

Core Questionnaire - Household

|  |  |
| --- | --- |
| Event Category: | Time-Based |
| Event: | 6M, 12M, 18M, 24M, 30M, 36M, 42M, 48M, 54M, 60M |
| Administration: | N/A |
| Instrument Target: | Child's Primary Residence |
| Instrument Respondent: | Primary Caregiver |
| 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, Web-Based, CAI |
| Estimated Administration Time: | 14 minutes: (6M), 12 minutes: (12M, 24M, 36M, 48M, 60M), 16 minutes: (18M, 30M, 42M, 54M) |
| 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.

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Core Questionnaire - Household

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Core 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 | * 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 | NUMERICCHARACTER | * DISPLAY AS MM/DD/YYYY
* STORE AS YYYY-MM-DD
* HARD EDITS:

MM MUST EQUAL 01 TO 12DD MUST EQUAL 01 TO 31YYYY 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.**

HOUSING CHARACTERISTICS (EVERY 6M)

**(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 ADULT CAREGIVER.
* PRELOAD **MULT\_CHILD** FROM **INSTRUMENT\_ID** = XX (PARTICIPANT VERIFICATION, SCHEDULING & TRACING QUESTIONNAIRE).
* IF **MULT\_CHILD** = 1, DISPLAY "the children" 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 child" 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.
* IF **LENGTH\_RESIDE** AND **LENGTH\_RESIDE\_UNIT** COLLECTED PREVIOUSLY AND VALUE ≠ -1 OR -2, GO TO **RECENT\_MOVE**.
* OTHERWISE, GO TO **HC02000.**
 |

**HC01000/(RECENT\_6\_MOVE).** Have you moved or changed your housing situation in the past 6 months?

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

|  |
| --- |
| SOURCE |
| Early Childhood Longitudinal Program, Birth Cohort (ECLS-B) (modified) |

**HC02000.** How long has {C\_FNAME/the child/the children} lived in this home?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * RECORD LENGTH OF TIME IN WEEKS IF CHILD HAS LIVED IN HOME FOR LESS THAN ONE MONTH.
* RECORD LENGTH OF TIME IN MONTHS IF CHILD HAS LIVED IN HOME FOR AT LEAST ONE MONTH BUT LESS THAN 12 MONTHS.
* OTHERWISE, RECORD LENGTH OF TIME IN YEARS.
 |

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| SOURCE |
| The National Survey of Lead and Allergens in Housing (NSLAH) |

**(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 |  |

|  |
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| PROGRAMMER INSTRUCTIONS |
| * PRELOAD **CHILD\_DOB** FROM **INSTRUMENT\_ID** = XX (PARTICIPANT VERIFICATION, SCHEDULING, AND TRACING QUESTIONNAIRE).
* DISPLAY HARD EDIT IF **LENGTH\_RESIDE** AND **LENGTH\_RESIDE\_UNIT** ARE GREATER THAN CHILD'S CURRENT AGE (AS CALCULATED BY **CHILD\_DOB** AND **CURRENT\_DATE**).
* DISPLAY SOFT EDIT IF **RECENT\_MOVE** = 1 AND **LENGTH\_RESIDE** AND **LENGTH\_RESIDE\_UNIT**> 1 YEAR.
 |

**HC03000/(AGE\_HOME).** Which of these categories best describes when your home or building was built?

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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 |
| 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 |  |

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| --- |
| SOURCE |
| The National Survey of Lead and Allergens in Housing (NSLAH) (modified) |

**HC04000/(BUILD\_TYPE).** How would you describe the building in which you live?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| A single family home | 1 |  |
| An apartment building or other multifamily building | 2 |  |
| A townhouse | 3 |  |
| A duplex, triplex, or quadplex | 4 |  |
| A trailer | 5 |  |
| A group home, dormitory, or | 6 |  |
| A hotel/motel | 7 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
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| SOURCE |
| Early Childhood Longitudinal Program, Birth Cohort (ECLS-B) 2 Year Parent Interview (modified)  |

**HC05000/(HOME\_SF).** About how many square feet is {C\_FNAME/the child/the children}'s home or apartment?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Less than 500 | 1 |  |
| 500-999 | 2 |  |
| 1000-1999 | 3 |  |
| 2000-2999 | 4 |  |
| 3000 square feet or more | 5 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

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| SOURCE |
| National Children's Study, Vanguard Phase |

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| PROGRAMMER INSTRUCTIONS |
| * IF **HOME\_SF** = ANY VALUE 1 THROUGH 5 AND **BUILD\_TYPE** = 1, 3, OR 4, GO TO **HOME\_GARAGE.**
* IF **HOME\_SF** = ANY VALUE 1 THROUGH 5 AND **BUILD\_TYPE** = 2, 5, 6, 7, -1, OR -2, GO TO **WATER**.
* OTHERWISE, IF **HOME\_SF** = -1 OR -2, GO TO **HOME\_BEDROOMS.**
 |

**HC06000/(HOME\_BEDROOMS).** How many bedrooms are there in {C\_FNAME/the child/the children}'s home?  Include any room that was planned as a bedroom even if it is being used for another purpose, for example as an office.

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

NUMBER OF BEDROOMS

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

|  |
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| SOURCE |
| Census 2010 Long Form (modified) |

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| PROGRAMMER INSTRUCTIONS |
| * DISPLAY SOFT EDIT IF **HOME\_BEDROOMS** > 4.
* IF **BUILD\_TYPE** = 1, 3, OR 4, GO TO **HOME\_STORIES**.
* OTHERWISE, GO TO **WATER**.
 |

**HC07000/(HOME\_STORIES).** Including the basement, how many stories are there in the {C\_FNAME/the child}'s home?

|\_\_\_|

NUMBER OF STORIES

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * IF SPLIT LEVEL OR PARTIAL BASEMENT, INCLUDE AND COUNT THE GREATEST NUMBER OF STORIES ON TOP OF EACH OTHER.
 |

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

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| SOURCE |
| National Children's Study, Vanguard Phase |

**HC08000/(HOME\_GARAGE).** Is there a garage attached to {C\_FNAME/the child/the children}'s home?

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

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| SOURCE |
| National Human Exposure Assessment Survey (NHEXAS) (modified) |

**HC09000/(GARAGE\_WARMUP).** On a cold day, how long do you normally let your vehicle warm up in the garage?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Less than 1 minute | 1 |  |
| 1-2 minutes | 2 |  |
| 3-5 minutes | 3 |  |
| More than 5 minutes | 4 |  |
| Never | 5 |  |
| VEHICLE NOT KEPT IN GARAGE | 6 |  |
| DON'T OWN A VEHICLE | 7 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

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| SOURCE |
| National Children's Study, Vanguard Phase |

**HC10000/(WATER).** In the past six months, have you seen any water damage inside {C\_FNAME/the child/the children}'s home?

