

Appendix D3 (Questionnaire about Index child)

Form Approved  
OMB No. 0920-xxxx  
Exp. Date xx/xx/20xx

Form Approved  
OMB No. 0920-15AFJ  
Exp. Date xx/xx/20xx

Household ID#

Date

Interviewer's Initials

Public reporting burden of this collection of information is estimated to average 20 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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2. Look back at the answers to question 1. Based on yesterday's day of the week, do these locations represent a fairly typical or normal day for your child? For example, if yesterday was a weekday, is this a typical weekday schedule for your child?

- Yes
- No
- Don't know/Refused to answer











4. When at home, which room does your child sleep in?

- Child's bedroom
- Mother's bedroom
- Living room
- Other room in the home
- Don't know/Refused to answer

5. When indoors at home and awake, where does your child spend the most time?

- Living room/family room
- Child's bedroom
- Mother's bedroom
- Kitchen
- Other room in the home
- Don't know/Refused to answer

6. When at home, how much time per day does your child spend sitting/playing/lying on the floor?

- Less than 30 minutes
- 30 minutes
- 1 hr
- 1.5 hrs
- 2 hrs
- 2.5 hrs
- 3 hrs
- More than 3 hrs
- Don't know/Refused to answer

7. Is the floor she or he plays on carpeted?

- Carpeted
- Not carpeted
- Partially carpeted
- Child does not play/sit/lie on the floor
- Don't know/Refused to answer

8. Typically, how much time per day does your child play outside at home (yard, common area, playground)?

- 0-15 minutes
- 15-30 minutes
- 30 minutes to 1 hour
- 1-2 hours
- 2-3 hours
- More than 3 hours
- Don't know/Refused to answer

9. Typically, how much time per day does your child play outside at school/daycare?

- 0-15 minutes
- 15-30 minutes
- 30 minutes to 1 hour
- 1-2 hours
- 2-3 hours
- More than 3 hours
- Don't know/Refused to answer

10. How much time per day does your child play at local parks?

- 0-15 minutes
- 15-30 minutes
- 30 minutes to 1 hour
- 1-2 hours
- 2-3 hours
- More than 3 hours
- Don't know/Refused to answer

11. How often does your child's sleep get interrupted (e.g., by noise or other disturbance in the community)?

- Never
- Once a month
- Once a week
- More than once a week
- Don't know/Refused to answer

12. How many times did your child wash his/her hands yesterday?

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- More than 7
- Don't know/Refused to answer

13. How many times a week does your child bathe?

- 1
- 2
- 3





