

# National Human Exposure Assessment Survey (NHEXAS)

## *Arizona Study*

## Quality Systems and Implementation Plan for Human Exposure Assessment

The University of Arizona  
Tucson, Arizona 85721

Cooperative Agreement CR 821560

**Standard Operating Procedure**

**SOP-UA-D-35.0**

**Title:** Coding: Technician Walk-Through Questionnaire

**Source:** The University of Arizona

U.S. Environmental Protection Agency  
Office of Research and Development  
Human Exposure & Atmospheric Sciences Division  
Human Exposure Research Branch

**Notice:** *The U.S. Environmental Protection Agency (EPA), through its Office of Research and Development (ORD), partially funded and collaborated in the research described here. This protocol is part of the Quality Systems Implementation Plan (QSIP) that was reviewed by the EPA and approved for use in this demonstration/scoping study. Mention of trade names or commercial products does not constitute endorsement or recommendation by EPA for use.*

## **Coding: Technician Walk-Through Qx**

### **1.0 Purpose and Applicability**

This procedure defines the coding strategy for the Technician Walk-Through Questionnaire. This questionnaire was developed for use in NHEXAS, the Border Study, and other Health and Environment Projects.

### **2.0 Definitions**

- 2.1 **BORDER STUDY** : An alias for "Total Human Exposure Arizona: A comparison of the border communities and the state" conducted in Arizona by the University of Arizona/Battelle/Illinois Institute of Technology consortium.
- 2.2 **CODE, GLOBAL**: A set of standard codes used in data within the Respiratory Sciences Center designating the status of a data field in three cases: datum refused, datum non-applicable, and datum missing.
- 2.3 **HEALTH AND ENVIRONMENT PROJECTS (or H & E)** : An umbrella title for all projects funded to M. D. Lebowitz and/or M.K. O'Rourke (or their designees) which examine purported or real relationships among environmental factors and any aspect of human health.
- 2.4 **HRP SITE**: The **Health Related Professions** building, located at 1435 North Fremont Avenue; Tucson, AZ 85719. This is an annex of the Respiratory Sciences Center and the primary site of NHEXAS Arizona.
- 2.5 **NHEXAS Arizona**: Acronym for National **H**uman **EX**posure Assessment Survey, a research project conducted in Arizona by the University of Arizona/Battelle/Illinois Institute of Technology Consortium.

### **3.0 References**

Teleform 5.0, Copyright 1991-1996 by Cardiff Software, Inc., San Marcos, CA.

### **4.0 Discussion**

The Technician Walk-Through Questionnaire is a scanable form. The questionnaire will be completed by the field technician in the subject's home. It will be QA checked, coded, and scanned directly into a database.

The OMB approved questions were formatted into a scanable form using the Teleform program package and following procedures outlined in SOP # UA-D-

30.x. This package has a dictionary feature and a feature that prints out the characteristics of each created form.

The overall coding scheme will follow SOP# UA-D-31.x: Global Coding for scanned Forms. The data will be stored as flat ASCII files and re-coded according to EPA's coding scheme when it is ready to be submitted to EPA.

A final version of the Technician Walk-Through Questionnaire scannable form is presented in the attached Appendix A. A description of all fields and variables may be found in UA-D-36.x Appendix B. Field descriptions contain the name of the field on the form, the variable name, the object id attributes, the constraint level for recognition of the code, the length of the field and the type of the field (i.e., hand writing recognition, and automated Dictionary Correction, etc.).

Special Coding lists will be developed as needed to accommodate unanticipated responses. A summary table of questions needing specific codes and coding lists used are found in Table 1.

## **5.0 Responsibilities**

The Project Data Coordinator is responsible for creating the forms, defining the databases and writing the coding instructions for the Technician Walk-Through Questionnaire form.

## **6.0 Materials and Reagents**

- 6.1 Codes are to be written with a black felt tip pen only.
- 6.2 Questionnaires are put into a batch once they are coded and recorded on the Batch Description and Custody Recorded.
- 6.3 Those coding lists that are not in the Coding Lists notebook can be found on line in the /rsc53/TrackNHEXAZ/codes/ directory. The coding lists that pertain to the Technician Walk-Through Questionnaire are listed in section 8.0 Records, and include Tables 2 through 13.
- 6.4 Networked Computer Workstation that can access FoxPro.
- 6.5 Microsoft FoxPro Professional Edition version 2.6, Copyright 1989-1993 Microsoft Corporation.
- 6.6 Coding Program v1.0, developed in-house using FoxPro 2.6.