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

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| SOURCE |
| American Healthy Homes Survey (modified) |

**HC11000/(MOLD).** In the past six months, have you seen any mold or mildew on walls or other surfaces other than the shower or bathtub inside {C\_FNAME/the child/the children}'s home?

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

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| SOURCE |
| National Children's Study, Vanguard Phase |

**HC12000/(RENOVATE).** In the past 6 months, 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 | DECORATE |
| REFUSED | -1 | DECORATE |
| DON'T KNOW | -2 | DECORATE |

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| SOURCE |
| The National Survey of Lead and Allergens in Housing (NSLAH) and American Health Homes Survey (AHHS) |

**HC13000/(RENOVATE\_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 |  |
| {C\_FNAME/THE CHILD/THE CHILDREN}'S BEDROOM | 4 |  |
| OTHER BEDROOM | 5 |  |
| BATHROOM/TOILET | 6 |  |
| BASEMENT | 7 |  |
| OTHER | -5 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

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| SOURCE |
| The National Survey of Lead and Allergens in Housing (NSLAH) and American Health Homes Survey (AHHS) |

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

**HC14000/(RENOVATE\_ROOM\_OTH).** SPECIFY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |
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| SOURCE |
| The National Survey of Lead and Allergens in Housing (NSLAH) and American Health Homes Survey (AHHS) |

**HC15000/(DECORATE).** In the past 6 months, were any smaller projects done on {C\_FNAME/the child/the children}'s home, such as painting, wallpapering, refinishing floors, or installing new carpet?

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

|  |
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| SOURCE |
| Avon Longitudinal Survey of Parents And Children (ALSPAC), Your Environment Questionnaire (modified) |

**HC16000/(CARPET).** About what portion of the rooms in {C\_FNAME/the child/the children}'s home are carpeted rooms or have room-size rugs? By room-size, I mean a rug that covers at least half of the floor in that room.

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| More than half | 1 |  |
| About half | 2 |  |
| Less than half | 3 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

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| SOURCE |
| American Healthy Homes Survey (modified) |

**HC17000/(MAIN\_HEAT).** What is the main heating source in {C\_FNAME/the child/the children}'s home? {We have a showcard we can provide you to help with your answer.}

|  |
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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 |
| GAS-HEATED FORCED AIR (VENTS) | 1 | OTHER\_HEAT |
| ELECTRIC-HEATED FORCED AIR (VENTS) (INCLUDES HEAT PUMPS) | 2 | OTHER\_HEAT |
| OIL/KEROSENE-FIRED FURNACE | 3 | OTHER\_HEAT |
| ELECTRIC BASEBOARD HEAT | 4 | OTHER\_HEAT |
| RADIATORS (STEAM OR HOT WATER) | 5 | OTHER\_HEAT |
| GAS STOVE/WALL FURNACE | 6 | OTHER\_HEAT |
| WOOD BURNING STOVE/FIREPLACE | 7 | OTHER\_HEAT |
| KEROSENE SPACE HEATER | 8 | OTHER\_HEAT |
| RADIANT/CERAMIC HEATER | 9 | OTHER\_HEAT |
| ELECTRIC SPACE HEATER | 10 | OTHER\_HEAT |
| SOME OTHER SOURCE | -5 |  |
| NO SOURCE OF HEAT | -7 | COOL |
| REFUSED | -1 | COOL |
| DON'T KNOW | -2 | COOL |

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| SOURCE |
| American Healthy Homes Survey |

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| PROGRAMMER INSTRUCTIONS |
| * IF USING SHOWCARDS, DISPLAY “We have a show card we can provide you to help with your answer”.
 |

**HC18000/(MAIN\_HEAT\_OTH).** SPECIFY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |
| --- |
| SOURCE |
| American Healthy Homes Survey |

**HC19000/(OTHER\_HEAT).** Are there any other sources used in {C\_FNAME/the child/the children}'s home for heat? {You may refer to the card for your answer(s).}

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

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| GAS-HEATED FORCED AIR (VENTS) | 1 |  |
| ELECTRIC -HEATED FORCED AIR (VENTS) (INCLUDES HEAT PUMPS) | 2 |  |
| OIL/KEROSENE FIRED FURNACE | 3 |  |
| ELECTRIC BASEBOARD HEAT | 4 |  |
| RADIATORS (STEAM OR HOT WATER) | 5 |  |
| GAS STOVE/WALL FURNACE | 6 |  |
| WOOD BURNING STOVE/FIREPLACE | 7 |  |
| KEROSENE SPACE HEATER | 8 |  |
| RADIANT/CERAMIC HEATER | 9 |  |
| ELECTRIC SPACE HEATER | 10 |  |
| SOME OTHER SOURCE | -5 |  |
| NO OTHER SOURCE OF HEAT | -7 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

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| --- |
| SOURCE |
| American Healthy Homes Survey |

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| PROGRAMMER INSTRUCTIONS |
| * IF USING SHOWCARDS, DISPLAY “You may refer to the card for your answer(s).”
* IF **OTHER\_HEAT**= ANY COMBINATION OF 1 THROUGH 10, GO TO **COOL.**
* IF **OTHER\_HEAT**= -5 OR ANY COMBINATION OF 1 THROUGH 10 AND -5, GO TO **OTHER\_HEAT\_OTH.**
* IF **OTHER\_HEAT**= -7, -1 OR -2, DO NOT ALLOW SELECTION OF ADDITIONAL RESPONSES AND GO TO **​COOL.**
 |

**HC20000/(OTHER\_HEAT\_OTH).** SPECIFY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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| SOURCE |
| American Healthy Homes Survey |

**HC21000/(COOL).** Which of these cooling systems are regularly used in {C\_FNAME/the child/the children}'s home?

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

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

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| SOURCE |
| America Healthy Homes Survey (modified) |

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

**HC21100/(COOL\_OTH).** SPECIFY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| SOURCE |
| America Healthy Homes Survey (modified) |

**HC22000/(OPEN\_WINDOW).** In the past six months, approximately how many hours a day were the windows or doors open in {C\_FNAME/the child/the children}'s home? Was it...

