

Secondary Residence Questionnaire

|  |  |
| --- | --- |
| Event Category: | Trigger-Based |
| Event: | Secondary Residence |
| Administration: | 36M, 48M, 60M |
| Instrument Target: | Child's Secondary Residence |
| Instrument Respondent: | Secondary Residence Caregiver |
| Domain: | Environmental |
| 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: | 13 minutes |
| Multiple Child/Sibling Consideration: | Per Event |
| Special Considerations: | N/A |
| Version: | 1.0 |
| MDES Release: | 4.0 |

\*This instrument is OMB-approved for multi-mode administration, but his version of the instrument is designed for administration in this/these mode(s) only.

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Secondary Residence Questionnaire

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Secondary Residence Questionnaire

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

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

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * INSERT DATE/TIME STAMP
* PRELOAD **DWELLING\_UNIT\_ID** FOR THE DWELLING UNIT
* PRELOAD **SECONDARY\_RESIDENCE\_ID** FOR THE SECONDARY RESIDENCE.
* PRELOAD THE PARTICIPANT (**P\_ID**) FOR CHILD AND THE RESPONDENT ID (**R\_P\_ID**) FOR CAREGIVER.
* PRELOAD **C\_FNAME** AND DISPLAY APPROPRIATE NAME IN “**C\_FNAME**” THROUGHOUT THE INSTRUMENT.
* OTHERWISE, IF **C\_FNAME** = -1 OR -2, DISPLAY “the child” IN APPROPRIATE FIELDS THROUGHOUT THE INSTRUMENT.
* PRELOAD **MULT\_CHILD** AND **CHILD\_QNUM**FROM PVST INSTRUMENT.
* IF **CHILD\_SEX** IN PVST INSTRUMENT = 1, DISPLAY “his”, “he”, OR “himself” IN APPROPRIATE FIELDS THROUGHOUT INSTRUMENT.
* IF **CHILD\_SEX** IN PVST INSTRUMENT = 2, DISPLAY “her”, “she”, OR “herself” IN APPROPRIATE FIELDS THROUGHOUT INSTRUMENT
 |

**HC01000/(STAFF\_ID).** ENTER STAFF ID

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

STAFF ID

**HC02000.** We would now like to ask you some questions about your home.

|  |
| --- |
| SOURCE |
|   |

**HC03000.** How long has {C\_FNAME/the child} been living in this home?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * RECORD LENGTH OF TIME IN WEEKS IF CHILD HAS LIVED IN HOME FOR LESS THAN ONE MONTH.
* IF CHILD HAS LIVED IN HOME FOR LESS THAN ONE WEEK , ENTER 1.
* 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 |  |

**HC04000/(AGE\_HOME).** Which of these categories best describes when your home or building was built?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * IF USING SHOWCARDS, REFER PARENT/CAREGIVER TO SHOWCARD.
* OTHERWISE, READ RESPONSE CATEGORIES TO PARENT/CAREGIVER.
 |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| 2001 OR LATER | 1 |  |
| 1981 TO 2000 | 2 |  |
| 1961 TO 1980 | 3 |  |
| 1941 TO 1960 | 4 |  |
| 1940 OR BEFORE | 5 |  |
| REFUSED | -1 |  |
| DON’T KNOW | -2 |  |

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

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| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF USING SHOWCARDS, DISPLAY “We have a showcard we can provide to help with your answer” AND DISPLAY RESPONSE CATEGORIES IN ALL CAPITAL LETTERS.
* OTHERWISE, DISPLAY RESPONSE CATEGORIES IN MIXED UPPER/LOWER CASE.
 |

**HC05000/(BUILD\_TYPE).** How would you describe the building in which you live?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Single family home | 1 |  |
| Apartment building or other multifamily building | 2 |  |
| Townhouse | 3 |  |
| Duplex, Triplex, Quadplex | 4 |  |
| Trailer | 5 |  |
| Group home, Dormitory, etc. | 6 |  |
| Hotel/Motel | 7 |  |
| REFUSED | -1 |  |
| DON’T KNOW | -2 |  |

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

**HC06000/(HOME\_SF).** About how many square feet is your home or apartment?

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

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

**HC07000/(HOME\_BEDROOMS).** How many bedrooms are there in your 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 |
| National Children’s Study, Vanguard Phase (Core) |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * INCLUDE SOFT EDIT IF **HOME\_BEDROOMS** > 4.
 |