## **7.0 Procedural Steps for Coding of the Technician Walk-Through Questionnaire**

### **7.1 Preparation**

- A. Remove a batch of Technician Walk-Through Questionnaires forms from the Data Coordinator's office.
- B. Bring forms to an area where coding can be done.
- C. Use only a black felt-tip pen for coding.
- D. Find the Coding Lists notebook which contains the coding list specified in Table 1 and bring it to the coding area.

### **7.2 Coding Forms**

- A. Begin by checking for missing information, illogical answers, and necessary codes throughout the entire form.
- B. Follow the Global Coding scheme (UA-D-31.x) as necessary.
- C. If there is no code appropriate to the given response then create a new code and add it to the coding list according to the procedure found in UA-D-31.x.

### **7.3 Creation of a New Code**

- A. New codes can be added by the Data Coordinator or his or her designee.
- B. See UA-D-31.x for the procedure to create a new code.

## **8.0 Records**

### **Inclusions:**

- Table 1. Questionnaires Needing Codes & Coding Lists
- Table 2. Other Drip Line Code
- Table 3. Other Siding Code
- Table 4. Other Roof Code
- Table 5. Other Foundation Code
- Table 6. Relation Code
- Table 7. Other Room Code
- Table 8. Other Sample Code
- Table 9. Cleaning Method Code
- Table 10. Carpet Code
- Table 11. Other Area Code
- Table 12. Other Material Code
- Appendix A. Technician Walk Through

