

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 |

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**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.**