Form Approved
OMB No. **0920-XXX**

Household ID #___________

Green Housing Study
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Baseline (part 2) Questionnaire
(Home Characteristics)
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Public reporting burden of this collection of information is estimated to average 5 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 CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-XXXX).
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1. DATE OF INTERVIEW _____ /_____ /_____ *(mm/dd/yyyy)*
□□□□

2. INTERVIEWER INITIALS (max 3) _____ _____ _____
□□□□□

****

3. Was your home recently renovated by the owner/ housing authority?
□□□□□□□□□□□□□□□□□□□□□□□□□□

Y □ N □

*If **NO**, then skip to **question #10***
□□**"□"**□□□□ ***10*** □

*If **YES**, specify:*
□□"□"□□□□□

3.1 Have all renovation activities <u>inside your home</u> been completed? Y N
(*If **NO** and only minor changes other than painting will occur, then continue; otherwise, **STOP** and re-schedule home visit*)

3.2 When were all renovation activities completed?_____ /_____ /_____ ***(mm/dd/yyyy)***
(*If only minor changes (painting is considered a major change) will occur, then enter tomorrow's date, so that we know that the renovations are not yet complete*)

3.1 □□□□□□□□□□□□□□□□□□□□□□□ □ □
□□□ "□"□□□□□□□□□□□□□□□□□□□

5[illegible] [illegible] [illegible] [illegible]

*If **NO**, then skip to next question*

[illegible]“[illegible]”[illegible]

*If **YES** specify flooring (please circle all that apply)*

5.1 Wood or wood laminate
5.2 Linoleum or other vinyl
5.3 Ceramic or porcelain
5.4 Concrete
5.5 Stone (Slate or terracotta)
5.6 Other

[illegible]“[illegible]”[illegible]

5.1 [illegible]
5.2 [illegible]
5.3 [illegible]
5.4 [illegible]
5.5 [illegible]
5.6 [illegible]

6. During the renovation, was any part of your home painted?

Y N DK

6[illegible] [illegible] [illegible] [illegible]

*If **NO**, then skip to next question*

*If **YES** specify:*

6.1 Was child’s bedroom painted?	Y	N	DK	N/A
6.2 Was mother/ primary caregiver’s bedroom painted?	Y	N	DK	N/A
6.3 Was kitchen painted?	Y	N	DK	
6.4 Was <u>any</u> bathroom painted?	Y	N	DK	
6.5 Was living room painted?	Y	N	DK	N/A

[illegible]

6.1 [illegible]
6.2 [illegible]/[illegible]
6.3 [illegible]
6.4 [illegible]/[illegible]
6.5 [illegible]?

7. During the renovation, was spray foam insulation installed?

Y N DK N/A

7. [illegible]

8. During the renovation, did your home have new kitchen cabinets installed or refinished?

Y N DK

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9. During the renovation, did your home have new bathroom cabinets or vanity installed or refinished?

Y N DK

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10. Have <u>you</u> painted any rooms in your home?

a. No
b. Yes, in the past week,
c. Yes, in the past month
d. Other

10□□□□□□□□□□□□□
a. □□
b. □□□□□□□□□
c. □□□□□□□□□□
d. □□

11. Have you changed any carpeting (including rugs) in your home?

a. No
b. Yes, in the past week,
c. Yes, in the past month
d. Other

*If **YES**, circle ALL that apply:*

11.1 Added carpet/ rug
11.2 Removed carpet/rug

(Note: replacing carpeting means that both options should be circled)

11□□□□□□□□□□□□□□□□□□□□□□□
a. □□
b. □□□□□□□□□
c. □□□□□□□□□□
d. □□
□□“□“□□□□□□□□□□
11.1 □□□□/□□□
11.2 □□□□/□□□

12. Have you added/removed any piece of furniture in your home?

a. No
b. Yes, in the past week,
c. Yes, in the past month
d. Other

12□□□□□□□□□□□□□□□□□

a. □□
b. □□□□□□□
c. □□□□□□□□
d. □□

*If **YES,** circle ALL that apply:*

12.1 Added fabric-covered furniture
12.2 Removed fabric-covered furniture
12.3 Added wood (e.g, solid wood, particle board) furniture
12.4 Removed wood (e.g, solid wood, particle board) furniture

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12.1 □□□□□□□□□□
12.2 □□□□□□□□□□
12.3 □□□□□□□□□□□□□□□□□□□□
12.4 □□□□□□□□□□□□ □□□□□□□

13. Have you added or removed any mattresses?

a. No
b. Yes, in the past week,
c. Yes, in the past month
d. Other

13□□□□□□□□□□□□□□□

a. □□
b. □□□□□□□
c. □□□□□□□□
d. □□

*If **YES,** please specify:*

13.1 [Child's name] mattress? Y N N/A
13.2 Mother/ Primary caregiver's mattress? Y N N/A

□□□□ □□□□

13.1 [□□□□]□□□ □ □□ □□□
13.2 □□/□□□□□□ □ □□ □□□

14. Was the kitchen floor mopped in the past 3 days? Y N

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□□□□□□□□_____

15. Does your home have exhaust fans in the bathroom(s)? Y N DK

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If **YES**, then ask

□□□□□□□□

15.1 In the bathroom where you shower or bathe, does the exhaust fan work? Y N DK

15.1 □□□□□□□□□□□□□□□□□□□□ □ □ □□□

If **YES**, then ask
□□□□□□□□

15.1.1 How frequently do you use it when showering or bathing?

1. Never
2. Sometimes
3. All the time

15.1.1 □□□□/□□□□□□□□□□□□□□□□□

1□□□□
2. □□□□
3. □□□□

16. What type of stove do you have?

1. Gas
2. Electric
3. n/a

16□□□□□□□□□□□

1.□
2.□
3.□□□

17. What kind of air conditioner do you use?

*(Circle **ALL** that apply)*

17.1 Central unit
17.2 Window or Portable/free-standing unit
17.3 Swamp cooler/evaporative cooler
17.4 n/a

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17.1 □□□□
17.2 □□□/□□□□□□□□
17.3 □□/□□□□□
17.4 □□□