

Retrospective Pregnancy - Birth Cohort Questionnaire - Household

|  |  |
| --- | --- |
| Event Category: | Time-Based |
| Event: | Birth, or 3M, or 6M |
| Administration: | N/A |
| Instrument Target: | Child’s Primary Residence |
| Instrument Respondent: | Biological Mother |
| Domain: | Questionnaire |
| Document Category: | Questionnaire |
| Method: | Data Collector Administered |
| Mode (for this instrument\*): | In-Person, CAI; Phone, CAI |
| OMB Approved Modes: | In-Person, CAI; Phone, CAI |
| Estimated Administration Time: | 10 minutes |
| Multiple Child/Sibling Consideration: | Per Event |
| Special Considerations: | N/A |
| Version: | 1.0 |
| MDES Release: | 4.0 |

\*This instrument is OMB-approved for multi-mode administration but this version of the instrument is designed for administration in this/these mode(s) only.\*\*Administer at Birth. If it was not administered at birth, then  administered at 3M. If not administered at Birth & 3M, then administer at 6M.

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GENERAL PROGRAMMER INSTRUCTIONS:

WHEN PROGRAMMING INSTRUMENTS, VALIDATE FIELD LENGTHS AND TYPES AGAINST THE MDES TO ENSURE DATA COLLECTION RESPONSES DO NOT EXCEED THOSE OF THE MDES. SOME GENERAL ITEM LIMITS USED ARE AS FOLLOWS:

|  |  |  |  |
| --- | --- | --- | --- |
| **DATA ELEMENT FIELDS** | **MAXIMUM CHARACTERS PERMITTED** | **DATA TYPE** | **PROGRAMMER INSTRUCTIONS** |
| ADDRESS AND EMAIL FIELDS | 100 | CHARACTER |  |
| UNIT AND PHONE FIELDS | 10 | CHARACTER |  |
| \_OTH AND COMMENT FIELDS | 255 | CHARACTER | * Limit text to 255 characters |
| FIRST NAME AND LAST NAME | 30 | CHARACTER | * Limit text to 30 characters |
| ALL ID FIELDS | 36 | CHARACTER |  |
| ZIP CODE | 5 | NUMERIC |  |
| ZIP CODE LAST FOUR | 4 | NUMERIC |  |
| CITY | 50 | CHARACTER |  |
| DOB AND ALL OTHER DATE FIELDS (E.G., DT, DATE, ETC.) | 10 | NUMERIC  CHARACTER | * DISPLAY AS MM/DD/YYYY * STORE AS YYYY-MM-DD * HARD EDITS:   MM MUST EQUAL 01 TO 12  DD MUST EQUAL 01 TO 31  YYYY MUST BE BETWEEN 1900 AND CURRENT YEAR. |
| TIME VARIABLES | TWO-DIGIT HOUR AND TWO-DIGIT MINUTE, AM/PM DESIGNATION | NUMERIC | * HARD EDITS:   HOURS MUST BE BETWEEN 00 AND 12;  MINUTES MUST BE BETWEEN 00 AND 59 |

**Instrument Guidelines for Participant and Respondent IDs:**

PRENATALLY, THE **P\_ID** IN THE MDES HEADER IS THAT OF THE PARTICIPANT (E.G. THE NON-PREGNANT WOMAN, PREGNANT WOMAN, OR THE FATHER).

POSTNATALLY, A RESPONDENT ID WILL BE USED IN ADDITION TO THE PARTICIPANT ID BECAUSE SOMEBODY OTHER THAN THE PARTICIPANT MAY BE COMPLETING THE INTERVIEW. FOR EXAMPLE, THE PARTICIPANT MAY BE THE CHILD AND THE RESPONDENT MAY BE THE MOTHER, FATHER, OR ANOTHER CAREGIVER. THEREFORE, MDES VERSION 2.2 AND ALL FUTURE VERSIONS CONTAIN A **R\_P\_ID** (RESPONDENT PARTICIPANT ID) HEADER FIELD FOR EACH POST-BIRTH INSTRUMENT. THIS WILL ALLOW ROCs TO INDICATE WHETHER THE RESPONDENT IS SOMEBODY OTHER THAN THE PARTICIPANT ABOUT WHOM THE QUESTIONS ARE BEING ASKED.