**HC08000/(HOME\_STORIES).** How many stories are there in the house, including the basement?

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

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 (Core) |

**HC09000/(HOME\_GARAGE).** Is there a garage attached to your home?

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

|  |
| --- |
| SOURCE |
| National Children’s Study, Legacy Phase |

**HC10000/(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, or | 4 |  |
| Never | 5 |  |
| NOT APPLICABLE - DOES NOT HAVE VEHICLE/VEHICLE NOT KEPT IN GARAGE | -7 |  |
| REFUSED | -1 |  |
| DON’T KNOW | -2 |  |

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| SOURCE |
| National Children’s Study, Legacy Phase |

**HC11000/(WATER).** In the past six months, have you seen any water damage inside your home?

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

|  |
| --- |
| SOURCE |
| National Children’s Study, Legacy Phase |

**HC12000/(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 your home?

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

|  |
| --- |
| SOURCE |
| National Children’s Study, Legacy Phase |

**HC13000/(RENOVATE).** The next few questions ask about any recent additions or renovations to your home.

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 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
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| SOURCE |
| American Healthy Homes Survey, The National Survey of Lead and Allergens in Housing (NSLAH) (modified) |

**HC14000/(DECORATE).** In the past 6 months, were any smaller projects done on your 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) |

**HC15000/(CARPET).** About what proportion of rooms in your 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, or | 2 |  |
| Less than half | 3 |  |
| REFUSED | -1 |  |
| DON’T KNOW | -2 |  |

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| SOURCE |
| American Healthy Homes Survey |

**HC16000/(MAIN\_HEAT).** What is the main heating source in your home?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * IF USING SHOWCARDS, REFER PARENT/CAREGIVER TO SHOWCARD.
* OTHERWISE, READ RESPONSE CATEGORIES TO PARENT/CAREGIVER.
 |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| GAS-HEATED FORCED AIR (VENTS) | 1 | COOL |
| ELECTRIC-HEATED FORCED AIR (VENTS) (INCLUDES HEAT PUMPS) | 2 | COOL |
| OIL/KEROSENE-FIRED FURNACE | 3 | COOL |
| ELECTRIC BASEBOARD HEAT | 4 | COOL |
| RADIATORS (STEAM OR HOT WATER) | 5 | COOL |
| GAS STOVE/WALL FURNACE | 6 | COOL |
| WOOD BURNING STOVE/FIREPLACE | 7 | COOL |
| KEROSENE SPACE HEATER | 8 | COOL |
| RADIANT/CERAMIC HEATER | 9 | COOL |
| ELECTRIC SPACE HEATER | 10 | COOL |
| SOME OTHER SOURCE | -5 |  |
| NOT APPLICABLE - 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 showcard we can provide to help with your answer” AND DISPLAY RESPONSE CATEGORIES IN ALL CAPITAL LETTERS.
* OTHERWISE, DISPLAY RESPONSE CATEGORIES AS MIXED UPPER/LOWER CASE.
 |

**HC17000/(MAIN\_HEAT\_OTH).** SPECIFY  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

**HC18000/(COOL).** Which of these cooling systems are regularly used in your home?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * SELECT ALL THAT APPLY.
* PROBE: “Any others?”
* IF NECESSARY, REMIND RESPONDENT THAT FANS DO NOT COUNT.
 |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Window or wall air conditioners, | 1 |  |
| Central air conditioning, | 2 |  |
| Evaporative cooler (swamp cooler), or | 3 |  |
| Some other cooling system? | 4 |  |
| NOT APPLICABLE - NO COOLING OR AIR CONDITIONING REGULARLY USED | -7 |  |
| REFUSED | -1 |  |
| DON’T KNOW | -2 |  |

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

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| PROGRAMMER INSTRUCTIONS |
| * IF **COOL** = -7, -1, OR -2, DO NOT ALLOW SELECTION OF ADDITIONAL RESPONSES.
 |

**HC19000/(OPEN\_WINDOW).** In the past six months, approximately how many hours a day were the windows or doors open in your home?  Would you say...

|  |  |  |
| --- | --- | --- |
| 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, or | 4 |  |
| Not at all? | 5 |  |
| REFUSED | -1 |  |
| DON’T KNOW | -2 |  |

