some equipment difficulties. Instead of finishing the test today, we will complete it when I return for Session 2. Please leave the PFT tubes where we just placed them. They are not harmful to keep in your home and will be collected when I return. I will pack up my test equipment and then we can move on to the next part of the study. Thank for your patience.

INTERVIEWER PLEASE PACK UP THE CO2 AER EQUIPMENT

TURN OFF THE FAN AND PACK AWAY

REMOVE THE CO2 FLOW CONTROL ASSEMBLY FROM THE CO2 CANISTER AND PACK IN TOOLKIT

PACK AWAY THE CO2 CANISTER

TURN OFF THE AIRBOXX UNIT AND PACK AWAY (IF AIRBOXX WON'T TURN OFF, REMOVE BATTERIES FROM AIRBOXX BEFORE PACKING AWAY)

PLEASE SEE YOUR JOB AIDS BOOKLET IF YOU HAVE QUESTIONS

PROGRAMMER: IF SDINTRO2=1, SKIP TO PP1; IF SDINTRO2=2 SKIP TO IPINTRO1.

THIS FINAL SCREEN IS LOCATED IN THE FI LAPTOP SCRIPT (THESE SCREENS DISPLAY AFTER THE FI READS THE INCENTIVE SCRIPT TO THE RESPONDENT. PLACING HERE JUST SO YOU KNOW THE FINAL INSTRUCTIONS TO THE FI.)

COAEREND. [DISPLAY IF COAER23=YES] INTERVIEWER PLEASE PACK UP THE CO2 AER EQUIPMENT

TURN OFF THE FAN AND PACK AWAY

REMOVE THE CO2 FLOW CONTROL ASSEMBLY FROM THE CO2 CANISTER AND PACK IN TOOLKIT

PACK AWAY THE CO2 CANISTER

TURN OFF THE AIRBOXX UNIT AND PACK AWAY (IF AIRBOXX WON'T TURN OFF, REMOVE BATTERIES FROM AIRBOXX BEFORE PACKING AWAY)

PLEASE SEE YOUR JOB AIDS BOOKLET IF YOU HAVE QUESTIONS

PRESS 1 TO CONTINUE

PROGRAMMER RECORD TIME AND DATE STAMP WHEN USER PRESSES 1 TO CONTINUE

COAERENDa. ENTER THE NUMBER OF PEOPLE (INCLUDE YOURSELF AND ALL ADULTS AND CHILDREN) IN THE ROOM WHEN YOU TURNED OFF THE AIRBOXX UNIT.

_____ [ALLOW MIN OF 1 AND MAX OF 20]

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 accidentally 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 MAY 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 labled 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 10 CHARACTERS - UCC32, 4 NUMBERS, AND 1 LETTER]

PROGRAMMER: INDOOR MICROPEM FILTER ID SHOULD BE 10 CHARACTERS: UCC32#### AND 1 LETTER. 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_ID 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. [IF 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_ID 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

P16e. [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_ID 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

OPINTRO2a. [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 accidentally 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 10 CHARACTERS - UCC32, 4 NUMBERS, AND 1 LETTER]

PROGRAMMER: OUTDOOR MICROPEM FILTER ID SHOULD BE 10 CHARACTERS: UCC32#### AND 1 LETTER. 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?)

- 3 YES
- 4 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
- 4.

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

PROGRAMMER SKIP TO PREINCB1

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 'MIRACLE 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 given 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

HOME AIR EXCHANGE RATE TEST EQUIPMENT PACK UP

COAEREND. [DISPLAY IF COAER23=YES] INTERVIEWER PLEASE PACK UP THE CO2 AER EQUIPMENT

TURN OFF THE FAN AND PACK AWAY

REMOVE THE CO2 FLOW CONTROL ASSEMBLY FROM THE CO2 CANISTER AND PACK IN TOOLKIT

PACK AWAY THE CO2 CANISTER

TURN OFF THE AIRBOXX UNIT AND PACK AWAY (IF AIRBOXX WON'T TURN OFF, REMOVE BATTERIES FROM AIRBOXX BEFORE PACKING AWAY)

PRESS 1 TO CONTINUE

PROGRAMMER RECORD TIME AND DATE STAMP WHEN USER PRESSES 1 TO CONTINUE

COAERENDa. ENTER THE NUMBER OF PEOPLE (INCLUDE YOURSELF AND ALL ADULTS AND CHILDREN) IN THE ROOM WHEN YOU TURNED OFF THE AIRBOXX UNIT.

_____ [ALLOW MIN OF 1 AND MAX OF 20]

PROGRAMMER: SKIP TO FIOBS1 (LOCATED AT THE END OF THE SESSION 1 FI LAPTOP SCRIPT)