



## Pregnancy Visit 2 Questionnaire - Household

<b>Event Category:</b>	Trigger-Based
<b>Event:</b>	PV2
<b>Administration:</b>	N/A
<b>Instrument Target:</b>	Pregnant Woman's Residence
<b>Instrument Respondent:</b>	Pregnant Woman
<b>Domain:</b>	Questionnaire
<b>Document Category:</b>	Questionnaire
<b>Method:</b>	Data Collector Administered
<b>Mode (for this instrument*):</b>	In-Person, CAI; Phone, CAI
<b>OMB Approved Modes:</b>	In-Person, CAI; Phone, CAI; Web-Based, CAI
<b>Estimated Administration Time:</b>	5 minutes
<b>Multiple Child/Sibling Consideration:</b>	Per Event
<b>Special Considerations:</b>	N/A
<b>Version:</b>	1.0
<b>MDES Release:</b>	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.

Public reporting burden for 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: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0593\*). Do not return the completed form to this address.

This page intentionally left blank.

# Pregnancy Visit 2 Questionnaire - Household

## TABLE OF CONTENTS

GENERAL PROGRAMMER INSTRUCTIONS:.....	1
HOUSING CHARACTERISTICS.....	3

This page intentionally left blank.

## Pregnancy Visit 2 Questionnaire - Household

### 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	<ul style="list-style-type: none"> <li>Limit text to 255 characters</li> </ul>
FIRST NAME AND LAST NAME	30	CHARACTER	<ul style="list-style-type: none"> <li>Limit text to 30 characters</li> </ul>
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	<ul style="list-style-type: none"> <li>DISPLAY AS MM/DD/YYYY</li> <li>STORE AS YYYY-MM-DD</li> <li>HARD EDITS: MM MUST EQUAL 01 TO 12 DD MUST EQUAL 01 TO 31 YYYY MUST BE BETWEEN 1900 AND CURRENT YEAR.</li> </ul>
TIME VARIABLES	TWO-DIGIT HOUR AND TWO-DIGIT MINUTE, AM/PM DESIGNATION	NUMERIC	<ul style="list-style-type: none"> <li>HARD EDITS: HOURS MUST BE BETWEEN 00 AND 12; MINUTES MUST BE BETWEEN 00 AND 59</li> </ul>

### **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.**

## HOUSING CHARACTERISTICS

(TIME\_STAMP\_HC\_ST).

### PROGRAMMER INSTRUCTIONS

- INSERT DATE/TIME STAMP
- PRELOAD PREGNANT WOMAN'S HOUSEHOLD ID (HH\_ID) AND RESPONDENT ID (R\_P\_ID) FOR PREGNANT WOMAN.

HC01000. Now I'd like to find out more about your home and the area in which you live.

HC02000/(RECENT\_MOVE). Have you moved or changed your housing situation since we last spoke with you?

Label	Code	Go To
YES	1	
NO	2	HC07000
REFUSED	-1	HC07000
DON'T KNOW	-2	HC07000

### SOURCE

National Children's Study, Legacy Phase (P1 Mother, T1 Mother)

HC03000/(OWN\_HOME). Is your home . . .

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

### SOURCE

Survey of Income and Program Participation

HC04000/(OWN\_HOME\_OTH).

SPECIFY:

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

**SOURCE****Survey of Income and Program Participation**

**HC05000/(AGE\_HOME).** Which of these categories best describes when your home or building was built?

**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
2001 OR LATER	1	
1981 TO 2000	2	
1961 TO 1980	3	
1941 TO 1960	4	
1940 OR BEFORE	5	
REFUSED	-1	
DON'T KNOW	-2	

**SOURCE****National Survey of Lead and Allergens in Housing (modified)**

**HC06000.** How long have you lived in this home?

**SOURCE****National Survey of Lead and Allergens in Housing**

(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	

**HC07000.** Now I'm going to ask about how your home is heated and cooled.

**HC08000/(MAIN\_HEAT).** Which of these types of heat sources best describes the main heating fuel source for your home?



**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	9	COOLING
OTHER	-5	
REFUSED	-1	COOLING
DON'T KNOW	-2	COOLING

**SOURCE**

American Healthy Homes Survey

HC09000/(MAIN\_HEAT\_OTH).

SPECIFY:

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

**SOURCE**

American Healthy Homes Survey

**HC10000/(HEAT2).** Are there any other types of heat you use regularly during the heating season to heat your home?

**INTERVIEWER INSTRUCTIONS**

- IF USING SHOWCARDS, DO NOT READ RESPONSE OPTIONS AND REFER TO APPROPRIATE SHOWCARD.
- IF NOT USING SHOWCARDS, READ RESPONSE OPTIONS.
- 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	

Label	Code	Go To
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

**PROGRAMMER INSTRUCTIONS**

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

HC11000/(HEAT2\_OTH).

SPECIFY:

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

**SOURCE**

American Healthy Homes Survey

HC12000/(COOLING). Does your home have any type of cooling or air conditioning besides fans?

Label	Code	Go To
YES	1	
NO	2	HC15000
REFUSED	-1	HC15000
DON'T KNOW	-2	HC15000

**SOURCE**

National Children's Study, Legacy Phase (T1 Mother)

HC13000/(COOL). Not including fans, which of the following kinds of cooling systems do you regularly use?

**INTERVIEWER INSTRUCTIONS**

- SELECT ALL THAT APPLY.