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

**HC20000/(DEHUMIDIFIER).** In the past six months, has a dehumidifier been used in your home?

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

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

**HC21000/(AIR\_CLEANING).** What type of air cleaning device(s) is used in your home?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * SELECT ALL THAT APPLY.
* PROBE: “Any others?”
* IF USING SHOWCARDS, REFER PARENT/CAREGIVER TO SHOWCARD HC002.
* OTHERWISE, READ RESPONSE CATEGORIES TO PARENT/CAREGIVER.
 |

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

|  |
| --- |
| SOURCE |
| National Children’s Study, Legacy Phase |

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| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF USING SHOWCARDS, DISPLAY RESPONSE CATEGORIES IN ALL CAPITAL LETTERS AND DISPLAY “You may refer to the card for your answer(s).”
* OTHERWISE, DISPLAY RESPONSE CATEGORIES AS MIXED UPPER/LOWER CASE.
* 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**.
 |

**HC22000/(AIR\_CLEANING\_OTH).** SPECIFY  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |
| --- |
| SOURCE |
| National Children’s Study, Legacy Phase  |

**HC23000/(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 Children’s Study, Legacy Phase |

**HC24000/(FRESHENERS).** In the past six months, have scented products such as plug-ins, gels or solids, or sprays been used in your home?

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

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

**HC25000/(CANDLES).** In the past six months, have candles, scented candles or incense been used in your home?

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

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

**HC26000/(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 |

**HC27000/(WATER\_DRINK).** What water source in your 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, or | 3 | WATER\_COOK |
| Some other source | -5 |  |
| REFUSED | -1 | WATER\_COOK |
| DON’T KNOW | -2 | WATER\_COOK |

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

**HC28000/(WATER\_DRINK\_OTH).** SPECIFY  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

**HC29000/(WATER\_COOK).** What water source in your 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, or | 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) |

**HC30000/(WATER\_COOK\_OTH).** SPECIFY  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

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

PESTICIDE APPLICATIONS IN PAST SIX MONTHS

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

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

**PAI01000.** I would now like to ask about products that may have been used in your home or yard to control for mice, rats, ants, termites, cockroaches, bees, wasps, moths, or other insects and rodents during the past 6 months.

|  |
| --- |
| SOURCE |
| American Healthy Homes Survey, FNSEHCCC |

**PAI02000/(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,or | 3 |  |
| Not within the past 6 months? | 4 | TIME\_STAMP\_PAI\_ET |
| REFUSED | -1 | TIME\_STAMP\_PAI\_ET |
| DON’T KNOW | -2 | TIME\_STAMP\_PAI\_ET |

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

**PAI03000/(PEST\_TYPE).** What type of pests did you treat for?

|  |
| --- |
| 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, etc. | 1 |  |
| Flying insects such as flies, mosquitoes, bees, wasps, hornets, moths, etc. | 2 |  |
| Crawling insects such as ants, roaches, silverfish, spiders, etc. | 3 |  |
| Rodents such as mice, rats, squirrels, etc. | 4 |  |
| Fleas and ticks, | 5 |  |
| Termites and carpenter ants. | 6 |  |
| OTHER | -5 |  |
| REFUSED | -1 |  |
| DON’T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Categories taken from the Non-Hodgkin’s Lymphoma Study |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **PEST\_TYPE** = -1 OR -2, DO NOT ALLOW SELECTION OF ADDITIONAL RESPONSES AND GO TO **TIME\_STAMP\_PAI\_ET**.
* IF **PEST\_TYPE =** ANY COMBINATION OF 1 – 6, GO TO **APPLY\_AREAS**AND LOOP THROUGH FOR EACH **PEST\_TYPE** UNTIL NUMBER OF LOOPS = NUMBER OF RESPONSES SELECTED IN **PEST\_TYPE**.
* IF **PEST\_TYPE** = -5, OR ANY COMBINATION OF 1 – 6 AND -5, GO TO **PEST\_TYPE\_OTH**.
 |

**PAI04000/(PEST\_TYPE\_OTH).** SPECIFY  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |
| --- |
| SOURCE |
| Categories taken from the Non-Hodgkin’s Lymphoma Study |