**A REMINDER:**

ALL RESPONDENTS MUST BE CONSENTED AND HAVE RECORDS IN THE PERSON, PARTICIPANT, PARTICIPANT\_CONSENT AND LINK\_PERSON\_PARTICIPANT TABLES, WHICH CAN BE PRELOADED INTO EACH INSTRUMENT. ADDITIONALLY, IN POST-BIRTH QUESTIONNAIRES WHERE THERE IS THE ABILITY TO LOOP THROUGH A SET OF QUESTIONS FOR MULTIPLE CHILDREN, IT IS IMPORTANT TO CAPTURE AND STORE THE CORRECT CHILD **P\_ID** ALONG WITH THE LOOP INFORMATION. IN THE MDES VARIABLE LABEL/DEFINITION COLUMN, THIS IS INDICATED AS FOLLOWS: **EXTERNAL IDENTIFIER: PARTICIPANT ID FOR CHILD DETAIL.**

HOUSEHOLD COMPOSITION

**(TIME\_STAMP\_HC\_ST).**

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * INSERT DATE/TIME STAMP * PRELOAD HOUSEHOLD ID FOR CHILD'S PRIMARY RESIDENCE (**HH\_ID**) AND RESPONDENT ID (**R\_P\_ID**) FOR BIOLOGICAL MOTHER. * PRELOAD **MULT\_CHILD**FROM **INSTRUMENT\_ID** = XX (PARTICIPANT VERIFICATION, SCHEDULING & TRACING QUESTIONNAIRE). * IF**MULT\_CHILD** = 1, DISPLAY "the babies" AND "they" AS APPROPRIATE THROUGHOUT THE INSTRUMENT. * IF**MULT\_CHILD**≠ 1:   + PRELOAD **C\_FNAME** AND **CHILD\_SEX** FROM **INSTRUMENT\_ID** = XX (PARTICIPANT VERIFICATION, SCHEDULING & TRACING QUESTIONNAIRE).   + IF **C\_FNAME** ≠ -1, -2, OR -4, DISPLAY CHILD'S FIRST NAME IN "C\_FNAME" THROUGHOUT THE INSTRUMENT.   + OTHERWISE, IF **C\_FNAME**  = -1, -2, OR -4, DISPLAY "the baby" IN APPROPRIATE FIELDS THROUGHOUT THE INSTRUMENT.   + IF **CHILD\_SEX**  = 1, DISPLAY “his”, “he”, OR “himself” IN APPROPRIATE FIELDS THROUGHOUT INSTRUMENT.   + IF **CHILD\_SEX** = 2, DISPLAY “her”, “she”, OR “herself” IN APPROPRIATE FIELDS THROUGHOUT INSTRUMENT. |

**HC01000.** First, I’d like to get some information about the people who lived with you during this most recent pregnancy.

**HC02000/(PEOPLE\_IN\_HOUSEHOLD).** How many people, both children and adults, lived in your household?  Include any persons who usually live with you but were temporarily away on business, vacation, in the hospital, on full-time active military duty, or students living temporarily away from home.  Do not include anyone who was in a nursing home or other institution.  Including yourself, what was the total number of people who lived in your household?

|\_\_\_|\_\_\_|

NUMBER

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * CONFIRM THE NUMBER OF PEOPLE IN THE HOUSEHOLD WITH THE PARTICIPANT. |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| National Children’s Study, Legacy Phase, (T1 Mother ) |

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| --- |
| PROGRAMMER INSTRUCTIONS |
| * DISPLAY SOFT EDIT IF RESPONSE < 0 OR > 15. |

**HC03000/(LIVED\_WHEN\_GOT\_PREG).** When you got pregnant, who lived in the same house with you?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * SELECT ALL THAT APPLY. * IF USING SHOWCARDS, DO NOT READ RESPONSE OPTIONS AND REFER TO APPROPRIATE SHOWCARD. * IF NOT USING SHOWCARDS, READ RESPONSE OPTIONS. |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YOUR HUSBAND OR PARTNER | 1 |  |
| ANY CHILDREN AGED 5 YEARS AND YOUNGER | 2 |  |
| ANY CHILDREN AGED 6 YEARS AND OLDER | 3 |  |
| YOUR MOTHER | 4 |  |
| YOUR FATHER | 5 |  |
| YOUR HUSBAND'S OR PARTNER'S PARENT(S) | 6 |  |
| ANY FRIENDS OR ROOMMATES | 7 |  |
| OTHER FAMILY MEMBERS OR RELATIVES | 8 |  |
| I LIVED ALONE | 9 |  |
| OTHER | -5 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

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| --- |
| SOURCE |
| Pregnancy Risk Assessment Monitoring System, Phase 5,  QXP3 (modified) |

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| PROGRAMMER INSTRUCTIONS |
| * IF **LIVED\_WHEN\_GOT\_PREG** = -5, OR ANY COMBINATION OF 1 THROUGH 8 AND -5, GO TO **LIVED\_WHEN\_GOT\_PREG\_OTH**. * IF **LIVED\_WHEN\_GOT\_PREG** = 2, OR ANY COMBINATION OF 1, 3 THROUGH 8 AND 2, GO TO **NUM\_CHILD\_UNDER\_5**. * IF **LIVED\_WHEN\_GOT\_PREG** = 3, OR ANY COMBINATION OF 1, 4 THROUGH 8 AND 3, GO TO **NUM\_CHILD\_UNDER\_6**. * IF **LIVED\_WHEN\_GOT\_PREG** = -1, -2, OR 9, DO NOT ALLOW SELECTION OF ANY OTHER RESPONSE AND GO TO **TIME\_STAMP\_HC\_ET**. * IF **LIVED\_WHEN\_GOT\_PREG** = ANY COMBINATION NOT INCLUDING -5, 2, OR 3, GO TO **TIME\_STAMP\_HC\_ET**. |