Table 1. Questionnaires Needing Codes & Coding Lists

Questionnaire Type	Question Number	Coding List Name	Location	SOP # & Table# of Coding List
FOLLOW UP	6C	TYPE OF ANTACID MEDICATION	/rsc53/TrackNHHEXAZ/codes/anatacid.dbf	UA-D-11 x / Table 2
FOLLOW UP	6B	TYPE OF CHELATING AGENT	/rsc53/TrackNHHEXAZ/codes/chelate.dbf	UA-D-11 x / Table 4
FOLLOW UP	7C	TYPE OF CHROMIUM SUPPLEMENT	/rsc53/TrackNHHEXAZ/codes/chromium.dbf	UA-D-11 x / Table 5
FOLLOW UP	7A	TYPE OF CALCIUM SUPPLEMENT	/rsc53/TrackNHHEXAZ/codes/calcium.dbf	UA-D-11 x / Table 3
FOLLOW UP	11	TYPE OF DIET	/rsc53/TrackNHHEXAZ/codes/diet.dbf	UA-D-11 x / Table 13
FOLLOW UP	6A	DIURETIC MEDICATION	/rsc53/TrackNHHEXAZ/codes/diuretic.dbf	UA-D-11 x / Table 6
FOLLOW UP	6A-7D	DOSAGE ACCORDING TO LABELING	/rsc53/TrackNHHEXAZ/codes/dosage.dbf	UA-D-11 x / Table 16
FOLLOW UP	10	OTHER TYPE OF FILTERING DEVICE	/rsc53/TrackNHHEXAZ/codes/filter.dbf	UA-D-7 x / Table 14
FOLLOW UP	6D	HORMONE SUPPLEMENT	/rsc53/TrackNHHEXAZ/codes/hormone.dbf	UA-D-11 x / Table 7
FOLLOW UP	7D	MULTI VITAMIN SUPPLEMENTS	/rsc53/TrackNHHEXAZ/codes/multi.dbf	UA-D-11 x / Table 8
FOLLOW UP	6A-7D	SPECIFIC MEDECINE NAME	/rsc53/TrackNHHEXAZ/codes/m_cod.dbf	UA-D-11 x / Table 11
FOLLOW UP	6E	OTHER TYPES OF MEDICATION	/rsc53/TrackNHHEXAZ/codes/other.dbf	UA-D-11 x / Table 9
FOLLOW UP	6E	OTHER UNIT OF MEASURE	/rsc53/TrackNHHEXAZ/codes/unit.dbf	UA-D-11 x / Table 12
FOLLOW UP	7B	SELENIUM SUPPLEMENT	/rsc53/TrackNHHEXAZ/codes/selenium.dbf	UA-D-11 x / Table 10
FOLLOW UP	6 & 7	CODING LIST NOTEBOOK - MEDICAL CATEGORY	DATA COORDINATOR'S OFFICE	UA-D-11 x / Table 15
TECHNICIAN QX	11	TYPE OF CARPETING	/rsc53/TrackNHHEXAZ/codes/carpet.dbf	UA-D-35 x / Table 10
TECHNICIAN QX	6A	TYPE OF LAND AROUND HOME	/rsc53/TrackNHHEXAZ/codes/area.dbf	UA-D-35 x / Table 12
TECHNICIAN QX	11	CLEANING PRODUCT USED	/rsc53/TrackNHHEXAZ/codes/cleanmet.dbf	UA-D-35 x / Table 2
TECHNICIAN QX	6G	OTHER DRIPLINE	/rsc53/TrackNHHEXAZ/codes/dripline.dbf	UA-D-35 x / Table 5
TECHNICIAN QX	6J	TYPE OF FOUNDATION	/rsc53/TrackNHHEXAZ/codes/found.dbf	UA-D-35 x / Table 1
TECHNICIAN QX	6J	YARD MATERIAL	/rsc53/TrackNHHEXAZ/codes/material.dbf	UA-D-35 x / Table 4
TECHNICIAN QX	6H	ROOF TYPE	/rsc53/TrackNHHEXAZ/codes/roof.dbf	UA-D-35 x / Table 8
TECHNICIAN QX	10C	OTHER TYPE OF SAMPLING	/rsc53/TrackNHHEXAZ/codes/samp.dbf	UA-D-35 x / Table 3
TECHNICIAN QX	6C	TYPE OF HOUSE SIDING	/rsc53/TrackNHHEXAZ/codes/siding.dbf	UA-D-35 x / Table 6
TECHNICIAN QX	9	RELATION	/rsc53/TrackNHHEXAZ/codes/relation.dbf	UA-D-7 x / Table 9
BASELINE QX	18B	WHERE TIME SPENT AWAY FROM HOME	/rsc53/TrackNHHEXAZ/codes/away.dbf	UA-D-7 x / Table 21
BASELINE QX	37D	WHAT IS BURNED IN THE FIREPLACE	/rsc53/TrackNHHEXAZ/codes/burnt.dbf	UA-D-7 x / Table 20
BASELINE QX	36C	WHAT IS BURNED IN THE STOVE	/rsc53/TrackNHHEXAZ/codes/burns.dbf	UA-D-7 x / Table 5
BASELINE QX	14F	TYPE OF CLOTHING AT WORK	/rsc53/TrackNHHEXAZ/codes/clothing.dbf	UA-D-7 x / Table 6
BASELINE QX	14G	DUST RESPONDENT EXPOSED TO	/rsc53/TrackNHHEXAZ/codes/dust.dbf	UA-D-7 x / Table 19
BASELINE QX	31	OTHER FUEL CODES	/rsc53/TrackNHHEXAZ/codes/fuel.dbf	UA-D-7 x / Table 7
BASELINE QX	14H	FUMES ENCOUNTERED IN THE WORK PLACE	/rsc53/TrackNHHEXAZ/codes/fumes.dbf	UA-D-7 x / Table 17
BASELINE QX	27B	LOCATION OF HOUSE'S GARAGE	/rsc53/TrackNHHEXAZ/codes/garage.dbf	UA-D-7 x / Table 3
BASELINE QX	14C	JOB TITLE/CLASSIFICATION	/rsc53/TrackNHHEXAZ/codes/job.dbf	UA-D-7 x / Table 4
BASELINE QX	14D	JOB DUTIES	/rsc53/TrackNHHEXAZ/codes/jobd.dbf	UA-D-7 x / Table 2
BASELINE QX	14B	BUSINESS	/rsc53/TrackNHHEXAZ/codes/mix.dbf	UA-D-7 x / Table 23
BASELINE QX	38I, 39G	MIX CODES	/rsc53/TrackNHHEXAZ/codes/mix.dbf	UA-D-7 x / Table 18
BASELINE QX	30D	TYPE OF COOLER PADS	/rsc53/TrackNHHEXAZ/codes/pad.dbf	UA-D-7 x / Table 24
BASELINE QX	43F	FLEA AND TICK PESTICIDES	/rsc53/TrackNHHEXAZ/codes/petchem.dbf	UA-D-7 x / Table 22
BASELINE QX	38C	TYPE OF SURFACE TREATED	/rsc53/TrackNHHEXAZ/codes/surface.dbf	UA-D-7 x / Table 7
BASELINE QX	19	METHOD OF GETTING TO WORK	/rsc53/TrackNHHEXAZ/codes/transport.dbf	UA-D-7 x / Table 13
BASELINE QX	26C,D & E	SOURCE OF WATER	/rsc53/TrackNHHEXAZ/codes/wtrsrce.dbf	UA-D-7 x / Table 12
BASELINE QX	26B	MAIN WATER SUPPLIER	/rsc53/TrackNHHEXAZ/codes/water.dbf	UA-D-7 x / Table 11
BASELINE QX	H,N,S,V,W	DISEASE CODES NOTEBOOK	DATA COORDINATOR'S OFFICE	UA-D-7 x / Table 8
BASELINE QX	14j,16j,38f,39d	CODING LIST NOTEBOOK - PESTICIDES	/rsc53/TrackNHHEXAZ/codes/codelist.dbf	NA
BASELINE QX	N/A	LISTING OF DATABASES (THIS LIST)	/rsc53/TrackNHHEXAZ/codes/comment.dbf	UA-D-31 x / Table 2
BASELINE QX	12, 14	COMMENTS MADE BY FIELD TECHS	/rsc53/TrackNHHEXAZ/codes/reason.dbf	UA-D-10 x / Table 3
BASELINE QX	N/A	REASON SOMETHING WAS WASN'T DONE	/rsc53/TrackNHHEXAZ/codes/relation.dbf	UA-D-31 x / Table 3
BASELINE QX	P.7	RELATION	/rsc53/TrackNHHEXAZ/codes/relation.dbf	UA-D-6 x / Table 2
BASELINE QX	A-N	RACE	/rsc53/TrackNHHEXAZ/codes/	UA-D-13 x / Table 2
24 HOUR FOOD DIARY CHECK		DIET DIARY	UA-D-43 x Appendix A	

