

Environmental Tap Water Pesticide (TWQ) Participant Collect SAQ

(EH, PB, HI) V1.0

|  |  |
| --- | --- |
| Event: | Pregnancy Visit 1 |
|  |  |
| Participant: | Pregnant Woman |
|  |  |
| Domain: | Environmental |
|  |  |
| Type of Document: | Self-Administered Questionnaire |
|  |  |
| Recruitment Groups: | EH, PB, HI |

This page is blank intentionally.

**Tap Water TWQ Collection**

Follow the instructions in your booklet when collecting the TWQ sample.

1. How many bottles did you fill?

**(P\_TWQ\_N\_COLLECT)**

2 [ ]  2 (GO TO QUESTION 4)

1 [ ]  1 (GO TO QUESTION 2)

0 [ ]  0 (GO TO QUESTION 3

|  |  |
| --- | --- |
|  | 2. Why did you only fill one bottle?**(P\_TWQ\_1\_COLLECTED)** 1[ ]  Supplies missing from kit 2[ ]  Didn’t have time 3[ ]  Couldn’t schedule pick-up -5[ ]  Other, specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(GO TO QUESTION 4) |
|  |
| 0  | 3. Why didn’t you collect any bottles? **(P\_TWQ\_0\_COLLECTED)** 1[ ]  Supplies missing from kit 2[ ]  Didn’t have time 3[ ]  Couldn’t schedule pick-up 4[ ]  Decided not to collect sample -5[ ]  Other, specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(END FORM) |

**For Office Use Only**

Participant ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Event: Pregnancy Visit 1

4. TWQ sample IDs:

AFFIX LABEL FOR EACH BOTTLE YOU FILLED

Affix

TWQ Bottle #1/2

Label here

**(SAMPLE\_ID) ONLY NEEDS TO BE ENTERED IN THE VDR ONCE BECAUSE SAMPLE IDS ARE EQUAL.**

Affix

TWQ Bottle #2/2

Label here

5. What date did you collect the TWQ sample?

2 0

Date: [ ] [ ] /[ ] [ ] /[ ] [ ] [ ] [ ]

 m m d d y y y y

6. What day of the week did you collect the TWQ sample?

**(P\_TWQ\_DAY)**

1 [ ]  Monday 4 [ ] Thursday 6 [ ]  Saturday

2 [ ]  Tuesday 5 [ ]  Friday 7[ ]  Sunday

3 [ ]  Wednesday

7. Where was the TWQ sample collected?

**(P\_TWQ\_LOCATION)**

**(P\_TWQ\_LOCATION\_OTH)**

 1[ ]  Kitchen tap

 2[ ]  Bathroom sink/tub

 3[ ]  Outside spigot/pump

 -5[ ]  Other, specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 -1[ ]  Prefer not to answer

 -2[ ]  Don’t know

8. Is the water filtered? For example do you have a drinking water filter such as a Brita filter on the faucet where you collected the sample?

**(P\_TWQ\_FILTERED)**

1[ ]  Yes -1[ ]  Prefer not to answer

2[ ]  No -2[ ]  Don’t know

9. Is the tap water from your own household well?

**(P\_TWQ\_WATERSOURCE)**

1[ ]  Yes -1[ ]  Prefer not to answer

2[ ]  No -2[ ]  Don’t know

10. Have any products been used to kill insects in the room where you collected the TWQ sample in the past month?

**(P\_TWQ\_INSECTICIDE)**

1[ ]  Yes -1[ ]  Prefer not to answer

2[ ]  No -2[ ]  Don’t know

11. Did you have any problems collecting the TWQ sample?

**(P\_TWQ\_PROBLEMS)**

**(P\_TWQ\_PROBLEMS\_OTH)**

**MARK ALL THAT APPLY**

 1[ ]  No problems

 2[ ]  Lost ice packs

 3[ ]  Lost foam inserts

 4[ ]  Lost labels

 -5[ ]  Other, specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 -1[ ]  Prefer not to answer

 -2[ ]  Don’t know

**Thank you very much for collecting the TWQ sample and completing this questionnaire! All of your answers are very important.**

**Please help us by looking at each question again to make sure that you...**

* **Did not skip any questions, and**
* **Marked out the wrong answer and marked the right answer if you made any changes.**