**HC04000/(LIVED\_WHEN \_GOT\_PREG\_OTH).** SPECIFY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Pregnancy Risk Assessment Monitoring System, Phase 5, QXP3 |

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| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **LIVED\_WHEN\_GOT\_PREG** INCLUDES 2, GO TO **NUM\_CHILD\_UNDER\_5**. * IF **LIVED\_WHEN\_GOT\_PREG** DOES NOT INCLUDE 2, BUT INCLUDES 3, GO TO **NUM\_CHILD\_UNDER\_6**. * OTHERWISE, IF **LIVED\_WHEN\_GOT\_PREG** DOES NOT INCLUDE 2 OR 3, GO TO **TIME\_STAMP\_HC\_ET.** |

**HC04100/(NUM\_CHILD\_UNDER\_5).** How many children aged 5 years and under?

|\_\_\_|\_\_\_|

NUMBER

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Pregnancy Risk Assessment Monitoring System, Phase 5, QXP3 |

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| PROGRAMMER INSTRUCTIONS |
| * DISPLAY HARD EDIT IF **NUM\_CHILD\_ENDER\_5** > **PEOPLE\_IN\_HOUSEHOLD**. * IF **LIVED\_WHEN\_GOT\_PREG** INCLUDES 3, GO TO **NUM\_CHILD\_UNDER\_6**. * OTHERWISE, IF **LIVED\_WHEN\_GOT\_PREG** DOES NOT INCLUDE 3, GO TO **TIME\_STAMP\_HC\_ET**. |

**HC04200/(NUM\_CHILD\_ABOVE\_6).** How many children aged 6 years and over?

|\_\_\_|\_\_\_|

NUMBER

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Pregnancy Risk Assessment Monitoring System, Phase 5, QXP3 |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * DISPLAY HARD EDIT IF **NUM\_CHILD\_ABOVE\_6** > **PEOPLE\_IN\_HOUSEHOLD**. |

**(TIME\_STAMP\_HC\_ET).**

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * INSERT DATE/TIME STAMP |

HOUSING CHARACTERISTICS

**(TIME\_STAMP\_HCZ\_ST).**

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * INSERT DATE/TIME STAMP |

**HCZ01000.** Now I’d like to find out more about the homes in which you live now and lived while you were pregnant with {C\_FNAME/the baby/the babies}.

**HCZ02000/(OWN\_HOME).** Is your current home…

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Owned or being bought by you or someone in your household | 1 | LIVE\_ENTIRE\_HOME |
| Rented by you or someone in your household | 2 | LIVE\_ENTIRE\_HOME |
| Occupied without payment of rent | 3 | LIVE\_ENTIRE\_HOME |
| SOME OTHER ARRANGEMENT | -5 |  |
| REFUSED | -1 | LIVE\_ENTIRE\_HOME |
| DON'T KNOW | -2 | LIVE\_ENTIRE\_HOME |

|  |
| --- |
| SOURCE |
| Survey of Income and Program Participation  Legacy: National Children’s Study, Legacy Phase (T1 Mother);  Vanguard: National Children’s Study, Vanguard  Phase (PV1, PV2) |

**HCZ03000/(OWN\_HOME\_OTH ).** SPECIFY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Survey of Income and Program Participation  Legacy: National Children’s Study, Legacy Phase (T1 Mother);  Vanguard: National Children’s Study, Vanguard  Phase (PV1, PV2) |

**HCZ04000/(LIVE\_ENTIRE\_HOME).** Did you live in your current home during your entire pregnancy with {C\_FNAME/the baby/the babies}?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| NEW |

**HCZ05000.** ​What is the address of your current home?

|  |
| --- |
| SOURCE |
| ​new |

**(HOME\_ADDRESS\_STREET)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STREET ADDRESS

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

**(HOME\_ADDRESS\_CITY)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

**(HOME\_ADDRESS\_STATE)** |\_\_\_|\_\_\_|

STATE

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

**(HOME\_ADDRESS\_ZIP)** |\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|

ZIP CODE

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

**HCZ06000.** How long have you lived in this home?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * ENTER IN NUMERIC VALUE AND SELECT ASSOCIATED UNIT OF TIME |

|  |
| --- |
| SOURCE |
| National Survey of Lead and Allergens in Housing  Legacy: National Children’s Study, Legacy Phase (T1 Mother);  Vanguard: National Children’s Study, Vanguard  Phase (PV1, PV2) |