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Less than 1 hour per day | 1 |  |
| 1-3 hours per day | 2 |  |
| 4-12 hours per day | 3 |  |
| More than 12 hours per day | 4 |  |
| Not at all | 5 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

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| SOURCE |
| American Healthy Homes Survey (modified) |

**HC23000/(DEHUMIDIFIER).** In the past six months, has a dehumidifier been used in {C\_FNAME/the child/the children}'s home?

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

|  |
| --- |
| SOURCE |
| American Healthy Homes Survey (modified) |

**HC24000/(AIR\_CLEANING).** What type of air cleaning device(s) is used in {C\_FNAME/the child/the children}'s home? {You may refer to the showcard for your answer(s).}

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

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| FILTER | 1 |  |
| ELECTROSTATIC PRECIPITATOR | 2 |  |
| OZONE GENERATOR | 3 |  |
| OTHER | -5 |  |
| NO AIR CLEANING DEVICE USED IN HOME | -7 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

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| SOURCE |
| National Children's Study, Vanguard Phase (DU Observation) (modified) |

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| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF USING SHOWCARDS, DISPLAY “You may refer to the showcard for your answer(s).”
* IF **AIR\_CLEANING** = ANY COMBINATION OF 1 - 3, GO TO **AIR\_FILTER**.
* IF **AIR\_CLEANING** = -5 OR ANY COMBINATION OF -5 AND  1 - 3, GO TO **AIR\_CLEANING\_OTH**.
* OTHERWISE, IF **AIR\_CLEANING** = -7, -1, OR -2, DO NOT ALLOW SELECTION OF ADDITIONAL RESPONSES AND GO TO **AIR\_FILTER**.
 |

**HC25000/(AIR\_CLEANING\_OTH).** SPECIFY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |
| --- |
| SOURCE |
| National Children's Study, Vanguard Phase (DU Observation) (modified) |

**HC26000/(AIR\_FILTER).** Does your furnace or air conditioning system use a special HEPA (High Efficiency Particulate Air) or other type of allergy filter to filter the air?

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

|  |
| --- |
| SOURCE |
| National Survey of Lead & Allergens in Housing (modified) |

**HC27000/(FRESHENERS).** In the past six months, have scented products such as plug-ins, gels or solids, or sprays been used in {C\_FNAME/the child/the children}'s home?

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

|  |
| --- |
| SOURCE |
| American Healthy Homes Survey (modified) |

**HC28000/(CANDLES).** In the past six months have candles, scented candles or incense been used?

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

|  |
| --- |
| SOURCE |
| National Human Exposure Assessment Survey (NHEXAS) (modified) |

**HC29000/(WELL\_WATER).** 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, Legacy Phase |

**HC30000/(WATER\_DRINK).** What water source in {C\_FNAME/the child/the children}'s home is used 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 (NHEXAS) (modified) |

**HC31000/(WATER\_DRINK\_OTH).** SPECIFY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |
| --- |
| SOURCE |
| National Human Exposure Assessment Survey (NHEXAS) (modified) |

**HC32000/(WATER\_COOK).** What water source in {C\_FNAME/the child/the children}'s home is used most of the time for cooking?

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

|  |
| --- |
| SOURCE |
| National Human Exposure Assessment Survey (NHEXAS) (modified) |

**HC33000/(WATER\_COOK\_OTH).** SPECIFY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |
| --- |
| SOURCE |
| National Human Exposure Assessment Survey (NHEXAS) (modified) |

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

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

NEIGHBORHOOD CHARACTERISTICS ( EVERY 6 M)

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

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * INSERT DATE/TIME STAMP
* IF **EVENT\_TYPE** = 24 (6-MONTH), GO TO **NC01000**.
* IF **EVENT\_TYPE** = 27 (12-MONTH), 30 (18-MONTH), 31 (24-MONTH), 36 (30-MONTH), 37 (36-MONTH), 38 (42-MONTH), XX (48-MONTH), XX (54-MONTH), OR XX (60-MONTH):
	+ AND **RECENT\_MOVE** = 1, GO TO **NC01000**.
	+ AND **RECENT\_MOVE** = 2, -1, OR -2, GO TO **TIME\_STAMP\_NC\_ET**.
 |

**NC01000.** Now I'd like to ask a few questions about your neighborhood.

**NC02000/(NEIGH\_DEFN).** When you are talking to someone about your neighborhood, what do you mean? Is it

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| The block or street you live on | 1 |  |
| Several blocks or streets in each direction | 2 |  |
| The area within a 15-minute walk from your house | 3 |  |
| An area larger than a 15-minute walk from your house | 4 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Los Angeles Family and Neighborhood Survey Adult Questionnaire |

**NC03000/(NEIGH\_FAM).** How many of your relatives or in-laws live in your neighborhood? Would you say...

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| None | 1 |  |
| A few | 2 |  |
| Many | 3 |  |
| Most | 4 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Los Angeles Family and Neighborhood Survey Adult Questionnaire |

**NC04000/(NEIGH\_FRIEND).** How many of your friends live in your neighborhood? Would you say...

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| None | 1 |  |
| A few | 2 |  |
| Many | 3 |  |
| Most | 4 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Los Angeles Family and Neighborhood Survey Adult Questionnaire |

**NC05000/(NEIGHBORS).** About how many adults do you recognize or know by sight in this neighborhood? Would you say you recognize...

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| None | 1 |  |
| A few | 2 |  |
| Many | 3 |  |
| Most | 4 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Los Angeles Family and Neighborhood Survey Adult Questionnaire |

**NC06000/(NEIGH\_NUM\_TALK).** In the past 30 days, that is since {DATE 30 DAYS PRIOR TO INTERVIEW DATE}, how many of your neighbors have you talked with for 10 minutes or more?  Would you say...

