

Household ID # _____

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).

OMB (0920-XXX) (CDC/ATSDR) 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-XXX)

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If **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

"

- 5.1
- 5.2
- 5.3
- 5.4
- 5.5
- 5.6

6. During the renovation, was any part of your home painted?

6 Y N DK

If **NO**, then skip to next question

If **YES** specify:

- 6.1 Was child's bedroom painted? Y N DK N/A
- 6.2 Was mother/ primary caregiver's bedroom painted? Y N DK N/A
- 6.3 Was kitchen painted? Y N DK
- 6.4 Was any bathroom painted? Y N DK
- 6.5 Was living room painted? Y N DK N/A

- 6.1
- 6.2
- 6.3
- 6.4
- 6.5

7. During the renovation, was spray foam insulation installed?

7. Y N DK N/A

8. During the renovation, did your home have new kitchen cabinets installed or refinished?

Y N DK

- a.
- b.
- c.
- d.

If **YES**, circle ALL that apply:

- 12.1 Added fabric-covered furniture
- 12.2 Removed fabric-covered furniture
- 12.3 Added wood (e.g, solid wood, particle board) furniture
- 12.4 Removed wood (e.g, solid wood, particle board) furniture

" "

- 12.1
- 12.2
- 12.3
- 12.4

13. Have you added or removed any mattresses?

- a. No
- b. Yes, in the past week,
- c. Yes, in the past month
- d. Other

13

- a.
- b.
- c.
- d.

If **YES**, please specify:

- 13.1 [Child's name] mattress? Y N N/A
- 13.2 Mother/ Primary caregiver's mattress? Y N N/A

- 13.1
- 13.2

14. Was the kitchen floor mopped in the past 3 days?

14 Y N

15. Does your home have exhaust fans in the bathroom(s)?

15 Y N DK

If **YES**, then ask

15.1 In the bathroom where you shower or bathe, does the exhaust fan work? Y N DK

15.1

If **YES**, then ask

□□□□□□□□

15.1.1 How frequently do you use it when showering or bathing?

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

15.1.1 □□□□/□□□□□□□□□□□□□□□□

- 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□□□□□□□□□□□□

□□□□□□□□

- 17.1 □□□□
- 17.2 □□□/□□□□□□□□□□
- 17.3 □□/□□□□□□
- 17.4 □□□