**(LENGTH\_RESIDE)** |\_\_\_|\_\_\_|

NUMBER

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

**(LENGTH\_RESIDE\_UNIT)**

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| WEEKS | 1 |  |
| MONTHS | 2 |  |
| YEARS | 3 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **LIVE\_ENTIRE\_HOME** = 1, -1, OR -2, GO TO **HCZ10000**. * OTHERWISE, IF **LIVE\_ENTIRE\_HOME** = 2, GO TO **HCZ07000**. |

**HCZ07000/(NUM\_HOMES\_PREG).** How many other homes did you live in during your pregnancy with {C\_FNAME/the baby/the babies}?

|\_\_\_|\_\_\_|

NUMBER

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| NEW |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * DISPLAY SOFT EDIT IF RESPONSE > 10. * GO TO **HCZ10000.** |

**HCZ08000.** What is the address of the home you lived in prior to your current home?

|  |
| --- |
| SOURCE |
| NEW |

**(PREVIOUS\_ADDRESS)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STREET ADDRESS

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

**(PREVIOUS\_CITY)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

**(PREVIOUS\_STATE)**

|\_\_\_|\_\_\_|

STATE

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

**(PREVIOUS\_ZIP)**

|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|

ZIP CODE

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

**HCZ09000.** How long did you live in that home?

|  |
| --- |
| SOURCE |
| NEW |

**(PREV\_LENGTH\_RESIDE)**

|\_\_\_|\_\_\_|

NUMBER

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * ENTER IN NUMERIC VALUE AND SELECT ASSOCIATED UNIT OF TIME |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

**(PREV\_LENGTH\_RESIDE\_UNIT)**

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| WEEKS | 1 |  |
| MONTHS | 2 |  |
| YEARS | 3 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

**HCZ10000.** Now I’m going to ask about how your home was heated and cooled.

**HCZ11000/(MAIN\_HEAT).** I am going to give you a list of heat sources.  Please tell me which one was the **main** heating fuel source for the home you lived in during your pregnancy with {C\_FNAME/the baby/the babies}.

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| INTERVIEWER INSTRUCTIONS |
| * IF USING SHOWCARDS, DO NOT READ RESPONSE OPTIONS AND REFER TO APPROPRIATE SHOWCARD. * IF NOT USING SHOWCARDS, READ RESPONSE OPTIONS. |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| ELECTRIC | 1 | HEAT2 |
| GAS – PROPANE OR LP | 2 | HEAT2 |
| OIL | 3 | HEAT2 |
| WOOD | 4 | HEAT2 |
| KEROSENE OR DIESEL | 5 | HEAT2 |
| COAL OR COKE | 6 | HEAT2 |
| SOLAR ENERGY | 7 | HEAT2 |
| HEAT PUMP | 8 | HEAT2 |
| NO HEATING SOURCE | -7 | COOLING |
| OTHER | -5 |  |
| REFUSED | -1 | COOLING |
| DON'T KNOW | -2 | COOLING |

|  |
| --- |
| SOURCE |
| American Healthy Homes Survey  Legacy: National Children’s Study, Legacy Phase (T1 Mother) (modified);  Vanguard: National Children’s Study, Vanguard  Phase (PV1, PV2) (modified) |

**HCZ12000/(MAIN\_HEAT\_OTH ).** SPECIFY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| American Healthy Homes Survey  Legacy: National Children’s Study, Legacy Phase (T1 Mother) (modified);  Vanguard: National Children’s Study, Vanguard  Phase (PV1, PV2) (modified) |

**HCZ13000/(HEAT2).** Were any **other** types of heat used regularly during the heating season to heat your home during your pregnancy?

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| INTERVIEWER INSTRUCTIONS |
| * IF USING SHOWCARDS, DO NOT READ RESPONSE OPTIONS AND REFER TO APPROPRIATE SHOWCARD. * IF NOT USING SHOWCARDS, READ RESPONSE OPTIONS. * IF RESPONDENT ANSWERS "YES," PROBE: which types? * **PROBE**: Do you have any space heaters, or any secondary method for heating your home? * SELECT ALL THAT APPLY. |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| ELECTRIC | 1 |  |
| GAS – PROPANE OR LP | 2 |  |
| OIL | 3 |  |
| WOOD | 4 |  |
| KEROSENE OR DIESEL | 5 |  |
| COAL OR COKE | 6 |  |
| SOLAR ENERGY | 7 |  |
| HEAT PUMP | 8 |  |
| NO OTHER HEATING SOURCE | 9 |  |
| OTHER | -5 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| American Healthy Homes Survey  Legacy: National Children’s Study, Legacy Phase (T1 Mother);  Vanguard: National Children’s Study, Vanguard  Phase (PV1, PV2) |