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| None | 1 |  |
| 1 or 2 | 2 |  |
| 3 to 5 | 3 |  |
| 6 or more | 4 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Los Angeles Family and Neighborhood Survey Adult Questionnaire |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * CALCULATE AND DISPLAY DATE 30 DAYS PRIOR TO CURRENT DATE.
 |

**NC07000/(NEIGH\_HELP).** About how often do you and people in your neighborhood do favors for each other? By favors, we mean such things as watching each others children, or helping with shopping, or lending garden or house tools. Would you say...

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Often | 1 |  |
| Sometimes | 2 |  |
| Rarely | 3 |  |
| Never | 4 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Project on Human Development in Chicago Neighborhoods Community Survey 1994-1995 (modified) |

**NC08000/(NEIGH\_TALK).** How often do you and other people in your neighborhood visit in each other's homes or speak with each other on the street?  Would you say it is...

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Often | 1 |  |
| Sometimes | 2 |  |
| Rarely | 3 |  |
| Never | 4 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Project on Human Development in Chicago Neighborhoods Community Survey 1994-1995 (modified) |

**NC09000/(NEIGH\_WATCH\_1).** If children were skipping school and hanging out, how likely is it that your neighbors would do something about it?  Would you say it is..

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Very Likely | 1 |  |
| Likely | 2 |  |
| Unlikely | 3 |  |
| Very Unlikely | 4 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Los Angeles Family and Neighborhood Survey, Project on Human Development in Chicago Neighborhoods Community Survey 1994-1995 |

**NC10000/(NEIGH\_WATCH\_2).** If children were showing disrespect to an adult, how likely is it that your neighbors would do something about it?  Would you say it is...

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Very Likely | 1 |  |
| Likely | 2 |  |
| Unlikely | 3 |  |
| Very Unlikely | 4 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Los Angeles Family and Neighborhood Survey, Project on Human Development in Chicago Neighborhoods Community Survey 1994-1995 |

**NC11000.** Please tell me if you agree or disagree with the following statements.

|  |
| --- |
| SOURCE |
| National Children's Study, Vanguard Phase |

**NC12000/(NEIGH\_CLOSE).** This is a close-knit neighborhood.

|  |
| --- |
| 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 |
| STRONGLY AGREE | 1 |  |
| AGREE | 2 |  |
| DISAGREE | 3 |  |
| STRONGLY DISAGREE | 4 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Los Angeles Family and Neighborhood Survey, Project on Human Development in Chicago Neighborhoods Community Survey 1994-1995 |

**NC13000/(NEIGH\_TRUST).** People in this neighborhood can be trusted.

|  |
| --- |
| 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 |
| STRONGLY AGREE | 1 |  |
| AGREE | 2 |  |
| DISAGREE | 3 |  |
| STRONGLY DISAGREE | 4 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Los Angeles Family and Neighborhood Survey Adult Questionniare |

**NC14000/(NEIGH\_SAFE\_1).** I feel safe walking in my neighborhood, day or night.

|  |
| --- |
| 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 |
| STRONGLY AGREE | 1 |  |
| AGREE | 2 |  |
| DISAGREE | 3 |  |
| STRONGLY DISAGREE | 4 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Mujahid, et al. Assessing the Measurement Properties of Neighborhood scales: From Psychomatrics to Ecometrics. *Amer J. Epidemiol.* 2007: 165; 858-67. |

**NC15000/(NEIGH\_SAFE\_2).** Violence is not a problem in my neighborhood.

|  |
| --- |
| 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 |
| STRONGLY AGREE | 1 |  |
| AGREE | 2 |  |
| DISAGREE | 3 |  |
| STRONGLY DISAGREE | 4 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Mujahid, et al. Assessing the Measurement Properties of Neighborhood scales: From Psychomatrics to Ecometrics. *Amer J. Epidemiol.* 2007: 165; 858-67. |

**NC16000/(NEIGH\_SAFE\_3).** My neighborhood is safe from crime.

|  |
| --- |
| 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 |
| STRONGLY AGREE | 1 |  |
| AGREE | 2 |  |
| DISAGREE | 3 |  |
| STRONGLY DISAGREE | 4 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Mujahid, et al. Assessing the Measurement Properties of Neighborhood scales: From Psychomatrics to Ecometrics. *Amer J. Epidemiol*. 2007: 165; 858-67. |

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

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

PESTICIDE APPLICATIONS IN PAST SIX MONTHS (EVERY 6M)

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

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

**PAI01000/(PAI1000).** We are interested in learning about any chemicals or products that young children may come in contact with in their home.  I would like to ask about products that may have been used in the home or yard to control for mice, rats, ants, termites, cockroaches, bees, wasps, moths, or other insects and rodents during the past 6 months. {When responding to the questions in this section, please think about {C\_FNAME/the child/the children}'s primary address or the place where {he/she/they} {lives/live} most of the time.}

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * IF NECESSARY, REMIND THE ADULT CAREGIVER THAT RESPONSES TO THIS SECTION SHOULD BE IN REFERENCE TO THE CHILD'S PRIMARY RESIDENCE, THE PLACE WHERE THE CHILD SPENDS MOST OF HIS OR HER TIME.
 |

|  |
| --- |
| SOURCE |
| American Healthy Homes Survey, Food and Nutrition Survey Environmental Health Child Care Centers (FNSEHOCC) |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **MULT\_CHILD** = 1, DISPLAY "live".
* IF **MULT\_CHILD** ≠ 1, DISPLAY "lives".
* PRELOAD **SEC\_RES**FROM PARTICIPANT VERIFICATION AND TRACING QUESTIONNAIRE.
* IF **SEC\_RES**= 1, DISPLAY "When responding to the questions in this section, please think about {C\_FNAME/the child/the children}'s primary address or the place where {he/she/they} {lives/live} most of the time."
 |

**PAI02000/(PEST\_TYPE\_SEEN).** In some climates and locations, some pests are found in and around homes. Have you seen any of the following pests in or around {C\_FNAME/the child/the children}'s home in the past six months.?

