



Retrospective Pregnancy - Birth Cohort Questionnaire - Household

Event Category:	Time-Based
Event:	Birth, or 3M, or 6M
Administration:	N/A
Instrument Target:	Child's Primary Residence
Instrument Respondent:	Biological Mother
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
Estimated Administration Time:	10 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 this version of the instrument is designed for administration in this/these mode(s) only.

**Administer at Birth. If it was not administered at birth, then administered at 3M. If not administered at Birth & 3M, then administer at 6M.

Public reporting burden for this collection of information is estimated to average 10 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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TABLE OF CONTENTS

GENERAL PROGRAMMER INSTRUCTIONS:.....	1
HOUSEHOLD COMPOSITION.....	3
HOUSING CHARACTERISTICS.....	7
EXPOSURES TO PETS AND PESTICIDE USE.....	21

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GENERAL PROGRAMMER INSTRUCTIONS:

WHEN PROGRAMMING INSTRUMENTS, VALIDATE FIELD LENGTHS AND TYPES AGAINST THE MDES TO ENSURE DATA COLLECTION RESPONSES DO NOT EXCEED THOSE OF THE MDES. SOME GENERAL ITEM LIMITS USED ARE AS FOLLOWS:

DATA ELEMENT FIELDS	MAXIMUM CHARACTERS PERMITTED	DATA TYPE	PROGRAMMER INSTRUCTIONS
ADDRESS AND EMAIL FIELDS	100	CHARACTER	
UNIT AND PHONE FIELDS	10	CHARACTER	
_OTH AND COMMENT FIELDS	255	CHARACTER	<ul style="list-style-type: none"> Limit text to 255 characters
FIRST NAME AND LAST NAME	30	CHARACTER	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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.**

HOUSEHOLD COMPOSITION

(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 BIOLOGICAL MOTHER.
- PRELOAD **MULT_CHILD** FROM **INSTRUMENT_ID = XX** (PARTICIPANT VERIFICATION, SCHEDULING & TRACING QUESTIONNAIRE).
- IF **MULT_CHILD = 1**, DISPLAY "the babies" 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 baby" 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.

HC01000. First, I'd like to get some information about the people who lived with you during this most recent pregnancy.

HC02000/(PEOPLE_IN_HOUSEHOLD). How many people, both children and adults, lived in your household? Include any persons who usually live with you but were temporarily away on business, vacation, in the hospital, on full-time active military duty, or students living temporarily away from home. Do not include anyone who was in a nursing home or other institution. Including yourself, what was the total number of people who lived in your household?

NUMBER

INTERVIEWER INSTRUCTIONS

- CONFIRM THE NUMBER OF PEOPLE IN THE HOUSEHOLD WITH THE PARTICIPANT.

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

SOURCE

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

PROGRAMMER INSTRUCTIONS

- DISPLAY SOFT EDIT IF RESPONSE < 0 OR > 15.

HC03000/(LIVED_WHEN_GOT_PREG). When you got pregnant, who lived in the same house with you?

INTERVIEWER INSTRUCTIONS

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

Label	Code	Go To
YOUR HUSBAND OR PARTNER	1	
ANY CHILDREN AGED 5 YEARS AND YOUNGER	2	
ANY CHILDREN AGED 6 YEARS AND OLDER	3	
YOUR MOTHER	4	
YOUR FATHER	5	
YOUR HUSBAND'S OR PARTNER'S PARENT(S)	6	
ANY FRIENDS OR ROOMMATES	7	
OTHER FAMILY MEMBERS OR RELATIVES	8	
I LIVED ALONE	9	
OTHER	-5	
REFUSED	-1	
DON'T KNOW	-2	

SOURCE

Pregnancy Risk Assessment Monitoring System, Phase 5, QXP3 (modified)