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| PROGRAMMER INSTRUCTIONS |
| * IF **HEAT2** = ANY COMBINATION OF VALUES 1 – 8, THEN GO TO **COOLING**. * IF **HEAT2** = 9, -1 OR -2, DO NOT ALLOW SELECTION OF ADDITIONAL RESPONSES AND GO TO **COOLING**. * IF **HEAT2** = -5, OR ANY COMBINATION OF VALUES 1 – 8 AND -5, GO TO **HEAT2\_OTH**. |

**HCZ14000/(HEAT2\_OTH ).** SPECIFY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| American Healthy Homes Survey  Legacy: National Children’s Study, Legacy Phase (T1 Mother);  Vanguard: National Children’s Study, Vanguard  Phase (PV1, PV2) |

**HCZ15000/(COOLING).** Did the home you lived in while you were pregnant have any type of cooling or air conditioning besides fans?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 | HCZ18000 |
| REFUSED | -1 | HCZ18000 |
| DON'T KNOW | -2 | HCZ18000 |

|  |
| --- |
| SOURCE |
| National Children’s Study, Legacy Phase (T1 Mother) (modified)  Vanguard:  Modified from National Children’s Study, Vanguard Phase (PV1, PV2) |

**HCZ16000/(COOL). While you were pregnant**, did you **regularly use** any of the following cooling systems in your home?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * SELECT ALL THAT APPLY |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Window or wall air conditioners | 1 |  |
| Central air conditioning | 2 |  |
| Evaporative cooler (swamp cooler) | 3 |  |
| NO COOLING OR AIR CONDITIONING REGULARLY USED | -7 |  |
| Some other cooling system | -5 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| National Survey of Lead and Allergens in Housing and American Healthy Homes Survey  Legacy: National Children’s Study, Legacy Phase (T1 Mother) (modified)  Vanguard: National Children’s Study, Vanguard Phase (PV1, PV2) (modified) |

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| PROGRAMMER INSTRUCTIONS |
| * IF **COOL** = ANY COMBINATION OF VALUES 1 – 3, THEN GO TO **HCZ18000**. * IF **COOL** = -7, -1 OR -2, DO NOT ALLOW SELECTION OF ADDITIONAL RESPONSES AND GO TO **HCZ18000**. * IF **COOL** = -5, OR ANY COMBINATION OF VALUES 1 – 3 AND -5, GO TO **COOL\_OTH**. |

**HCZ17000/(COOL\_OTH).** SPECIFY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| National Survey of Lead and Allergens in Housing and American Healthy Homes Survey  Legacy: National Children’s Study, Legacy Phase (T1 Mother) (modified)  Vanguard: National Children’s Study, Vanguard Phase (PV1, PV2) (modified) |

**HCZ18000.** Now I’d like to ask about the water in your home.

**HCZ19000/(WATER\_DRINK).** While you were pregnant, which of the following water sources in your home did you use most often for drinking?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Tap water | 1 | WATER\_COOK |
| Filtered tap water | 2 | WATER\_COOK |
| Bottled water | 3 | WATER\_COOK |
| Some other source | -5 |  |
| REFUSED | -1 | WATER\_COOK |
| DON'T KNOW | -2 | WATER\_COOK |

|  |
| --- |
| SOURCE |
| National Human Exposure Assessment Survey  Legacy: National Children’s Study, Legacy Phase (T1 Mother) (modified)  Vanguard: National Children’s Study, Vanguard Phase (PV1, PV2) (modified) |

**HCZ20000/(WATER\_DRINK\_OTH).** SPECIFY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| National Human Exposure Assessment Survey  Legacy: National Children’s Study, Legacy Phase (T1 Mother) (modified)  Vanguard: National Children’s Study, Vanguard Phase (PV1, PV2) (modified) |

**HCZ21000/(WATER\_COOK).** While you were pregnant, which of the following water sources in your home did you use most often for cooking?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Tap water | 1 | PRIVATE\_WELL |
| Filtered tap water | 2 | PRIVATE\_WELL |
| Bottled water | 3 | PRIVATE\_WELL |
| Some other source | -5 |  |
| REFUSED | -1 | PRIVATE\_WELL |
| DON'T KNOW | -2 | PRIVATE\_WELL |

|  |
| --- |
| SOURCE |
| National Human Exposure Assessment Survey  Legacy: National Children’s Study, Legacy Phase (T1 Mother) (modified)  Vanguard: National Children’s Study, Vanguard Phase (PV1, PV2) (modified) |

**HCZ22000/(WATER\_COOK\_OTH).** SPECIFY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| National Human Exposure Assessment Survey  Legacy: National Children’s Study, Legacy Phase (T1 Mother) (modified)  Vanguard: National Children’s Study, Vanguard Phase (PV1, PV2) (modified) |

**HCZ23000/(PRIVATE\_WELL).** Is the tap water in your home from a private well?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| National Children’s Study, Vanguard Phase (Core) |

**HCZ24000.** Water damage is a common problem that occurs inside of many homes.  Water damage includes water stains on the ceiling or walls, rotting wood, and flaking sheetrock or plaster. This damage may be from broken pipes, a leaky roof, or floods.  In answering the next question, please consider the home in which you lived over the past 12 months.