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

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Pests of plants and trees, such as gypsy moths, japanese beetles, aphids, snails, or slugs. | 1 |  |
| Flying insects, such as flies, mosquitoes, bees, wasps, hornets, or moths | 2 |  |
| Crawling insects, such as ants, roaches, silverfish, or spiders | 3 |  |
| Rodents, such as mice, rats, or squirrels | 4 |  |
| Fleas or ticks | 5 |  |
| Termites or carpenter ants | 6 |  |
| Cockroaches? | 7 |  |
| OTHER | -5 |  |
| DID NOT SEE ANY PESTS | -7 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Non-Hodkins Lymphoma Study Questions from American Health Home Survey (modified) |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **PEST\_TYPE\_SEEN**= -7, -1 OR -2, DO NOT ALLOW SELECTION OF ADDITIONAL RESPONSES AND GO TO **PEST\_TYPE.**
* IF **PEST\_TYPE\_SEEN**= ANY COMBINATION OF 1 – 7, GO TO **PEST\_TYPE.**
* IF **PEST\_TYPE\_SEEN** = -5, OR ANY COMBINATION OF 1 – 7 AND -5, GO TO **PEST\_TYPE\_SEEN\_OTH**.
 |

**PAI02100/(PEST\_TYPE\_SEEN\_OTH).** SPECIFY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| SOURCE |
| ​Non-Hodkins Lymphoma Study Questions from American Health Home Survey (modified) |

**PAI03000/(PEST\_TYPE).** Sometimes people treat their homes for pests for prevention, whether or not they have seen the pests. What type of pests did you treat?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Pests of plants and trees, such as gypsy moths, japanese beetles, aphids, snails, or slugs | 1 |  |
| Flying insects, such as flies, mosquitoes, bees, wasps, hornets, or moths | 2 |  |
| Crawling insects, such as ants, roaches, silverfish, or spiders | 3 |  |
| Rodents, such as mice, rats, or squirrels | 4 |  |
| Fleas or ticks | 5 |  |
| Termites and carpenter ants | 6 |  |
| Cockroaches? | 7 |  |
| OTHER | -5 |  |
| DID NOT TREAT HOME FOR PESTS | -7 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Non-Hodkins Lymphoma Study Questions from American Health Home Survey (modified) |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **PEST\_TYPE**= ANY COMBINATION OF 1 THROUGH 7, GO TO **WHEN\_PEST.**
* IF **PEST\_TYPE =**-5 OR ANY COMBINATION OF 1 THROUGH 7 AND -5, GO TO **PEST\_TYPE\_OTH.**
* IF **PEST\_TYPE** = -7, DO NOT ALLOW SELECTION OF ADDITIONAL RESPONSES AND GO TO **TIME\_STAMP\_PAI\_ET.**
* IF **PEST\_TYPE**= -1 OR -2, DO NOT ALLOW SELECTION OF ADDITIONAL RESPONSES AND GO TO **​WHEN\_PEST.**
 |

**PAI03010/(PEST\_TYPE\_OTH).** SPECIFY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |
| --- |
| SOURCE |
| ​Non-Hodkins Lymphoma Study Questions from American Health Home Survey (modified) |

**PAI03100/(WHEN\_PEST).** When were any pesticides last used inside or outside the residence to control for pests?  Was it:

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Within the last month | 1 |  |
| 1-3 months ago | 2 |  |
| 4-6 months ago | 3 |  |
| Not within the past 6 months | 4 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| National Human Exposure Assessment Survey (NHEXAS) (modified) |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **WHEN\_PEST** = 1, 2, OR 3, LOOP THROUGH **WHO\_APPLY**, **WHO\_APPLY\_OTH** (IF **WHO\_APPLY** = -5), **HOW\_APPLY**, **HOW\_APPLY\_OTH** (IF **HOW\_APPLY** = -5) AND **APPLY\_AREAS** FOR EACH **PEST\_TYPE** UNTIL NUMBER OF LOOPS = NUMBER OF RESPONSES SELECTED IN **PEST\_TYPE.** THEN GO TO **TIME\_STAMP\_PAI\_ET.**
* IF **WHEN\_PEST** = 4, -1, OR -2, GO TO **TIME\_STAMP\_PAI\_ET**.
 |

**PAI05000/(WHO\_APPLY).** Who treated for {PEST\_TYPE}?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| You | 1 | HOW\_APPLY |
| A friend or family member | 2 | HOW\_APPLY |
| Building maintenance | 3 | HOW\_APPLY |
| A professional exterminator | 4 | HOW\_APPLY |
| OTHER | -5 |  |
| REFUSED | -1 | HOW\_APPLY |
| DON'T KNOW | -2 | HOW\_APPLY |

|  |
| --- |
| SOURCE |
| American Healthy Homes Survey (modified), National Health and Nutrition Examination Survey, FNSEHCCC |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **PEST\_TYPE** = 1, DISPLAY “Pests of plants and trees such as gypsy moths, Japanese beetles, aphids, bees, etc”.
* IF **PEST\_TYPE** = 2, DISPLAY “Flying insects such as flies, mosquitoes, bees, wasps, hornets, moths”.
* IF **PEST\_TYPE** = 3, DISPLAY “Crawling insects such as ants, roaches, silverfish, spiders”.
* IF **PEST\_TYPE** = 4, DISPLAY “Rodents such as mice, rats, squirrels”.
* IF **PEST\_TYPE** = 5, DISPLAY “Fleas and ticks”.
* IF **PEST\_TYPE** = 6, DISPLAY “Termites and carpenter ants”.
* IF **PEST\_TYPE** = 7, DISPLAY "Cockroaches".
 |

**PAI06000/(WHO\_APPLY\_OTH).** SPECIFY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |
| --- |
| SOURCE |
| American Healthy Homes Survey (modified), National Health and Nutrition Examination Survey, FNSEHCCC |