PROGRAMMER INSTRUCTIONS

- IF LIVED_WHEN_GOT_PREG = -5, OR ANY COMBINATION OF 1 THROUGH 8 AND -5, GO TO LIVED_WHEN_GOT_PREG_OTH.
- IF LIVED_WHEN_GOT_PREG = 2, OR ANY COMBINATION OF 1, 3 THROUGH 8 AND 2, GO TO NUM_CHILD_UNDER_5.
- IF LIVED_WHEN_GOT_PREG = 3, OR ANY COMBINATION OF 1, 4 THROUGH 8 AND 3, GO TO NUM_CHILD_UNDER_6.
- IF LIVED_WHEN_GOT_PREG = -1, -2, OR 9, DO NOT ALLOW SELECTION OF ANY OTHER RESPONSE AND GO TO TIME_STAMP_HC_ET.
- IF LIVED_WHEN_GOT_PREG = ANY COMBINATION NOT INCLUDING -5, 2, OR 3, GO TO TIME_STAMP_HC_ET.

HC04000/(LIVED_WHEN _____ _GOT_PREG_OTH).
SPECIFY: _____

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

SOURCE

Pregnancy Risk Assessment Monitoring System, Phase 5, QXP3

PROGRAMMER INSTRUCTIONS

- IF LIVED_WHEN_GOT_PREG INCLUDES 2, GO TO NUM_CHILD_UNDER_5.
- IF LIVED_WHEN_GOT_PREG DOES NOT INCLUDE 2, BUT INCLUDES 3, GO TO NUM_CHILD_UNDER_6.
- OTHERWISE, IF LIVED_WHEN_GOT_PREG DOES NOT INCLUDE 2 OR 3, GO TO TIME_STAMP_HC_ET.

HC04100/(NUM_CHILD_UNDER_5). How many children aged 5 years and under?

|||
NUMBER

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

SOURCE

Pregnancy Risk Assessment Monitoring System, Phase 5, QXP3

PROGRAMMER INSTRUCTIONS

- DISPLAY HARD EDIT IF NUM_CHILD_ENDER_5 > PEOPLE_IN_HOUSEHOLD.
- IF LIVED_WHEN_GOT_PREG INCLUDES 3, GO TO NUM_CHILD_UNDER_6.
- OTHERWISE, IF LIVED_WHEN_GOT_PREG DOES NOT INCLUDE 3, GO TO TIME_STAMP_HC_ET.

HC04200/(NUM_CHILD_ABOVE_6). How many children aged 6 years and over?

|||
NUMBER

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

SOURCE

Pregnancy Risk Assessment Monitoring System, Phase 5, QXP3

PROGRAMMER INSTRUCTIONS

- DISPLAY HARD EDIT IF NUM_CHILD_ABOVE_6 > PEOPLE_IN_HOUSEHOLD.

(TIME_STAMP_HC_ET).

PROGRAMMER INSTRUCTIONS

- INSERT DATE/TIME STAMP

HOUSING CHARACTERISTICS

(TIME_STAMP_HCZ_ST).

PROGRAMMER INSTRUCTIONS

- INSERT DATE/TIME STAMP

HCZ01000. Now I'd like to find out more about the homes in which you live now and lived while you were pregnant with {C_FNAME/the baby/the babies}.

HCZ02000/(OWN_HOME). Is your current home...

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

SOURCE

Survey of Income and Program Participation
 Legacy: National Children's Study, Legacy Phase (T1 Mother);
 Vanguard: National Children's Study, Vanguard Phase (PV1, PV2)

HCZ03000/(OWN_HOME_OTH). SPECIFY: _____

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

SOURCE

Survey of Income and Program Participation
 Legacy: National Children's Study, Legacy Phase (T1 Mother);
 Vanguard: National Children's Study, Vanguard Phase (PV1, PV2)

HCZ04000/(LIVE_ENTIRE_HOME). Did you live in your current home during your entire pregnancy with {C_FNAME/the baby/the babies}?

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

SOURCE
NEW

HCZ05000. What is the address of your current home?

SOURCE
new

(HOME_ADDRESS_STREET) _____
STREET ADDRESS

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

(HOME_ADDRESS_CITY) _____
CITY

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

(HOME_ADDRESS_STATE) |__|__|
STATE

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

(HOME_ADDRESS_ZIP) |__|__|__|__|__|
ZIP CODE

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

HCZ06000. How long have you lived in this home?