**HCZ25000/(WATER).** In the past 12 months, have you seen any water damage inside your home?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Modified from American Healthy Homes Survey  Legacy: National Children’s Study, Legacy Phase (T1 Mother)  Vanguard: National Children’s Study, Vanguard Phase (PV1, PV2) (modified) |

**HCZ26000/(MOLD).** In the past 12 months, have you seen any mold or mildew on walls or other surfaces inside your home, other than in the shower or bathtub?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 | HCZ29000 |
| REFUSED | -1 | HCZ29000 |
| DON'T KNOW | -2 | HCZ29000 |

|  |
| --- |
| SOURCE |
| American Healthy Homes Survey (modified)  Legacy: National Children’s Study, Legacy Phase (T1 Mother)  Vanguard: National Children’s Study, Vanguard Phase (PV1)  Vanguard: National Children’s Study, Vanguard Phase (PV2) (modified) |

**HCZ27000/(ROOM\_MOLD).** In which rooms have you seen the mold or mildew?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * **PROBE**: Any other rooms? * SELECT ALL THAT APPLY. |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| KITCHEN | 1 |  |
| LIVING ROOM | 2 |  |
| HALL/LANDING | 3 |  |
| RESPONDENT’S BEDROOM | 4 |  |
| OTHER BEDROOM | 5 |  |
| BATHROOM/TOILET | 6 |  |
| BASEMENT | 7 |  |
| OTHER | -5 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| National Children’s Study, Legacy Phase (T1 Mother)  Vanguard: National Children’s Study, Vanguard (PV1, PV2) |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **ROOM\_MOLD** = ANY COMBINATION OF VALUES 1 – 7, THEN GO TO **HCZ29000**. * IF **ROOM\_MOLD** = -5, OR ANY COMBINATION OF VALUES 1 – 7 AND -5, GO TO **ROOM\_MOLD\_OTH**. * IF **ROOM\_MOLD** = -1 OR -2, DO NOT ALLOW SELECTION OF ADDITIONAL RESPONSES AND GO TO **HCZ29000**. |

**HCZ28000/(ROOM\_MOLD\_OTH).** SPECIFY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| National Children’s Study, Legacy Phase (T1 Mother)  Vanguard: National Children’s Study, Vanguard (PV1, PV2) |

**HCZ29000.** The next questions ask about additions or renovations to any of the places that you lived in during your recent pregnancy.

**HCZ30000/(PRENOVATE).** While you were pregnant  with {C\_FNAME/the baby/the babies}, have any additions or renovations been done to your home? Include only major projects that made your home larger or involved construction. Do not count smaller projects such as painting or wallpapering, carpeting, or refinishing floors.

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 | PDECORATE |
| REFUSED | -1 | PDECORATE |
| DON'T KNOW | -2 | PDECORATE |

|  |
| --- |
| SOURCE |
| National Survey of Lead and Allergens in Housing and American Healthy Homes Survey  Legacy: National Children’s Study, Legacy Phase (T1 Mother, T3)  Vanguard: National Children’s Study, Vanguard (PV1, PV2) (modified) |

**HCZ31000/(PRENOVATE\_ROOM).** Which rooms were renovated?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * **PROBE**: Any others? * SELECT ALL THAT APPLY. |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| KITCHEN | 1 |  |
| LIVING ROOM | 2 |  |
| HALL/LANDING | 3 |  |
| RESPONDENT’S BEDROOM | 4 |  |
| OTHER BEDROOM | 5 |  |
| BATHROOM/TOILET | 6 |  |
| BASEMENT | 7 |  |
| OTHER | -5 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| National Survey of Lead and Allergens in Housing and American Healthy Homes Survey (modified)  Legacy: National Children’s Study, Legacy Phase (T1 Mother, T3)  Vanguard: National Children’s Study, Vanguard (PV1, PV2) (modified) |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **PRENOVATE\_ROOM** = ANY COMBINATION OF VALUES 1 – 7, THEN GO TO **PDECORATE**. * IF **PRENOVATE\_ROOM** = -5, OR ANY COMBINATION OF VALUES 1 – 7 AND -5, GO TO **PRENOVATE\_ROOM\_OTH**. * IF **PRENOVATE\_ROOM** = -1 OR -2, DO NOT ALLOW SELECTION OF ADDITIONAL RESPONSES AND GO TO **PDECORATE**. |

**HCZ32000/(PRENOVATE\_ROOM\_OTH).** SPECIFY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| National Survey of Lead and Allergens in Housing and American Healthy Homes Survey (modified)  Legacy: National Children’s Study, Legacy Phase (T1 Mother, T3)  Vanguard: National Children’s Study, Vanguard (PV1, PV2) (modified) |

**HCZ33000/(PDECORATE).** While you were pregnant, were any smaller projects done in your home, such as painting, wallpapering, refinishing floors, or installing new carpet?  Please consider all the homes you lived in during your recent pregnancy.