**PAI07000/(HOW\_APPLY).** When you treated for {PEST\_TYPE}, how was the product applied?

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

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Spray | 1 |  |
| Bomb | 2 |  |
| Powder | 3 |  |
| Strip | 4 |  |
| Moth balls | 5 |  |
| Foam | 6 |  |
| Other | -5 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| American Healthy Homes Survey, Center for the Health Assessment of Mothers and Children of Salinas, FNESHCCC |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **PEST\_TYPE** = 1, DISPLAY “Pests of plants and trees such as gypsy moths, Japanese beetles, aphids, bees, etc”.
* IF **PEST\_TYPE** = 2, DISPLAY “Flying insects such as flies, mosquitoes, bees, wasps, hornets, moths”.
* IF **PEST\_TYPE** = 3, DISPLAY “Crawling insects such as ants, roaches, silverfish, spiders”.
* IF **PEST\_TYPE** = 4, DISPLAY “Rodents such as mice, rats, squirrels”.
* IF **PEST\_TYPE** = 5, DISPLAY “Fleas and ticks”.
* IF **PEST\_TYPE** = 6, DISPLAY “Termites and carpenter ants”.
* IF **PEST\_TYPE** = 7, DISPLAY "Cockroaches".
 |

**PAI08000/(HOW\_APPLY\_OTH).**

SPECIFY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |
| --- |
| SOURCE |
| American Healthy Homes Survey, Center for the Health Assessment of Mothers and Children of Salinas, FNESHCCC |

**PAI09000/(APPLY\_AREAS).** Where did you treat for the {PEST\_TYPE}? Was it..

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

|  |
| --- |
| SOURCE |
| American Healthy Homes Survey (modified), Center for the Health Assessment of Mothers and Children of Salinas, FNESHCCC |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **PEST\_TYPE**= 1, DISPLAY “Pests of plants and trees such as gypsy moths, Japanese beetles, aphids, bees, etc”.
* IF **PEST\_TYPE**= 2, DISPLAY “Flying insects such as flies, mosquitoes, bees, wasps, hornets, moths”.
* IF **PEST\_TYPE** = 3, DISPLAY “Crawling insects such as ants, roaches, silverfish, spiders”.
* IF **PEST\_TYPE** = 4, DISPLAY “Rodents such as mice, rats, squirrels”.
* IF **PEST\_TYPE** = 5, DISPLAY “Fleas and ticks”.
* IF **PEST\_TYPE**= 6, DISPLAY “Termites and carpenter ants”.
* IF **PEST\_TYPE** = 7, DISPLAY "Cockroaches".
* IF NUMBER OF LOOPS = NUMBER RESPONSES SELECTED IN **PEST\_TYPE,** GO TO **TIME\_STAMP\_PAI\_ET.**
* IF NUMBER OF LOOPS < NUMBER RESPONSES SELECTED IN **PEST\_TYPE**, GO TO **WHO\_APPLY.**
 |

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

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

SMOKING IN HOME (EVERY 6M)

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

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

**SIH01000/(SHI01000).** Now I would like to ask you a few questions about smoking in {C\_FNAME/the child/the children}'s home.  {When responding to the questions in this section, please think about {C\_FNAME/the child/the children}'s primary address or place where {he/she/they} {spends/spend} most of the time.}

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * IF NECESSARY, REMIND THE ADULT CAREGIVER THAT THE RESPONSES TO THIS SECTION SHOULD BE IN REFERENCE TO THE CHILD'S PRIMARY RESIDENCE, THE PLACE WHERE THE CHILD SPENDS MOST OF HIS OR HER TIME.
 |

|  |
| --- |
| SOURCE |
| National Children's Study, Vanguard Phase |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **MULT\_CHILD** = 1, DISPLAY "spend".
* IF **MULT\_CHILD ≠** 1, DISPLAY "spends".
* IF **SEC\_RES**= 1, DISPLAY "When responding to the questions in this section, please think about {C\_FNAME/the child/the children}'s primary address or place where {he/she/they} {spends/spend} most of the time."
 |

**SIH02000/(SMOKE).** Currently, do you or others in the child's household smoke cigarettes, cigarillos, cigars, pipes, or other tobacco products?

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

|  |
| --- |
| SOURCE |
| Family and Child Experience Survey (modified) |

**SIH03000/(SMOKE\_HOME).** Do you or anyone else smoke inside the child's home?

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

|  |
| --- |
| SOURCE |
| Early Childhood Longitudinal Program, Birth Cohort 2-Year Parent Interview (modified)  |

**SIH04000/(SMOKE\_RULES).** Which of the following statements best describes smoking inside the child's home now?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| No one is allowed to smoke anywhere inside the child's home | 1 |  |
| Smoking is allowed at some times or in some rooms in the child's home | 2 |  |
| Smoking is allowed anywhere inside the child's home | 3 |  |
| RESUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Pregnancy Risk Assessment Monitoring (modified) |

**SIH05000/(SMOKE\_HRS).** On average, about how many hours per day do people smoke in the same room as {C\_FNAME/the child/the children}, or near enough that {he/she/they} can see or smell the smoke?  Please consider all the places {C\_FNAME/the child/the children} {is/are} during the day, including home, at day care, or some other place.  If {he/she/they} {is/are} not exposed to smoke answer "0".

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

HOURS

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

|  |
| --- |
| SOURCE |
| National Survey of Family Growth, Herald Study |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * DISPLAY HARD EDIT IF **SMOKE\_HRS** > 24.
* IF **MULT\_CHILD** = 1, DISPLAY "are".
* IF **MULT\_CHILD** ​≠ 1, DISPLAY "is".
 |

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

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

PETS (EVERY 6M)

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

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

**PET01000.** Now I would like to ask you a few questions about any pets in the home.  {When responding to the questions in this section, please think about {C\_FNAME/the child/the children}'s primary address or the place where {he/she/they} {spends/spend} most of the time.}

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * IF NECESSARY, REMIND THE ADULT CAREGIVER THAT THE RESPONSES TO THIS SECTION SHOULD BE IN REFERENCE TO THE CHILD'S PRIMARY RESIDENCE, THE PLACE WHERE THE CHILD SPENDS MOST OF HIS OR HER TIME.
 |

|  |
| --- |
| SOURCE |
| National Children's Study, Vanguard Phase |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **MULT\_CHILD** = 1, DISPLAY "spend".
* IF **MULT\_CHILD** ≠ 1, DISPLAY "spends".
* IF **SEC\_RES**= 1, DISPLAY "When responding to the questions in this section, please think about {C\_FNAME/the child/the children}'s primary address or the place where {he/she/they} {spends/spend} most of the time."
* IF **PETS\_HOME** COLLECTED PREVIOUSLY AND **PETS\_HOME** ≠ -1 OR -2, GO TO **CHANGE\_PETS**.
* OTHERWISE, IF **PETS\_HOME** NOT COLLECTED PREVIOUSLY OR **PETS\_HOME** = -1 OR -2, GO TO **PETS\_HOME**.
 |