INTERVIEWER INSTRUCTIONS
• ENTER IN NUMERIC VALUE AND SELECT ASSOCIATED UNIT OF TIME

SOURCE
National Survey of Lead and Allergens in Housing Legacy: National Children’s Study, Legacy Phase (T1 Mother); Vanguard: National Children’s Study, Vanguard Phase (PV1, PV2)

(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	
REFUSED	-1	
DON'T KNOW	-2	

PROGRAMMER INSTRUCTIONS

- IF LIVE_ENTIRE_HOME = 1, -1, OR -2, GO TO HCZ10000.
- OTHERWISE, IF LIVE_ENTIRE_HOME = 2, GO TO HCZ07000.

HCZ07000/(NUM_HOMES_PREG). How many other homes did you live in during your pregnancy with {C_FNAME/the baby/the babies}?

NUMBER

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

SOURCE

NEW

PROGRAMMER INSTRUCTIONS

- DISPLAY SOFT EDIT IF RESPONSE > 10.
- GO TO HCZ10000.

HCZ08000. What is the address of the home you lived in prior to your current home?

SOURCE

NEW

(PREVIOUS_ADDRESS)

STREET ADDRESS

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

(PREVIOUS_CITY)

CITY

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

(PREVIOUS_STATE)

STATE

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

(PREVIOUS_ZIP)

ZIP CODE

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

HCZ09000. How long did you live in that home?

SOURCE
NEW

(PREV_LENGTH_RESIDE)

NUMBER

INTERVIEWER INSTRUCTIONS
• ENTER IN NUMERIC VALUE AND SELECT ASSOCIATED UNIT OF TIME

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

(PREV_LENGTH_RESIDE_UNIT)

Label	Code	Go To
WEEKS	1	
MONTHS	2	
YEARS	3	
REFUSED	-1	
DON'T KNOW	-2	

HCZ10000. Now I'm going to ask about how your home was heated and cooled.

HCZ11000/(MAIN_HEAT). I am going to give you a list of heat sources. Please tell me which one was the **main** heating fuel source for the home you lived in during your pregnancy with {C_FNAME/the baby/the babies}.

INTERVIEWER INSTRUCTIONS

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

Label	Code	Go To
ELECTRIC	1	HEAT2
GAS – PROPANE OR LP	2	HEAT2
OIL	3	HEAT2
WOOD	4	HEAT2
KEROSENE OR DIESEL	5	HEAT2
COAL OR COKE	6	HEAT2
SOLAR ENERGY	7	HEAT2
HEAT PUMP	8	HEAT2
NO HEATING SOURCE	-7	COOLING
OTHER	-5	
REFUSED	-1	COOLING
DON'T KNOW	-2	COOLING

SOURCE

American Healthy Homes Survey
 Legacy: National Children’s Study, Legacy Phase (T1 Mother) (modified);
 Vanguard: National Children’s Study, Vanguard Phase (PV1, PV2) (modified)

HCZ12000/(MAIN_HEAT_OTH), SPECIFY: _____

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

SOURCE

American Healthy Homes Survey
 Legacy: National Children’s Study, Legacy Phase (T1 Mother) (modified);
 Vanguard: National Children’s Study, Vanguard Phase (PV1, PV2) (modified)

HCZ13000/(HEAT2). Were any **other** types of heat used regularly during the heating season to heat your home during your pregnancy?