**PAI05000/(APPLY\_AREAS).** Where did you treat for the {PEST\_TYPE}? Was it…

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Inside your home, | 1 |  |
| Outside your home, or | 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, FNSEHCCC |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * LOOP THROUGH **APPLY\_AREAS** FOR EACH **PEST\_TYPE** UNTIL NUMBER OF LOOPS = NUMBER OF RESPONSES SELECTED IN **PEST\_TYPE**.
* IF NUMBER OF LOOPS = NUMBER OF RESPONSES SELECTED IN **PEST\_TYPE,** GO TO **TIME\_STAMP\_PAI\_ET**.
* DISPLAY APPROPRIATE **PEST\_TYPE** FOR EACH LOOP:
	+ IF **PEST\_TYPE** = 1, DISPLAY “Pests of plants and trees such as, gypsy moths, Japanese beetles, aphids  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. etc”.
	+ IF **PEST\_TYPE** = 5, DISPLAY “Fleas and ticks”.
	+ IF **PEST\_TYPE** = 6, DISPLAY “Termites and carpenter ants”.
	+ IF **PEST\_TYPE**= -5, DISPLAY "Other pest".
 |

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

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

PETS

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

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

**PT01000.** Now I would like to ask you a few questions about any pets in the home.

|  |
| --- |
| SOURCE |
|   |

**PT02000/(PETS\_HOME).** Are there any pets that spend any time inside the home?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * YOU MAY READ TO PARENT/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 mudroom; 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) |

**PT03000/(PET\_TYPE).** What kind of pets are these?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * IF USING SHOWCARDS, REFER PARENT/CAREGIVER TO SHOWCARD PT001.
* OTHERWISE, READ RESPONSE CATEGORIES TO PARENT/CAREGIVER.
* PROBE: Anything else?
* SELECT ALL THAT APPLY.
 |

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

|  |
| --- |
| SOURCE |
| Avon Longitudinal Survey of Parents and Children (ALSPAC) |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF USING SHOWCARDS, DISPLAY RESPONSE CATEGORIES IN ALL CAPITAL LETTERS AND DISPLAY “You may refer to the card for your answer(s).”
* OTHERWISE, DISPLAY RESPONSE CATEGORIES AS MIXED UPPER/LOWER CASE.
* IF **PET\_TYPE** = ANY COMBINATION OF VALUES 1 – 5, GO TO **PET\_MEDS**.
* IF **PET\_TYPE** = -5, OR ANY COMBINATION OF VALUES 1 – 5 AND -5, GO TO **PET\_TYPE\_OTH**.
* IF **PET\_TYPE** = -1 OR -2, DO NOT ALLOW SELECTION OF ADDITIONAL RESPONSES AND GO TO **PET\_MEDS**.
 |

**PT04000/(PET\_TYPE\_OTH).** What kind of pets are these?

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) |

**PT05000/(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 | PET\_ROOM\_SLEEP |
| REFUSED | -1 | PET\_ROOM\_SLEEP |
| DON'T KNOW | -2 | PET\_ROOM\_SLEEP |

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

**PT06000/(PET\_MED\_TIME).** When were any of these products last used on any of the pets?

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

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

**PT07000/(PET\_ROOM\_SLEEP).** Do any of the pets go in the room where the {C\_FNAME/the child} sleeps when {she/he} is here?

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

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

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **PET\_ROOM\_SLEEP**= 1, GO TO **PET\_BEDDING.**
* ?IF **PET\_ROOM\_SLEEP**= 2, -1, OR -2, AND **MULT\_CHILD** = 1, AND
	+ IF **CHILD\_QNUM** < **CHILD\_NUM**, GO TO **PET\_ROOM\_SLEEP.**
	+ IF **CHILD\_NUM**= **CHILD\_QNUM**, GO TO **LIVESTOCK.**
* IF **PET\_ROOM\_SLEEP**= 2, -1, OR -2, AND **MULT\_CHILD** = 2, GO TO **LIVESTOCK.**
 |

**PT08000/(PET\_BEDDING).** Do any of the pets sleep on the same bedding as {C\_FNAME/the child}?

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

|  |
| --- |
| SOURCE |
| National Children’s Study, Legacy Phase (6M) |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * **?**IF **MULT\_CHILD =**1, AND
	+ IF **CHILD\_QNUM**< **CHILD\_NUM,**GO TO **PET\_ROOM\_SLEEP.**
	+ IF **CHILD\_NUM**= **CHILD\_QNUM**, GO TO **LIVESTOCK.**
* IF **MULT\_CHILD**= 2, GO TO **LIVESTOCK.**
 |