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Avon Longitudinal Study of Parents and Children  Legacy: National Children’s Study, Legacy Phase (T1 Mother, T3) (modified)  Vanguard:  National Children’s Study, Vanguard (PV1, PV2) (modified) |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **PDECORATE**= 1, GO TO **PDECORATE\_ROOM.** * IF **PDECORATE**≠ 1, AND    + IF **LIVE\_ENTIRE\_HOME**= 1, -1, OR -2, OR IF **NUM\_HOMES\_PREG**= 0, GO TO **TIME\_STAMP\_HCZ\_ET.**   + IF NUMBER OF LOOPS = **NUM\_HOMES\_PREG,**GO TO **TIME\_STAMP\_HCZ\_ET.**   + IF NUMBER OF LOOPS < **NUM\_HOMES\_PREG**, GO TO **HCZ08000**AND BEGIN NEXT LOOP. |

**HCZ34000/(PDECORATE\_ROOM).** In which rooms were these smaller projects done?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * PROBE: Any others? * SELECT ALL THAT APPLY. |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| KITCHEN | 1 |  |
| LIVING ROOM | 2 |  |
| HALL/LANDING | 3 |  |
| RESPONDENT’S BEDROOM | 4 |  |
| OTHER BEDROOM | 5 |  |
| BATHROOM/TOILET | 6 |  |
| BASEMENT | 7 |  |
| OTHER | -5 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Avon Longitudinal Study of Parents and Children  Legacy: National Children’s Study, Legacy Phase (T1 Mother, T3) (modified)  Vanguard: National Children’s Study, Vanguard (PV1, PV2) (modified) |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **PDECORATE\_ROOM** = ANY COMBINATION OF VALUES 1 – 7, AND   + IF **LIVE\_ENTIRE\_HOME**= 1, -1, OR -2, OR IF **NUM\_HOMES\_PREG**= 0, GO TO **TIME\_STAMP\_HCZ\_ET.**   + IF NUMBER OF LOOPS = **NUM\_HOMES\_PREG,**GO TO **TIME\_STAMP\_HCZ\_ET.**   + IF NUMBER OF LOOPS < **NUM\_HOMES\_PREG**, GO TO **HCZ08000**AND BEGIN NEXT LOOP. * IF **PDECORATE\_ROOM** = -5, OR ANY COMBINATION OF VALUES 1 – 7 AND -5, GO TO **PDECORATE\_ROOM\_OTH**. * IF **PDECORATE\_ROOM** = -1 OR -2, DO NOT ALLOW SELECTION OF ADDITIONAL RESPONSES AND   + IF **LIVE\_ENTIRE\_HOME**= 1, -1, OR -2, OR IF **NUM\_HOMES\_PREG**= 0, GO TO **TIME\_STAMP\_HCZ\_ET.**   + IF NUMBER OF LOOPS = **NUM\_HOMES\_PREG,**GO TO **TIME\_STAMP\_HCZ\_ET.**   + IF NUMBER OF LOOPS < **NUM\_HOMES\_PREG**, GO TO **HCZ08000**AND BEGIN NEXT LOOP. |

**HCZ35000/(PDECORATE\_ROOM\_OTH).** SPECIFY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Avon Longitudinal Study of Parents and Children  Legacy: National Children’s Study, Legacy Phase (T1 Mother, T3) (modified)  Vanguard: National Children’s Study, Vanguard (PV1, PV2) (modified) |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF**LIVE\_ENTIRE\_HOME** = 1, -1, OR -2, OR IF **NUM\_HOMES\_PREG**= 0, GO TO **TIME\_STAMP\_HCZ\_ET.** * IF NUMBER OF LOOPS = **NUM\_HOMES\_PREG,** GO TO **TIME\_STAMP\_HCZ\_ET.** * IF NUMBER OF LOOPS < **NUM\_HOMES\_PREG**, GO TO **HCZ08000** AND BEGIN NEXT LOOP. |