INTERVIEWER INSTRUCTIONS

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

INTERVIEWER INSTRUCTIONS

- IF RESPONDENT ANSWERS "YES," PROBE: which types?
- **PROBE:** Do you have any space heaters, or any secondary method for heating your home?
- **SELECT ALL THAT APPLY.**

Label	Code	Go To
ELECTRIC	1	
GAS – PROPANE OR LP	2	
OIL	3	
WOOD	4	
KEROSENE OR DIESEL	5	
COAL OR COKE	6	
SOLAR ENERGY	7	
HEAT PUMP	8	
NO OTHER HEATING SOURCE	9	
OTHER	-5	
REFUSED	-1	
DON'T KNOW	-2	

SOURCE

American Healthy Homes Survey
 Legacy: National Children's Study, Legacy Phase (T1 Mother);
 Vanguard: National Children's Study, Vanguard Phase (PV1, PV2)

PROGRAMMER INSTRUCTIONS

- IF **HEAT2** = ANY COMBINATION OF VALUES 1 – 8, THEN GO TO **COOLING**.
- IF **HEAT2** = 9, -1 OR -2, DO NOT ALLOW SELECTION OF ADDITIONAL RESPONSES AND GO TO **COOLING**.
- IF **HEAT2** = -5, OR ANY COMBINATION OF VALUES 1 – 8 AND -5, GO TO **HEAT2_OTH**.

HCZ14000/(HEAT2_OTH). SPECIFY: _____

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

SOURCE

American Healthy Homes Survey
 Legacy: National Children's Study, Legacy Phase (T1 Mother);
 Vanguard: National Children's Study, Vanguard Phase (PV1, PV2)

HCZ15000/(COOLING). Did the home you lived in while you were pregnant have any type of cooling or air conditioning besides fans?

Label	Code	Go To
YES	1	

Label	Code	Go To
NO	2	HCZ18000
REFUSED	-1	HCZ18000
DON'T KNOW	-2	HCZ18000

SOURCE

National Children's Study, Legacy Phase (T1 Mother) (modified)
 Vanguard: Modified from National Children's Study, Vanguard Phase (PV1, PV2)

HCZ16000/(COOL). While you were pregnant, did you regularly use any of the following cooling systems in your home?

INTERVIEWER INSTRUCTIONS

- SELECT ALL THAT APPLY

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

SOURCE

National Survey of Lead and Allergens in Housing and American Healthy Homes Survey
 Legacy: National Children's Study, Legacy Phase (T1 Mother) (modified)
 Vanguard: National Children's Study, Vanguard Phase (PV1, PV2) (modified)

PROGRAMMER INSTRUCTIONS

- IF COOL = ANY COMBINATION OF VALUES 1 – 3, THEN GO TO **HCZ18000**.
- IF COOL = -7, -1 OR -2, DO NOT ALLOW SELECTION OF ADDITIONAL RESPONSES AND GO TO **HCZ18000**.
- IF COOL = -5, OR ANY COMBINATION OF VALUES 1 – 3 AND -5, GO TO **COOL_OTH**.

HCZ17000/(COOL_OTH). SPECIFY: _____

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

SOURCE

National Survey of Lead and Allergens in Housing and American Healthy Homes

SOURCE

Survey

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

Vanguard: National Children's Study, Vanguard Phase (PV1, PV2) (modified)

HCZ18000. Now I'd like to ask about the water in your home.

HCZ19000/(WATER_DRINK). While you were pregnant, which of the following water sources in your home did you use most often 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

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

Vanguard: National Children's Study, Vanguard Phase (PV1, PV2) (modified)

HCZ20000/(WATER_DRINK_OTH).

SPECIFY:

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

SOURCE

National Human Exposure Assessment Survey

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

Vanguard: National Children's Study, Vanguard Phase (PV1, PV2) (modified)

HCZ21000/(WATER_COOK). While you were pregnant, which of the following water sources in your home did you use most often for cooking?

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

SOURCE

National Human Exposure Assessment Survey

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

SOURCE

Vanguard: National Children's Study, Vanguard Phase (PV1, PV2) (modified)

HCZ22000/(WATER_COOK_OTH).

SPECIFY:

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

SOURCE

National Human Exposure Assessment Survey

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

Vanguard: National Children's Study, Vanguard Phase (PV1, PV2) (modified)

HCZ23000/(PRIVATE_WELL). 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, Vanguard Phase (Core)

HCZ24000. Water damage is a common problem that occurs inside of many homes. Water damage includes water stains on the ceiling or walls, rotting wood, and flaking sheetrock or plaster. This damage may be from broken pipes, a leaky roof, or floods. In answering the next question, please consider the home in which you lived over the past 12 months.