**PT09000/(LIVESTOCK).** Now I’d like to ask about any other animals located at your home.  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\_PT\_ET |
| REFUSED | -1 | TIME\_STAMP\_PT\_ET |
| DON'T KNOW | -2 | TIME\_STAMP\_PT\_ET |

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

**PT10000/(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, REFER PARENT/CAREGIVER TO SHOWCARD PT002.
* OTHERWISE, READ RESPONSE CATEGORIES TO PARENT/CAREGIVER.
* 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 (Core) |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF USING SHOWCARDS, DISPLAY RESPONSE CATEGORIES IN ALL CAPITAL LETTERS AND DISPLAY “You may refer to the card for your answer(s).”
* OTHERWISE, DISPLAY RESPONSE CATEGORIES AS MIXED UPPER/LOWER CASE.
* IF **LIVESTOCK\_TYPE** = ANY COMBINATION OF VALUES 1 – 16, GO TO **TIME\_STAMP\_PT\_ET**.
* IF **LIVESTOCK\_TYPE** = -5, OR ANY COMBINATION OF VALUES 1 – 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\_PT\_ET**.
 |

**PT11000/(LIVETOCK\_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 SEPARATED 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\_PT\_ET).**

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

SMOKING IN HOME

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

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

**SIH01000.** Now I would like to ask you a few questions about smoking in your home.

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * IF NECESSARY, REMIND THE PARENT/CAREGIVER THAT THE RESPONSES TO THIS SECTION SHOULD BE IN REFERENCE TO THE CHILD’S SECONDARY  RESIDENCE.
 |

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

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

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

|  |
| --- |
| SOURCE |
| National Survey of Family Growth (Modified) |

**SIH03000/(SMOKE\_HOME).** Do you or anyone else smoke inside your home?

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

|  |
| --- |
| SOURCE |
| HERALD/CAPS (Modified) |

**SIH04000/(SMOKE\_RULES).** Which of the following statements best describes smoking inside your 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, or | 2 |  |
| Smoking is allowed anywhere inside the child’s home | 3 |  |
| REFUSED | -1 |  |
| DON’T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| HERALD/CAPS (Modified) |

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

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

NEIGHBORHOOD CHARACTERISTICS

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

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

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

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

**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 minutes walk from your home | 3 |  |
| An area larger than a 15 minutes walk from your home | 4 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

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

**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, or | 3 |  |
| Most? | 4 |  |
| REFUSED | -1 |  |
| DON’T KNOW | -2 |  |

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

**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, or | 3 |  |
| Most? | 4 |  |
| REFUSED | -1 |  |
| DON’T KNOW | -2 |  |

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

**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, or | 3 |  |
| Most? | 4 |  |
| REFUSED | -1 |  |
| DON’T KNOW | -2 |  |

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

**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, or | 3 |  |
| 6 or more? | 4 |  |
| REFUSED | -1 |  |
| DON’T KNOW | -2 |  |

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

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * CALCULATE AND DISPLAY DATE 30 DAYS PRIOR TO INTERVIEW 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 other’s children, helping with shopping, lending garden or house tools. Would you say …

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Often, | 1 |  |
| Sometimes, | 2 |  |
| Rarely, or | 3 |  |
| Never? | 4 |  |
| REFUSED | -1 |  |
| DON’T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Project on Human Development in Chicago Neighborhoods |

**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 …

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Often, | 1 |  |
| Sometimes, | 2 |  |
| Rarely, or | 3 |  |
| Never? | 4 |  |
| REFUSED | -1 |  |
| DON’T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Project on Human Development in Chicago Neighborhoods |

**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, or | 3 |  |
| Very Unlikely? | 4 |  |
| REFUSED | -1 |  |
| DON’T KNOW | -2 |  |

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

**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, or | 3 |  |
| Very Unlikely? | 4 |  |
| REFUSED | -1 |  |
| DON’T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Project on Human Development in Chicago Neighborhoods |

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

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

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

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Strongly agree, | 1 |  |
| Agree, | 2 |  |
| Disagree, or | 3 |  |
| Strongly disagree? | 4 |  |
| REFUSED | -1 |  |
| DON’T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Project on Human Development in Chicago Neighborhoods |

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

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Strongly agree, | 1 |  |
| Agree, | 2 |  |
| Disagree, or | 3 |  |
| Strongly disagree? | 4 |  |
| REFUSED | -1 |  |
| DON’T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Project on Human Development in Chicago Neighborhoods |

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

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Strongly agree, | 1 |  |
| Agree, | 2 |  |
| Disagree, or | 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.