**(TIME\_STAMP\_HCZ\_ET).**

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * INSERT DATE/TIME STAMP |

EXPOSURES TO PETS AND PESTICIDE USE

**(TIME\_STAMP\_ETP\_ST).**

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * INSERT DATE/TIME STAMP |

**ETP01000.** Now I’d like to ask about any pets you may have had in your home during your pregnancy.

**ETP02000/(PETS).** Were there any pets that spent any time inside your home during your pregnancy?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 | ETP07000 |
| REFUSED | -1 | ETP07000 |
| DON'T KNOW | -2 | ETP07000 |

|  |
| --- |
| SOURCE |
| National Children’s Study, Legacy Phase (T1 Mother) |

**ETP03000/(PET\_TYPE).** What kind of pets were these?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * IF USING SHOWCARDS, DO NOT READ RESPONSE OPTIONS AND REFER TO APPROPRIATE SHOWCARD. * IF NOT USING SHOWCARDS, READ RESPONSE OPTIONS. * PROBE FOR ANY OTHER RESPONSES * SELECT ALL THAT APPLY. |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| DOG | 1 |  |
| CAT | 2 |  |
| SMALL MAMMAL, SUCH AS A RABBIT, GERBIL, HAMSTER, GUINEA PIG, FERRET, OR MOUSE | 3 |  |
| BIRD | 4 |  |
| FISH OR REPTILE, SUCH AS A TURTLE, SNAKE, OR LIZARD | 5 |  |
| OTHER | -5 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| National Children’s Study, Legacy Phase (T1 Mother) |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **PET\_TYPE** = ANY COMBINATION OF VALUES 1 – 5, THEN GO TO **PET\_PRODUCT**. * IF **PET\_TYPE** = -5, OR ANY COMBINATION OF VALUES 1 – 5 AND -5, GO TO **PET\_TYPE\_OTH**. * IF **PET\_TYPE** = -1 OR -2, DO NOT ALLOW SELECTION OF ADDITIONAL RESPONSES AND GO TO **PET\_PRODUCT**. |

**ETP04000/(PET\_TYPE\_OTH ).** SPECIFY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Avon Longitudinal Study of Parents and Children (modified)  Legacy:  National Children’s Study, Legacy Phase (P1, T1 Mother, T3 Prior, 6M, 12M) |

**ETP05000/(PET\_PRODUCT).** Were any products ever used on your pets to control fleas, ticks, or mites?  This includes flea collars, flea and tick powders, shampoos, or other flea, tick and mite control products. (This does not include pills given to your pet to control for fleas or other insects.)

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 | ETP07000 |
| REFUSED | -1 | ETP07000 |
| DON'T KNOW | -2 | ETP07000 |

|  |
| --- |
| SOURCE |
| National Children’s Study, Legacy Phase (T1 Mother) (modified) |

**ETP06000/(APPLY\_PET\_PRODUCT).** Did you personally handle or apply any of these products to your pets?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| National Children’s Study, Legacy Phase (T1 Mother) |

**ETP07000.** I would now like to ask about products that may have been used in your home or yard to control for ants, termites, cockroaches, bees, wasps, moths, or other insects.  Please include only applications to homes you were residing in at the time of the application.

**ETP08000/(PESTICIDES).** During your most recent pregnancy, were any pesticides used inside or outside your home to control for insects?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 | TIME\_STAMP\_ETP\_ET |
| REFUSED | -1 | TIME\_STAMP\_ETP\_ET |
| DON'T KNOW | -2 | TIME\_STAMP\_ETP\_ET |

|  |
| --- |
| SOURCE |
| National Children’s Study, Legacy Phase (T1 Mother, T3) (modified) |

**ETP09000/(PESTICIDE\_APPLY\_WHERE).** Where was the pesticide applied?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Inside | 1 |  |
| Outside | 2 |  |
| Both inside and outside | 3 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| NEW |

**ETP10000/(PESTICIDE\_TYPE).** What pests were targeted?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * PROBE Do you remember any of the kinds of pests targeted? * PROBE: Were there any specific pests you were worried about? * SELECT ALL THAT APPLY. |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Ants | 1 |  |
| Bees | 2 |  |
| Cockroaches | 3 |  |
| Moths | 4 |  |
| Termites | 5 |  |
| Wasps | 6 |  |
| Other | -5 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| NEW |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **PESTICIDE\_TYPE** = -5, OR ANY COMBINATION OF 1 THROUGH 6 AND -5, GO TO **PESTICIDE\_TYPE\_OTH**. * IF **PESTICIDE\_TYPE** = -1 OR -2, DO NOT ALLOW SELECTION OF OTHER RESPONSES AND GO TO **PESTICIDE\_WHO\_APPLY**. * IF **PESTICIDE\_TYPE** = ANY COMBINATION OF 1 THORUGH 6, GO TO **PESTICIDE\_WHO\_APPLY**. |

**ETP11000/(PESTICIDE\_TYPE\_OTH).** SPECIFY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| NEW |

**ETP12000/(PESTICIDE\_WHO\_APPLY).** Who applied the pesticide? Was it….

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| You | 1 |  |
| A professional exterminator | 2 |  |
| Someone else | 3 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| National Children’s Study, Legacy Phase (T1 Mother, T3) |

**(TIME\_STAMP\_ETP\_ET).**

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * INSERT DATE/TIME STAMP |