HCZ25000/(WATER). In the past 12 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

Modified from American Healthy Homes Survey

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

Vanguard: National Children's Study, Vanguard Phase (PV1, PV2) (modified)

HCZ26000/(MOLD). In the past 12 months, have you seen any mold or mildew on walls or other surfaces inside your home, other than in the shower or bathtub?

Label	Code	Go To
YES	1	
NO	2	HCZ29000
REFUSED	-1	HCZ29000
DON'T KNOW	-2	HCZ29000

SOURCE
American Healthy Homes Survey (modified) Legacy: National Children's Study, Legacy Phase (T1 Mother) Vanguard: National Children's Study, Vanguard Phase (PV1) Vanguard: National Children's Study, Vanguard Phase (PV2) (modified)

HCZ27000/(ROOM_MOLD). In which rooms have you seen the mold or mildew?

INTERVIEWER INSTRUCTIONS
<ul style="list-style-type: none"> • PROBE: Any other rooms? • SELECT ALL THAT APPLY.

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

SOURCE
National Children's Study, Legacy Phase (T1 Mother) Vanguard: National Children's Study, Vanguard (PV1, PV2)

PROGRAMMER INSTRUCTIONS
<ul style="list-style-type: none"> • IF ROOM_MOLD = ANY COMBINATION OF VALUES 1 – 7, THEN GO TO HCZ29000. • IF ROOM_MOLD = -5, OR ANY COMBINATION OF VALUES 1 – 7 AND -5, GO TO ROOM_MOLD_OTH. • IF ROOM_MOLD = -1 OR -2, DO NOT ALLOW SELECTION OF ADDITIONAL RESPONSES AND GO TO HCZ29000.

HCZ28000/(ROOM_MOLD_OTH). SPECIFY: _____

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

SOURCE

National Children's Study, Legacy Phase (T1 Mother)
 Vanguard: National Children's Study, Vanguard (PV1, PV2)

HCZ29000. The next questions ask about additions or renovations to any of the places that you lived in during your recent pregnancy.

HCZ30000/(PRENOVATE). While you were pregnant with {C_FNAME/the baby/the babies}, 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	PDECORATE
REFUSED	-1	PDECORATE
DON'T KNOW	-2	PDECORATE

SOURCE

National Survey of Lead and Allergens in Housing and American Healthy Homes Survey
 Legacy: National Children's Study, Legacy Phase (T1 Mother, T3)
 Vanguard: National Children's Study, Vanguard (PV1, PV2) (modified)

HCZ31000/(PRENOVATE_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	
RESPONDENT'S BEDROOM	4	
OTHER BEDROOM	5	
BATHROOM/TOILET	6	
BASEMENT	7	
OTHER	-5	
REFUSED	-1	
DON'T KNOW	-2	

SOURCE

National Survey of Lead and Allergens in Housing and American Healthy Homes Survey (modified)
 Legacy: National Children's Study, Legacy Phase (T1 Mother, T3)
 Vanguard: National Children's Study, Vanguard (PV1, PV2) (modified)

PROGRAMMER INSTRUCTIONS

- IF **PRENOVATE_ROOM** = ANY COMBINATION OF VALUES 1 – 7, THEN GO TO **PDECORATE**.
- IF **PRENOVATE_ROOM** = -5, OR ANY COMBINATION OF VALUES 1 – 7 AND -5, GO TO **PRENOVATE_ROOM_OTH**.
- IF **PRENOVATE_ROOM** = -1 OR -2, DO NOT ALLOW SELECTION OF ADDITIONAL RESPONSES AND GO TO **PDECORATE**.

HCZ32000/(PRENOVATE_ROOM_OTH).

