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	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

(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)

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	

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**	

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**	

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**	

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

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	

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	

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	

Label	Code	Go To
DON'T KNOW	-2	

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	

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	

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	

HC16000/(MAIN_HEAT). What is the main heating source in your home?

- 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**	

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**	

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	

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	

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	

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	

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	

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	

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	

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

National Human Exposure Assessment Survey (NHEXAS)

HC28000/(WATER_DRINK_OTH). SPECIFY _____

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

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

National Human Exposure Assessment Survey (NHEXAS)

HC30000/(WATER_COOK_OTH). SPECIFY _____

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

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.

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**

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	

Label	Code	Go To
Termites and carpenter ants.	**6**	
OTHER	**-5**	
REFUSED	**-1**	
DON'T KNOW	**-2**	

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**	

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**	

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

PROGRAMMER INSTRUCTIONS

moths, Japanese beetles, aphids etc".
  o IF **PEST_TYPE** = 2, DISPLAY "Flying insects such as, flies, mosquitoes, bees, wasps, hornets, moths".
  o IF **PEST_TYPE** = 3, DISPLAY "Crawling insects such as, ants, roaches, silverfish, spiders".
  o IF **PEST_TYPE** = 4, DISPLAY "Rodents such as, mice, rats, squirrels. etc".
  o IF **PEST_TYPE** = 5, DISPLAY "Fleas and ticks".
  o IF **PEST_TYPE** = 6, DISPLAY "Termites and carpenter ants".
  o 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	

Label	Code	Go To
BIRD	4	
FISH OR REPTILE, SUCH AS A TURTLE, SNAKE, OR LIZARD	5	
OTHER	-5	
REFUSED	-1	
DON'T KNOW	-2	

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	

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

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**	

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**	

PROGRAMMER INSTRUCTIONS
- IF **PET_ROOM_SLEEP** = 1, GO TO **PET_BEDDING.**
- ?IF **PET_ROOM_SLEEP** = 2, -1, OR -2, AND **MULT_CHILD** = 1, AND
  - o IF **CHILD_QNUM** < **CHILD_NUM**, GO TO **PET_ROOM_SLEEP.**
  - o 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**	

PROGRAMMER INSTRUCTIONS
- **?**IF **MULT_CHILD =** 1, AND

  - o IF **CHILD_QNUM** < **CHILD_NUM,** GO TO **PET_ROOM_SLEEP.**

PROGRAMMER INSTRUCTIONS
o   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

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	

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	2	

Label	Code	Go To
rooms in the child's home, or		
Smoking is allowed anywhere inside the child's home	3	
REFUSED	-1	
DON'T KNOW	-2	

(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	

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	

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	

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	

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

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	

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	

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	

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

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	

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	

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	

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	

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	

NEI04000/(NOISE_OUTSIDE_TYPE). What types of outdoor noises bother, disturb, or annoy you?

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	

NEI05000/(NOISE_OUTSIDE_TYPE_OTH).   SPECIFY

_____

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

NEI06000/(NOISE_INSIDE). When you are here at home, how much does noise from <u>indoor</u> sources bother, disturb, or annoy you?

Label	Code	Go To
Extremely	1	
Very much	2	

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

NEI07000/(NOISE_INSIDE_SCALE). What number from zero to ten best describes how much you are bothered, disturbed, or annoyed by noise from <u>indoor</u> 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	

NEI08000/(NOISE_INSIDE_TYPE). What types of <u>indoor</u> 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	

Label	Code	Go To
DOGS BARKING	4	
SOME OTHER SOURCE FROM INDOORS	-5	
REFUSED	-1	
DON'T KNOW	-2	

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	

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	

Label	Code	Go To
Interferes with your life activities in some other way	-5	
REFUSED	-1	
DON'T KNOW	-2	

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	

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	

(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

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

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	

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	

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	

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	

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	

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