Label	Code	Go To
Window or wall air conditioners	1	
Central air conditioning	2	
Evaporative cooler, also called swamp cooler	3	
NO COOLING OR AIR CONDITIONING REGULARLY USED	4	
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

**PROGRAMMER INSTRUCTIONS**

- IF COOL = ANY COMBINATION OF VALUES 1-3, GO TO **HC15000**
- IF COOL = -5, OR ANY COMBINATION OF VALUES 1-3 AND -5, GO TO **COOL\_OTH**.
- IF COOL = 4, -1 OR -2, DO NOT ALLOW SELECTION OF ADDITIONAL RESPONSES AND GO TO **HC15000**.

HC14000/(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

**HC15000.** Now I'd like to ask about the water in your home.

**HC16000/(WATER\_DRINK).** What water source in your home do you use most of the time 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

HC17000/(WATER\_DRINK\_OTH).

SPECIFY:

\_\_\_\_\_

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

**SOURCE**

National Human Exposure Assessment Survey

HC18000/(WATER\_COOK). What water source in your home is used most of the time for cooking?

Label	Code	Go To
Tap water	1	HC20000
Filtered tap water	2	HC20000
Bottled water	3	HC20000
Some other source	-5	
REFUSED	-1	HC20000
DON'T KNOW	-2	HC20000

**SOURCE**

National Human Exposure Assessment Survey

HC19000/(WATER\_COOK\_OTH).

SPECIFY:

\_\_\_\_\_

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

**SOURCE**

National Human Exposure Assessment Survey

HC20000. 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.

HC21000/(WATER). Since we last spoke with you, have you seen any water damage inside your home?

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

**SOURCE**

American Healthy Homes Survey (modified)

**HC22000/(MOLD).** Since we last spoke with you, have you seen any mold or mildew on walls or other surfaces other than the shower or bathtub, inside your home?

Label	Code	Go To
YES	1	
NO	2	HC25000
REFUSED	-1	HC25000
DON'T KNOW	-2	HC25000

**SOURCE**

American Healthy Homes Survey (modified)

**HC23000/(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 OR LANDING	3	
PARTICIPANT'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) (modified)

**PROGRAMMER INSTRUCTIONS**

- IF ROOM\_MOLD = ANY COMBINATION OF VALUES 1-7, GO TO **HC25000**.
- 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 **HC25000**.

**HC24000/(ROOM\_MOLD\_OTH).**

SPECIFY:

Label	Code	Go To
REFUSED	-1	

Label	Code	Go To
DON'T KNOW	-2	

**SOURCE**

National Children's Study, Legacy Phase (T1 Mother)

**HC25000.** The next few questions ask about any recent additions or renovations to your home.

**HC26000/(PRENOVATE2).** Since our last contact, 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	PDECORATE2
REFUSED	-1	PDECORATE2
DON'T KNOW	-2	PDECORATE2

**SOURCE**

American Healthy Homes Survey and National Survey of Lead and Allergens in Housing (modified)

**HC27000/(PRENOVATE2\_ROOM).** Which rooms were renovated?

**INTERVIEWER INSTRUCTIONS**

- PROBE: Any others?
- SELECT ALL THAT APPLY.

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

**SOURCE**

American Healthy Homes Survey and National Survey of Lead and Allergens in Housing (modified)

**PROGRAMMER INSTRUCTIONS**

- IF PRENOVATE2\_ROOM = ANY COMBINATION OF VALUES 1-7, GO TO PDECORATE2.
- IF PRENOVATE2\_ROOM = -5, OR ANY COMBINATION OF VALUES 1-7 AND -5,

**PROGRAMMER INSTRUCTIONS**

GO TO PRENOVATE2\_ROOM\_OTH

- IF PRENOVATE2\_ROOM = -1 OR -2, DO NOT ALLOW SELECTION OF ADDITIONAL RESPONSES AND GO TO PDECORATE\_2.

HC28000/(PRENOVATE2\_ROOM\_OTH).

SPECIFY:

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

**SOURCE**

American Healthy Homes Survey and National Survey of Lead and Allergens in Housing (modified)

HC29000/(PDECORATE2). Since we last spoke with you, were any smaller projects done in your home, such as painting, wallpapering, refinishing floors, or installing new carpet?

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

**SOURCE**

Avon Longitudinal Study of Parents and Children

HC30000/(PDECORATE2\_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 OR LANDING	3	
PARTICIPANT'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 (modified)

**PROGRAMMER INSTRUCTIONS**

- IF PDECORATE2\_ROOM = ANY COMBINATION OF VALUES 1 - 7, GO TO TIME\_STAMP\_HC\_ET.
- IF PDECORATE2\_ROOM = -5, OR ANY COMBINATION OF VALUES 1 - 7 AND -5, GO TO PDECORATE2\_ROOM\_OTH.
- IF PDECORATE2\_ROOM = -1 OR -2, DO NOT ALLOW SELECTION OF ADDITIONAL RESPONSES AND GO TO TIME\_STAMP\_HC\_ET.

HC31000/(PDECORATE2\_ROOM\_OTH).

SPECIFY:

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

**SOURCE**

Avon Longitudinal Study of Parents and Children

(TIME\_STAMP\_HC\_ET).

**PROGRAMMER INSTRUCTIONS**

INSERT DATE/TIME STAMP