SPECIFY:

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

SOURCE

National Survey of Lead and Allergens in Housing and American Healthy Homes Survey (modified)
 Legacy: National Children's Study, Legacy Phase (T1 Mother, T3)
 Vanguard: National Children's Study, Vanguard (PV1, PV2) (modified)

HCZ33000/(PDECORATE). While you were pregnant, were any smaller projects done in your home, such as painting, wallpapering, refinishing floors, or installing new carpet? Please consider all the homes you lived in during your recent pregnancy.

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

SOURCE

Avon Longitudinal Study of Parents and Children
 Legacy: National Children's Study, Legacy Phase (T1 Mother, T3) (modified)
 Vanguard: National Children's Study, Vanguard (PV1, PV2) (modified)

PROGRAMMER INSTRUCTIONS

- IF **PDECORATE** = 1, GO TO **PDECORATE_ROOM**.
- IF **PDECORATE** ≠ 1, AND
 - IF **LIVE_ENTIRE_HOME** = 1, -1, OR -2, OR IF **NUM_HOMES_PREG** = 0, GO TO **TIME_STAMP_HCZ_ET**.
 - IF NUMBER OF LOOPS = **NUM_HOMES_PREG**, GO TO **TIME_STAMP_HCZ_ET**.
 - IF NUMBER OF LOOPS < **NUM_HOMES_PREG**, GO TO **HCZ08000** AND BEGIN NEXT LOOP.

HCZ34000/(PDECORATE_ROOM). In which rooms were these smaller projects done?

INTERVIEWER INSTRUCTIONS

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

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

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PROGRAMMER INSTRUCTIONS

- IF **PDECORATE_ROOM** = ANY COMBINATION OF VALUES 1 – 7, AND
 - IF **LIVE_ENTIRE_HOME** = 1, -1, OR -2, OR IF **NUM_HOMES_PREG** = 0, GO TO **TIME_STAMP_HCZ_ET**.
 - IF NUMBER OF LOOPS = **NUM_HOMES_PREG**, GO TO **TIME_STAMP_HCZ_ET**.
 - IF NUMBER OF LOOPS < **NUM_HOMES_PREG**, GO TO **HCZ08000** AND BEGIN NEXT LOOP.
- IF **PDECORATE_ROOM** = -5, OR ANY COMBINATION OF VALUES 1 – 7 AND -5, GO TO **PDECORATE_ROOM_OTH**.
- IF **PDECORATE_ROOM** = -1 OR -2, DO NOT ALLOW SELECTION OF ADDITIONAL RESPONSES AND
 - IF **LIVE_ENTIRE_HOME** = 1, -1, OR -2, OR IF **NUM_HOMES_PREG** = 0, GO TO **TIME_STAMP_HCZ_ET**.
 - IF NUMBER OF LOOPS = **NUM_HOMES_PREG**, GO TO **TIME_STAMP_HCZ_ET**.
 - IF NUMBER OF LOOPS < **NUM_HOMES_PREG**, GO TO **HCZ08000** AND BEGIN NEXT LOOP.

HCZ35000/(PDECORATE_ROOM_OTH).

SPECIFY:

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

SOURCE

Avon Longitudinal Study of Parents and Children

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PROGRAMMER INSTRUCTIONS

- IF LIVE_ENTIRE_HOME = 1, -1, OR -2, OR IF NUM_HOMES_PREG = 0, GO TO TIME_STAMP_HCZ_ET.
- IF NUMBER OF LOOPS = NUM_HOMES_PREG, GO TO TIME_STAMP_HCZ_ET.
- IF NUMBER OF LOOPS < NUM_HOMES_PREG, GO TO HCZ08000 AND BEGIN NEXT LOOP.

(TIME_STAMP_HCZ_ET).

PROGRAMMER INSTRUCTIONS

- INSERT DATE/TIME STAMP

EXPOSURES TO PETS AND PESTICIDE USE

(TIME_STAMP_ETP_ST).

PROGRAMMER INSTRUCTIONS

- INSERT DATE/TIME STAMP

ETP01000. Now I'd like to ask about any pets you may have had in your home during your pregnancy.