**PET03000/(CHANGE\_PETS).** Has there been a change in the number or type of pets in the home in the last 6 months?

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

|  |
| --- |
| SOURCE |
| National Children's Study, Vanguard Phase |

**PET02000/(PETS\_HOME).** Are there any pets that spend time inside your home?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * YOU MAY READ TO ADULT CAREGIVER THIS MORE DETAILED EXPLANATION, AS NEEDED.  "These pets include those that live indoors; pets that come indoors on a somewhat regular basis, such as an outside cat that comes inside during the winter; pets that spend more than 50 percent of their time indoors at this household, such as areas of the home where people spend time, not a garage or mud room; and other people's pets that spend 50 percent of their time in your home.  Do not include pets that have been inside only a handful of times, such as an outdoor pet that sneaks into the house; or agricultural animals that are pets , but do not come inside your home.
 |

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

|  |
| --- |
| SOURCE |
| Avon Longitudinal Survey of Parents and Children (ALSPAC) You and Your Surroundings Questionnaire (modified) |

**PET04000/(PET\_TYPE).** What kind of pets are these?

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

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

|  |
| --- |
| SOURCE |
| Avon Longitudinal Survey of Parents and Children (ALSPAC) You and Your Surroundings Questionnaire (modified) |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **PET\_TYPE**= ANY COMBINATION OF 1 THROUGH 5, GO TO **PET\_MEDS.**
* IF **PET\_TYPE**= -5, OR ANY COMBINATION OF 1 THROUGH 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\_MEDS.**
 |

**PET05000/(PET\_TYPE\_OTH).**

SPECIFY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * RECORD MORE THAN ONE TYPE OF PET SEPARATED BY A COMMA OR "AND."
 |

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

|  |
| --- |
| SOURCE |
| Avon Longitudinal Survey of Parents and Children (ALSPAC) You and Your Surroundings Questionnaire (modified) |

**PET06000/(PET\_MEDS).** Are any products ever used on your pets to contol fleas, ticks, or mites?  Please include flea collars, powders, shampoos, or other flea, tick and mite control products, but do not include pills given to your pet to control for fleas or other insects.

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

|  |
| --- |
| SOURCE |
| National Human Exposure Assessment Survey (NHEXAS) (modified) |

**PET07000/(PET\_MED\_TIME).** When were any of these last used on any of your pets?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Within the last month | 1 |  |
| 1-3 months ago | 2 |  |
| 4-6 months ago | 3 |  |
| More than 6 months ago | 4 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| National Human Exposure Assessment Survey (NHEXAS) |

**PET08000/(LIVESTOCK).** Now I'd like to ask about any other animals located at {C\_FNAME/the child/the children}'s primary residence.  Are there any poultry, livestock, or farm animals that live outdoors or in outbuildings on the property?

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

|  |
| --- |
| SOURCE |
| National Children's Study, Vanguard Phase |

**PET09000/(LIVESTOCK\_TYPE).** What types of animals are these?  Please include  all poultry, livestock, and farm animals that live outdoors as well as those that live in outbuildings.

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

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| CHICKENS | 1 |  |
| COWS | 2 |  |
| DUCKS | 3 |  |
| GEESE | 4 |  |
| GOATS | 5 |  |
| GUINEAFOWL | 6 |  |
| HENS | 7 |  |
| HORSES | 8 |  |
| MULES | 9 |  |
| PEAFOWL | 10 |  |
| PIGS | 11 |  |
| PIGEONS | 12 |  |
| RABBITS | 13 |  |
| ROOSTERS | 14 |  |
| SHEEP | 15 |  |
| TURKEYS | 16 |  |
| OTHER | -5 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Natinal Children's Study, Vanguard Phase |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **LIVESTOCK\_TYPE**= ANY COMBINATION OF 1 THROUGH 16, GO TO **TIME\_STAMP\_PET\_ET.**
* IF **LIVESTOCK\_TYPE**= -5 OR ANY COMBINATION OF 1 THROUGH 16 AND -5, GO TO **LIVESTOCK\_TYPE\_OTH.**
* IF **LIVESTOCK\_TYPE**= -1 OR -2, DO NOT ALLOW SELECTION OF ADDITIONAL RESPONSES AND GO TO **​TIME\_STAMP\_PET\_ET.**
 |

**PET10000/(LIVESTOCK\_TYPE\_OTH).** What kind of poultry, livestock, or farm animals are these?

SPECIFY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * RECORD MORE THAN ONE TYPE OF POULTRY, LIVESTOCK, OR FARM ANIMAL SEPARTED BY A COMMA OR "AND."
 |

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

|  |
| --- |
| SOURCE |
| Avon Longitudinal Study of Parents And Children |

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

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

INCOME (ANNUAL-6M, 18M, 30M, 42M, 54M)

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

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * INSERT DATE/TIME STAMP
* IF **EVENT\_TYPE** = 24 (6-MONTH), 30 (18-MONTH), 36 (30-MONTH), 38 (42-MONTH), OR XX (54-MONTH), GO TO **INC01000.**
* OTHERWISE, GO TO **​TIME\_STAMP\_INC\_ET.**
 |

**INC01000.** Now I have a few questions about your household.

**INC02000/(HH\_INC\_NUM).** Including yourself, how many adults contribute to your household income?

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

NUMBER

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

|  |
| --- |
| SOURCE |
| Early Childhood Longitudinal Program, Birth Cohort (ECLS-B) 2 Year Parent Interview  |

**INC04000/(INC\_TWO\_CAT).** In studies like this, households are sometimes grouped according to income.  What was the total income of all persons in your household over the past year, including salaries or other earnings, interest, retirement, and so on for all household members?  Was it...

