Household ID#	
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Green Housing Study



Baseline (part 2) Questionnaire (Home Characteristics)



Public reporting burden of this collection of information is estimated to average 5 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).

Green Housing Study Home Characteristics Survey	Household ID#
1. DATE OF INTERVIEW ////	_ (mm/dd/yyyy)
2. INTERVIEWER INITIALS (max 3)	
*************	************
3. Was your home recently renovated by the own	
<i>If</i> NO , then skip to question #10 □□ " □"□□□□ 10 □	Y [] N []
<i>If</i> YES, <i>specify:</i> □□"□"□□□□□	
3.1 Have all renovation activities <u>inside</u> y (<i>If</i> NO <i>and only minor changes other thar re-schedule home visit</i>)	vour home been completed? Y N name in painting will occur, then continue; otherwise, STOP and
	ompleted?/ / (mm/dd/yyyy) lered a major change) will occur, then enter tomorrow's are not yet complete)
3.1) JOOOOOOOOOOOOO
4. During the renovation, did you/your family live	e in this home while it was being renovated? Y N
If NO , then skip to next question $\square \square \square$	
If YES specify living situation	
a. Stayed in home during entire r b. Stayed in home during some o 00"0"000000 a. 00000000000000000000000000000	
5. During the renovation, did your home have new	flooring installed or refinished?

Y

N

DK

Green Housing Study Home Characteristics Survey 5000000000000000000000000000000000000				Househo	old ID# _		
<i>If</i> NO , then skip to next question □□"□"□□□□□□□							
If YES specify flooring (please circle all that apply)						
5.1 Wood or wood laminate 5.2 Linoleum or other vinyl 5.3 Ceramic or porcelain 5.4 Concrete 5.5 Stone (Slate or terracotta) 5.6 Other 00"0"0000000000000000000000000000000							
6. During the renovation, was any part of your h	ome p	ainted?	•				
60000000000000000000000000000000000000					Y	N	DK
If YES specify:							
6.1 Was child's bedroom painted? 6.2 Was mother/ primary caregiver's bed 6.3 Was kitchen painted? 6.4 Was any bathroom painted? 6.5 Was living room painted?	lroom _l	painted?)	Y Y Y Y	N N N N	DK DK DK DK DK	N/A N/A
6.1 000000000 6.2 00/000000000 6.3 0000000							
6.5	ion inc						
7. 000000000000000000000000000000000000		Y	N	DK		N/A	
8. During the renovation, did your home have no	ew kitc	hen cal	oinets i	nstalled	l or refi	inished	?

N DK

Y

Green Housing Study Home Characteristics Survey 8			Household ID#		
9. During the renovation, did your home have new bath	hroom	cabinet	-		
9000000 000000/000000000000000000000000			Y	N	DK
10. Have <u>you</u> painted any rooms in your home?					
a. No b. Yes, in the past week, c. Yes, in the past month d. Other 10 10 10 10 10 10 10 10 10 1					
11. Have you changed any carpeting (including rugs) in	your h	nome?			
a. Nob. Yes, in the past week,c. Yes, in the past monthd. Other					
If YES , circle ALL that apply: 11.1 Added carpet/ rug 11.2 Removed carpet/rug					
(Note: replacing carpeting means that both options should	be circl	ed)			
11000000000000000000000000000000000000					
11.2 0000/000					
12. Have you added/removed any piece of furniture in y	our ho	me?			
a. Nob. Yes, in the past week,c. Yes, in the past monthd. Other					

Green Housing Study Home Characteristics Sur	vey			Househ	old ID# _			
a. □□ b. □□□□□□□ c. □□□□□□□□□ d. □□								
If YES, circle ALL the								
12. 12. 12. 12.	Removed fabric-coveredAdded wood (e.g, solid v	furniture vood, parti						
12.1 00000000000000000000000000000000000	0000 0000 000000 000000	71		,				
13. Have you added	or removed any mattresses?							
	the past week, the past month							
c.								
If YES , please specify	<i>:</i> :							
13.1 13.2	[Child's name] mattress? Mother/ Primary caregiver's mat	ttress?	Y Y	N N	N/A N/A			
14. Was the kitchen 14	floor mopped in the past 3 days	?			Y	N		
15. Does your home 15	have exhaust fans in the bathro	oom(s)?			000	Y	N	DK
If YES , then ask □□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□								
15.1 In the bathro 15.1	om where you shower or bathe,]	does the o	exhaust	fan wo	rk?	Y	N	DK

Household ID#	
HOUSEHOIG ID#	

If	YES,	then	ask
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15.1.1 How frequently do you use it when showering or bathing?

- 1. Never
- 2. Sometimes
- 3. All the time

$15.1.1\ \Box$

- 1
- 2. 🔲 🖺
- 3. 🛮 🔻 🖂

16. What type of stove do you have?

- 1. Gas
- 2. Electric
- 3. n/a

16

- 1.
- 2.
- 3.

17. What kind of air conditioner do you use?

(Circle **ALL** that apply)

- 17.1 Central unit
- 17.2 Window or Portable/free-standing unit
- 17.3 Swamp cooler/evaporative cooler
- 17.4 n/a

17		
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- $17.1 \square \square \square$
- 17.2
- 17.3
- 17.4