

Appendix D4 (Household inventory)

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

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Household ID#

Date

Interviewer's Initials

Public reporting burden of 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 CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-XXXX).

Appendix D4 (Household inventory)

***Note to Field technician:** If this is the first time administering this questionnaire to the participant, ask all questions, otherwise, ask the gateway question before each question.

A. Household Cleaning Products (To be completed by field technician and participant)

Gateway question for #1: Did the type or frequency of use of cleaning products change from the last time we visited your home? Yes No Don't know

If YES, then ask #1

1. Please select use frequency for each product type inside your home

	Daily	Weekly	Monthly	Yearly/Never
All-purpose cleaner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Glass cleaner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Floor cleaner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Toilet bowl cleaner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Carpet cleaner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Polish or wax	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Air freshener	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disinfectant Spray	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Laundry detergent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dryer sheets	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stain/spot remover	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

B. Personal Care Products (To be completed by field technician and participant)

Gateway question for #2: Did the type or frequency of use of personal care products change from the last time we visited your home? Yes No Don't know

If YES, then ask #2

2. Please select use frequency for each product type inside your home

	Daily	Weekly	Monthly	Yearly/Never
Shampoo	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Liquid hand soap	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hand sanitizer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