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Strongly agree, | 1 |  |
| Agree, | 2 |  |
| Disagree, or | 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.

|  |  |  |
| --- | --- | --- |
| 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 |

NOISE EXPOSURE IN HOME

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

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

**NEI01000.** We would now like to ask you some questions about noise in and around your home.

**NEI02000/(NOISE\_OUTSIDE).** When you are here at home, how much does noise from outdoor sources bother, disturb, or annoy you?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Extremely | 1 |  |
| Very much | 2 |  |
| Moderately | 3 |  |
| Slightly | 4 |  |
| Not at all | 5 |  |
| REFUSED | -1 |  |
| DON’T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
|  ICBEN's Community Response to Noise Team, Cohen/Bronzaft airport studies  |

**NEI03000/(NOISE\_OUTSIDE\_SCALE).** What number from zero to ten best describes how much you are bothered, disturbed, or annoyed by noise from outdoor sources?  Zero means you are not bothered at all and ten means you are extremely bothered.

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| 0 | 0 | NOISE\_OUTSIDE |
| 1 | 1 |  |
| 2 | 2 |  |
| 3 | 3 |  |
| 4 | 4 |  |
| 5 | 5 |  |
| 6 | 6 |  |
| 7 | 7 |  |
| 8 | 8 |  |
| 9 | 9 |  |
| 10 | 10 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| ICBEN's Community Response to Noise Team, Cohen/Bronzaft airport studies |

**NEI04000/(NOISE\_OUTSIDE\_TYPE).** What types of outdoor noises bother, disturb, or annoy you?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * IF USING SHOWCARDS, REFER RESPONDENT TO SHOWCARD.
* OTHERWISE, READ RESPONSE CATEGORIES TO PARENT/CAREGIVER.
* SELECT ALL THAT APPLY.
 |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| AIRPLANE | 1 |  |
| CAR/TRUCK | 2 |  |
| GARDEN EQUIPMENT | 3 |  |
| DOGS BARKING | 4 |  |
| LOUD MUSIC | 5 |  |
| NEIGHBOR NOISE | 6 |  |
| ROWDY PASSERBY | 7 |  |
| NO PARTICULAR SOURCE | 8 |  |
| SOME OTHER SOURCE | -5 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
|  ICBEN's Community Response to Noise Team, Cohen/Bronzaft airport studies |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF USING SHOWCARDS, DISPLAY RESPONSE CATEGORIES IN ALL CAPITAL LETTERS AND DISPLAY “You may refer to the card for your answer(s).”
* OTHERWISE, DISPLAY RESPONSE CATEGORIES AS MIXED UPPER/LOWER CASE.
* IF **NOISE\_OUTSIDE\_TYPE** = ANY COMBINATION OF VALUES 1 – 8, GO TO **NOISE\_INSIDE**.
* IF **NOISE\_OUTSIDE\_TYPE** = -5, OR ANY COMBINATION OF VALUES 1 – 8 AND -5, GO TO **NOISE\_OUTSIDE\_TYPE\_OTH**.
* IF **NOISE\_OUTSIDE\_TYPE** = -1 OR -2, DO NOT ALLOW SELECTION OF ADDITIONAL RESPONSES AND GO TO **NOISE\_INSIDE**.
 |

**NEI05000/(NOISE\_OUTSIDE\_TYPE\_OTH).** SPECIFY  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

**NEI06000/(NOISE\_INSIDE).** When you are here at home, how much does noise from indoor sources bother, disturb, or annoy you?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Extremely | 1 |  |
| Very much | 2 |  |
| Moderately | 3 |  |
| Slightly | 4 |  |
| Not at all | 5 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| ICBEN's Community Response to Noise Team, Cohen/Bronzaft airport studies |

**NEI07000/(NOISE\_INSIDE\_SCALE).** What number from zero to ten best describes how much you are bothered, disturbed, or annoyed by noise from indoor sources? Zero means you are not bothered at all and ten means you are extremely bothered.