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * READ IF NECESSARY: Total income means gross income-that is, income before taxes are taken out.
 |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| $25,000 or less | 1 |  |
| More than $25,000 | 2 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Early Childhood Longitudinal Program, Birth Cohort (ECLS-B) 2 Year Parent Interview  |

**INC05000/(INC\_13\_CAT).** Was it....

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| {$5,000 or less} | 1 |  |
| {$5,001 to $10,000} | 2 |  |
| {$10,001 to $15,000} | 3 |  |
| {$15,001 to $20,000} | 4 |  |
| {$20,001 to $25,000} | 5 |  |
| {$25,001 to $30,000} | 6 |  |
| {$30,001 to $35,000} | 7 |  |
| {$35,001 to $40,000} | 8 |  |
| {$40,001 to $50,000} | 9 |  |
| {$50,001 to $75,000} | 10 |  |
| {$75,001 to $100,000} | 11 |  |
| {$100,001 to $200,000} | 12 |  |
| {$200,001 or more} | 13 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Early Childhood Longitudinal Program, Birth Cohort (ECLS-B) 2 Year Parent Interview  |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **INC\_TWO\_CAT** = 1, DISPLAY CODES 1-5.
* OTHERWISE, IF **INC\_TWO\_CAT** = 2, DISPLAY CODES 6-13.
 |

**INC06100/(INC\_TOTAL).** What was your total household income last year, to the nearest thousand?

$|\_\_\_|,|\_\_\_|\_\_\_|\_\_\_|, 000 TOTAL INCOME

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * IF NECESSARY, EXPLAIN THAT TOTAL INCOME MEANS GROSS INCOME-THAT IS INCOME BEFORE TAXES ARE TAKEN OUT.
 |

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

|  |
| --- |
| SOURCE |
| Early Childhood Longitudinal Program, Birth Cohort (ECLS-B) 2 Year Parent Interview |

**INC06000/(HOME\_OWN\_TYPE).** What is your current housing situation? Do you...

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Own your own home | 1 | HOME\_VALUE |
| Rent your house or apartment | 2 | PUBLIC\_HOUSING |
| Exchange services for housing | 3 | OWN\_AUTO |
| Live with friends or relatives to pay part of the expenses | 4 | OWN\_AUTO |
| Live with friends or relatives and not pay for housing | 5 | OWN\_AUTO |
| Live in temporary housing or a shelter | 6 | OWN\_AUTO |
| Not pay for housing as part of job (e.g., military, clergy) | 7 | OWN\_AUTO |
| Have another type of housing arrangement | -5 |  |
| REFUSED | -1 | OWN\_AUTO |
| DON'T KNOW | -2 | OWN\_AUTO |

|  |
| --- |
| SOURCE |
| Early Childhood Longitudinal Program, Birth Cohort (ECLS-B) 2 Year Parent Interview  |

**INC07000/(HOME\_OWN\_TYPE\_OTH).** SPECIFY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |
| --- |
| SOURCE |
| Early Childhood Longitudinal Program, Birth Cohort (ECLS-B) 2 Year Parent Interview  |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * GO TO **OWN\_AUTO**.
 |

**INC08000/(PUBLIC\_HOUSING).** Do you live in public housing or do you and your family receive a rent subsidy or pay lower rent because the government pays part of the cost?

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

|  |
| --- |
| SOURCE |
| Early Childhood Longitudinal Program, Birth Cohort (ECLS-B) 2 Year Parent Interview  |

**INC09000/(HOME\_VALUE).** Could you tell me what the present value of your home is?  I mean about how much would it be if you sold it today?

$|\_\_\_|\_\_\_|,|\_\_\_|\_\_\_|\_\_\_|, |\_\_\_|\_\_\_|\_\_\_|

HOME VALUE

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

|  |
| --- |
| SOURCE |
| Early Childhood Longitudinal Program, Birth Cohort (ECLS-B) 2 Year Parent Interview  |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **HOME\_VALUE** = -1 OR -2, GO TO **HOME\_VALUE\_FIFTY.**
* OTHERWISE, IF **HOME\_VALUE ≠** -1 OR -2, GO TO **MORTGAGE**.
 |

**INC10000/(HOME\_VALUE\_FIFTY).** Would it amount to $50,000 or more?

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

|  |
| --- |
| SOURCE |
| Early Childhood Longitudinal Program, Birth Cohort (ECLS-B) 2 Year Parent Interview  |

**INC11000/(HOME\_VALUE\_ONE\_FIFTY).** Would it amount to $150,000 or more?

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

|  |
| --- |
| SOURCE |
| Early Childhood Longitudinal Program, Birth Cohort (ECLS-B) 2 Year Parent Interview  |

**INC12000/(MORTGAGE).** Do you have a mortgage on this property?

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

|  |
| --- |
| SOURCE |
| Early Childhood Longitudinal Program, Birth Cohort (ECLS-B) 2 Year Parent Interview  |

**INC13000/(OWN\_AUTO).** Do you {or anyone in your household} own a car or truck?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 |  |
| REFUSED | -1 |  |
| DON'T KNOW | 0 |  |

|  |
| --- |
| SOURCE |
| Early Childhood Longitudinal Program, Birth Cohort (ECLS-B) 2 Year Parent Interview  |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **HH\_INC\_NUM** > 1, DISPLAY "or anyone in your household".
 |

**INC14000/(INC\_STOCK).** Do you {or anyone in your household} have any shares, or stock in publicly held corporations, mutual funds, or investment trusts, including stocks in IRAs?

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

|  |
| --- |
| SOURCE |
| Early Childhood Longitudinal Program, Birth Cohort (ECLS-B) 2 Year Parent Interview  |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **HH\_INC\_NUM** > 1, DISPLAY "or anyone in your household".
 |

**INC15000/(INC\_ACCOUNTS).** Do you {or anyone in your household} have any money in checking or savings accounts, money market funds, certificates of deposit, or government savings bonds or treasury bills, including IRAs?

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

|  |
| --- |
| SOURCE |
| Early Childhood Longitudinal Program, Birth Cohort (ECLS-B) 2 Year Parent Interview  |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **HH\_INC\_NUM**> 1, DISPLAY "or anyone in your household".
 |

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

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