



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.

Public reporting burden for this collection of information is estimated to average 14 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.

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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 CHARACTER 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.**

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.

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	

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?

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

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	

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	

SOURCE

National Children's Study, Vanguard Phase

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	

SOURCE

Census 2010 Long Form (modified)

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	

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

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	

Label	Code	Go To
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	

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	

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	

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

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	

SOURCE

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

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	

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	

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

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	

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.}

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

Label	Code	Go To
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

SOURCE

American Healthy Homes Survey

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	

Label	Code	Go To
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	

SOURCE

American Healthy Homes Survey

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	

SOURCE

American Healthy Homes Survey

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

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	3	

Label	Code	Go To
cooler)		
Some other cooling system	-5	
NO COOLING OR AIR CONDITIONING REGULARLY USED	-7	
REFUSED	-1	
DON'T KNOW	-2	

SOURCE

America Healthy Homes Survey (modified)

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: _____

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	

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	

SOURCE**National Children's Study, Vanguard Phase (DU Observation) (modified)****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):
 - o AND **RECENT_MOVE** = 1, GO TO **NC01000**.
 - o 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	

Label	Code	Go To
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 Questionnaire

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 Psychometrics 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 Psychometrics 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 Psychometrics 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_PA1_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	3	

Label	Code	Go To
spiders		
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	

Label	Code	Go To
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_PA1_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)

PROGRAMMER INSTRUCTIONS

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

INTERVIEWER INSTRUCTIONS

- 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, FNEHCCC

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, FNEHCCC

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	

Label	Code	Go To
DON'T KNOW	-2	

SOURCE

American Healthy Homes Survey (modified), Center for the Health Assessment of Mothers and Children of Salinas, FNEHCCC

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_PA1_ET**.
- IF NUMBER OF LOOPS < NUMBER RESPONSES SELECTED IN **PEST_TYPE**, GO TO **WHO_APPLY**.

(**TIME_STAMP_PA1_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,

INTERVIEWER INSTRUCTIONS

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.

PROGRAMMER INSTRUCTIONS

- 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 control 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

National 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

PROGRAMMER INSTRUCTIONS

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	

Label	Code	Go To
{ \$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	4	OWN_AUTO

Label	Code	Go To
expenses		
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

INC07000/(HOME_OWN_TYPE_OTH).

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

PROGRAMMER INSTRUCTIONS

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
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	

Label	Code	Go To
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