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| 0 | 0 | NOISE\_INTERFERE |
| 1 | 1 |  |
| 2 | 2 |  |
| 3 | 3 |  |
| 4 | 4 |  |
| 5 | 5 |  |
| 6 | 6 |  |
| 7 | 7 |  |
| 8 | 8 |  |
| 9 | 9 |  |
| 10 | 10 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| ICBEN's Community Response to Noise Team, Cohen/Bronzaft airport studies |

**NEI08000/(NOISE\_INSIDE\_TYPE).** What types of indoor noise bother, disturb or annoy you?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * IF USING SHOWCARDS, REFER PARENT/CAREGIVER TO SHOWCARD.
* OTHERWISE, READ RESPONSE CATEGORIES TO PARENT/CAREGIVER.
* SELECT ALL THAT APPLY.
 |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| BUILDING OR MECHANICAL NOISE SUCH AS A FAN, AIR CONDITIONING, ETC. | 1 |  |
| LOUD MUSIC | 2 |  |
| LOUD TALKING, CRYING, ETC. BY HOUSEHOLD MEMBERS, INCLUDING CHILDREN | 3 |  |
| DOGS BARKING | 4 |  |
| SOME OTHER SOURCE FROM INDOORS | -5 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| ICBEN's Community Response to Noise Team, Cohen/Bronzaft airport studies |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF USING SHOWCARDS, DISPLAY RESPONSE CATEGORIES IN ALL CAPITAL LETTERS AND DISPLAY “You may refer to the card for your answer(s).”
* OTHERWISE, DISPLAY RESPONSE CATEGORIES AS MIXED UPPER/LOWER CASE.
* IF **NOISE\_INSIDE\_TYPE** = ANY COMBINATION OF VALUES 1 – 4, GO TO **NOISE\_INTERFERE**.
* IF **NOISE\_INSIDE\_TYPE** = -5, OR ANY COMBINATION OF VALUES 1 – 4 AND -5, GO TO **NOISE\_INSIDE\_TYPE\_OTH**.
* IF **NOISE\_INSIDE\_TYPE** = -1 OR -2, DO NOT ALLOW SELECTION OF ADDITIONAL RESPONSES AND GO TO **NOISE\_INTERFERE**.
 |

**NEI09000/(NOISE\_INSIDE\_TYPE\_OTH).** SPECIFY  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

**NEI10000/(NOISE\_INTERFERE).** How does noise interfere with your life activities here at home?

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

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Prevents you from opening windows | 1 |  |
| Disturbs your sleep | 2 |  |
| Interferes with your radio/TV listening | 3 |  |
| Interferes with your talking on the phone | 4 |  |
| Interferes with your talking to others | 5 |  |
| Does not interfere with your life activities | 6 |  |
| Interferes with your life activities in some other way | -5 |  |
| REFUSED | -1 |  |
| DON’T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| ICBEN's Community Response to Noise Team, Cohen/Bronzaft airport studies (modified) |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **NOISE\_INTERFERE** = ANY COMBINATION OF VALUES 1 – 5, GO TO **NOISE\_COMPLAIN**.
* IF **NOISE\_INTERFERE** = -5, OR ANY COMBINATION OF VALUES 1 – 5 AND -5, GO TO **NOISE\_INTERFERE\_OTH**.
* IF **NOISE\_INTERFERE**  = 6, -1 OR -2, DO NOT ALLOW SELECTION OF ADDITIONAL RESPONSES AND GO TO **NOISE\_COMPLAIN**.
 |

**NEI11000/(NOISE\_INTERFERE\_OTH).** SPECIFY  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

**NEI11100/(NOISE\_COMPLAIN).** Since our last interview on {DATE OF LAST INTERVIEW}, have you complained to police or government officials about noise in your area?