**Table 2. Other Drip Line Co**

<b>CODE</b>	<b>DESCRIPTION</b>
01	6 INCHES
02	ON CARPORT, 12 FEET
03	2 - 8 FEET
04	ROOF SLANTED W/OVERHANG, NO DRIP
05	FROM WALLS
06	NO GUTTERS

**Table 3. Other Siding Code**

CODE	DESCRIPTION
01	ADOBE
02	LATEX
03	PARTICLE BOARD
04	FIBERGLASS
05	TIN
06	SLUMP BLOCK
07	CONCRETE
08	CEMENT PLASTER
09	DECORATIVE ROCK
10	SHEAR ROCK BOARD (MUD HOME)
11	LAMINATED
12	ADOBE AND PLASTIC
13	STEEL PIPE
14	MASONRY/MONTAR
15	METAL LAMINATED
16	PLASTER OVER WOOD/CHICKEN WIRE FRAME
17	STANDING SEAM-ALUMINUM WEATHER GUARD
18	WOOD PANELING
19	WOOD AND BRICK PAINTED OVER
20	MANUFACTURED HOME LAMINATED
21	CEMENT
22	SHEET ROCK

**Table 4. Other Roof Code**

<b>CODE</b>	<b>DESCRIPTION</b>
01	ALUMINUM
02	TERRA COTA SHINGLES
03	FOAM
04	SPANISH TILE
05	FIBERGLASS
06	TIN
07	DOESN'T KNOW, DK
08	CONCRETE
09	GRAVEL
10	METAL
11	SHINGLES
12	CEMENT TILE
13	ROOFING PAPER
14	REFLECTIVE PAINT (E.G. KOOL KOTE)
15	GALVINIZED CORRUGATED
16	FELT ROLL
17	LAMINATED FOR MOBILE HOME
18	TILE, NON-SPECIFIC
19	ROCKS
20	FIBERGLASS SHINGLES
21	CORRUGATED TIN
22	TILE SHINGLES
23	BRICK SHINGLES
24	BRICK TILE
25	TAR PAPER
26	CLAY SHINGLES
27	CEMENT SHINGLES



**Table 5. Other Foundation Code**

<b>CODE</b>	<b>DESCRIPTION</b>
01	MOBILE HOME SITTING ON GROUND
02	GARAGE BENEATH HOUSE
03	PARTIAL BASEMENT
04	APARTMENT BENEATH
05	NO FOUNDATION
06	HOUSE SET ON BLOCKS
07	WOOD
08	RAISED OFF GROUND
09	FOOTING
10	CRAWL SPACE
11	CEMENT SHAPED IN ROCKS