ETP02000/(PETS). Were there any pets that spent any time inside your home during your pregnancy?

Label	Code	Go To
YES	1	
NO	2	ETP07000
REFUSED	-1	ETP07000
DON'T KNOW	-2	ETP07000

SOURCE

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

ETP03000/(PET_TYPE). What kind of pets were these?

INTERVIEWER INSTRUCTIONS

- IF USING SHOWCARDS, DO NOT READ RESPONSE OPTIONS AND REFER TO APPROPRIATE SHOWCARD.
- IF NOT USING SHOWCARDS, READ RESPONSE OPTIONS.
- PROBE FOR ANY OTHER RESPONSES
- 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

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

PROGRAMMER INSTRUCTIONS

- IF **PET_TYPE** = ANY COMBINATION OF VALUES 1 – 5, THEN GO TO **PET_PRODUCT**.
- 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_PRODUCT**.

ETP04000/(**PET_TYPE_OTH**). SPECIFY: _____

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

SOURCE

Avon Longitudinal Study of Parents and Children (modified)
 Legacy: National Children's Study, Legacy Phase (P1, T1 Mother, T3 Prior, 6M, 12M)

ETP05000/(**PET_PRODUCT**). Were any products ever used on your pets to control fleas, ticks, or mites? This includes flea collars, flea and tick powders, shampoos, or other flea, tick and mite control products. (This does not include pills given to your pet to control for fleas or other insects.)

Label	Code	Go To
YES	1	
NO	2	ETP07000
REFUSED	-1	ETP07000
DON'T KNOW	-2	ETP07000

SOURCE

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

ETP06000/(**APPLY_PET_PRODUCT**). Did you personally handle or apply any of these products to your pets?

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

SOURCE

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

ETP07000. I would now like to ask about products that may have been used in your home or yard to control for ants, termites, cockroaches, bees, wasps, moths, or other insects. Please include only applications to homes you were residing in at the time of the application.

ETP08000/(PESTICIDES). During your most recent pregnancy, were any pesticides used inside or outside your home to control for insects?

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

SOURCE

National Children's Study, Legacy Phase (T1 Mother, T3) (modified)

ETP09000/(PESTICIDE_APPLY_WHERE). Where was the pesticide applied?

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

SOURCE

NEW

ETP10000/(PESTICIDE_TYPE). What pests were targeted?

INTERVIEWER INSTRUCTIONS

- PROBE Do you remember any of the kinds of pests targeted?
- PROBE: Were there any specific pests you were worried about?
- SELECT ALL THAT APPLY.

Label	Code	Go To
Ants	1	
Bees	2	
Cockroaches	3	
Moths	4	
Termites	5	
Wasps	6	
Other	-5	
REFUSED	-1	
DON'T KNOW	-2	

SOURCE

NEW

PROGRAMMER INSTRUCTIONS

- IF PESTICIDE_TYPE = -5, OR ANY COMBINATION OF 1 THROUGH 6 AND -5, GO TO PESTICIDE_TYPE_OTH.
- IF PESTICIDE_TYPE = -1 OR -2, DO NOT ALLOW SELECTION OF OTHER

PROGRAMMER INSTRUCTIONS

RESPONSES AND GO TO PESTICIDE_WHO_APPLY.

- IF PESTICIDE_TYPE = ANY COMBINATION OF 1 THOROUGH 6, GO TO PESTICIDE_WHO_APPLY.

ETP11000/(PESTICIDE_TYPE_OTH).

SPECIFY:

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

SOURCE

NEW

ETP12000/(PESTICIDE_WHO_APPLY). Who applied the pesticide? Was it....

Label	Code	Go To
You	1	
A professional exterminator	2	
Someone else	3	
REFUSED	-1	
DON'T KNOW	-2	

SOURCE

National Children's Study, Legacy Phase (T1 Mother, T3)

(TIME_STAMP_ETP_ET).

PROGRAMMER INSTRUCTIONS

- INSERT DATE/TIME STAMP