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

|  |
| --- |
| SOURCE |
| ICBEN's Community Response to Noise Team, Cohen/Bronzaft airport studies |

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

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

OCCUPATIONAL/HOBBY EXPOSURES

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

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

**OE01000/(HOBBIES\_WORK\_INSIDE\_HOME).** Does anyone in your home have a hobby or business inside your home that uses solvents, greases, paint, or glue, or that generates dusts or fumes, such as woodworking, soldering or welding?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * HOBBIES OR BUSINESS IN DETACHED GARAGES OR THAT ARE DONE OUTSIDE ARE NOT INCLUDED.
 |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 | OE03000 |
| REFUSED | -1 | OE03000 |
| DON'T KNOW | -2 | OE03000 |

|  |
| --- |
| SOURCE |
| National Children’s Study, Legacy Phase (12M) |

**OE02000/(HOBBY\_BUSINESS\_NAME).** What do you or someone in your home make or do in this hobby or business?

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

HOBBY/BUSINESS

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * ALLOW FOR 5 ENTRIES SEPARATED BY A COMMA OR “AND”.
* ALLOW 100 CHARACTERS.
 |

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

|  |
| --- |
| SOURCE |
| National Children’s Study, Legacy Phase (12M) |

**OE03000.** Some people have jobs or hobbies where their skin, clothes, or shoes get dirty or stained.  By “dirty” or “stained,” we mean their skin or clothes have dust, grease, fibers, or other visible chemical spots on them. Think about everyone in your household.

**OE04000/(ANY\_DIRTY\_CLOTHES).** Does anyone routinely come into your home from their work or hobbies with dirty or stained skin, clothes, or shoes?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Yes | 1 |  |
| No | 2 | TIME\_STAMP\_OE\_ET |
| REFUSED | -1 | TIME\_STAMP\_OE\_ET |
| DON'T KNOW | -2 | TIME\_STAMP\_OE\_ET |

|  |
| --- |
| SOURCE |
| National Children’s Study, Legacy Phase (12M) (Modified) |

**OE05000.** The following questions are about those who come into your home with dirty or stained skin, work clothes, or shoes.

|  |
| --- |
| SOURCE |
| National Children’s Study, Legacy Phase (12M) |

**OE06000/(FREQ\_DIRTY\_HANDS).** How often do you or anyone in your household, come into your home from work or hobbies with dirty hands or skin?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Never | 1 |  |
| 1-2 times a Week | 2 |  |
| 3-4 times a Week | 3 |  |
| 5-6 times a Week | 4 |  |
| Every day | 5 |  |
| REFUSED | -1 |  |
| DON’T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| National Children’s Study, Legacy Phase (Modified) (12M) |

**OE07000/(FREQ\_DIRTY\_SHOES).** How often do you or anyone in your household wear dirty shoes inside your home?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Never | 1 |  |
| 1-2 times a Week | 2 |  |
| 3-4 times a Week | 3 |  |
| 5-6 times a Week | 4 |  |
| Every day | 5 |  |
| REFUSED | -1 |  |
| DON’T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| National Children’s Study, Legacy Phase (12M) |

**OE08000/(FREQ\_DIRTY\_CLOTHES).** How often do you or anyone in your household wear dirty clothes inside your home?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Never | 1 | BRING\_HOME\_MATERIAL |
| 1-2 times a Week | 2 |  |
| 3-4 times a Week | 3 |  |
| 5-6 times a Week | 4 |  |
| Every day | 5 |  |
| REFUSED | -1 |  |
| DON’T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| National Children’s Study, Legacy Phase (12M) |

**OE09000/(WASH\_SEPARATE).** Are these dirty clothes washed separately from other clothes?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 |  |
| SOMETIMES | 3 |  |
| REFUSED | -1 |  |
| DON’T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| National Children’s Study, Legacy Phase (12M) |

**OE10000/(BRING\_HOME\_MATERIAL).** What types of materials have you or anyone in your household brought into the home from work or hobbies on clothes or shoes?

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

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Dirt, | 1 |  |
| Wood dust, | 2 |  |
| Grease, | 3 |  |
| Pesticides, | 4 |  |
| Metal dust, | 5 |  |
| Coal or mining dust, | 6 |  |
| Animal hair, or | 7 |  |
| Fibers (such as asbestos or fiberglass)? | 8 |  |
| REFUSED | -1 |  |
| DON’T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| National Children’s Study, Legacy Phase (12M) |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **BRING\_HOME\_MATERIAL**= -1 OR -2, DO NOT ALLOW SELECTION OF ADDITIONAL RESPONSES.
 |

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

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