**Table 6. Relation Code**

<b>CODE</b>	<b>DESCRIPTION</b>
01	MOTHER
02	FATHER
03	BROTHER
04	SISTER
05	DAUGHTER
06	WIFE
07	FRIEND
08	UNCLE
09	HUSBAND
10	SON
11	GRANDFATHER
12	GRANDMOTHER
13	GRANDSON
14	GRANDDAUGHTER
15	STEPFATHER
16	HALF-BROTHER
17	HALF-SISTER
18	CAREGIVER
19	COUSIN
20	NEPHEW
21	NIECE
22	MOTHER-IN-LAW
23	STEP SON
24	EX-HUSBAND
25	BOYFRIEND
26	AUNT
27	BROTHER-IN-LAW
28	DAUGHTER-IN-LAW
29	GIRLFRIEND
30	ROOMMATE
31	STEP MOTHER
32	SON IN LAW
33	STEP-BROTHER
34	FOSTER DAUGHTER
35	HOUSEKEEPER
36	ADOPTED DAUGHTER
37	ADOPTED SON
38	FORMER ROOMMATE
39	FOSTER CHILD
40	GUEST
41	GRANDCHILD
44	SELF

**Table 7. Other Room Code**

<u>CODE</u>	<u>DESCRIPTION</u>	<u>CODE</u>	<u>DESCRIPTION</u>
00	YARD, NOI	45	OTHER ROOM 5
01	BEDROOM 1	46	FIREPLACE
02	BEDROOM 2	47	CARPORT
03	BEDROOM 3	48	BABYSITTER'S
04	BEDROOM 4	49	WHILE IN TRANSIT, IN CAR
05	BEDROOM 5	50	GOLF COURSE
06	BEDROOM 6	51	BEDROOM 1 AND 2
07	BEDROOM 7	52	STORAGE IN BEDROOM
08	BEDROOM 8	53	KITCHEN SINK
10	OUTSIDE, NOI	54	DOOR
11	ATTIC, ROOF, OR CEILING	55	AUNT'S HOUSE
12	BASEMENT	56	RESTAURANT
13	DARKROOM, WORKSHOP, WEIGHTROOM	57	FRONT ROOM
14	DEN, STUDY, OFFICE, BAR, MUSIC/SEW ROOM	58	STUDIO
15	DINING ROOM	59	GREENHOUSE
16	ENCLOSED PORCH, ARIZONA, ATRIUM, FOYER	60	PORCH
17	GARAGE	61	COMPANY'S OFFICE
18	HALLWAY	62	OUTDOOR FAIR/EVENT
19	KITCHEN	63	SUPER MARKET
20	LAUNDRY, BOILER, UTILITY	64	MASTER BEDROOM
21	MAIN, FAMILY	65	STORAGE ROOM
22	MASTER BATH, VANITY	66	FRIEND'S
23	OPEN PORCH, BACK PORCH	67	CHURCH
24	PANTRY, STOREROOM, CLOSET	68	BOYS AND GIRLS CLUB
25	SECOND BATH, GUEST BATH	69	KINDERGARDEN
26	LIVING ROOM	70	TOWNHOUSES
27	TV ROOM, PLAYROOM	71	CONDOMINIUM
28	THIRD BATH	72	SON'S HOME
29	OTHER/FRIEND'S HOUSE	73	BY TRUCK SIDE
30	MOTHER'S HOUSE	74	LITTLE BIT HIGHER Tahn Main L. Quarters
31	FRONT YARD	75	PREMIXED
33	OTHER ROOM	76	SHED, DETACHED STORAGE
34	BACKYARD	77	SECOND OFFICE
35	PERSON DOESN'T KNOW, DK	78	PARK
36	WINDOW SILL	79	LOWER THAN MAIN LIVING QUARTERS
38	STREET	80	UPPER LEVEL
39	DRIVEWAY	81	SIDE/BACK OF HOUSE
40	BREAKFAST NOOK	82	EXTRACURRICULAR ACTIVITIES (PRACTICE)
41	LOFT	83	HEAD START/SCHOOL
42	OTHER ROOM 2	99	MISSING INFO/LOCATION
43	OTHER ROOM 3		
44	OTHER ROOM 4		

**Table 8. Other Sample Code**

<b>CODE</b>	<b>DESCRIPTION</b>
01	SILL WIPE
02	SENTINEL
03	WATER - BIOLOGICAL
04	YARD SOIL
05	FFP-IN
06	FFP-OUT
07	FFP
08	H2B (2)
09	PAH-IN
10	SPMD IN/OUT
11	H2B
12	SPMD-IN
13	SPMD-OUT
14	PAH-OUT
15	BLOOD (PEST)
16	HAR
17	BSL
18	BSP
19	PAH
20	BLP
21	HAIR
22	UNKNOWN PESTS. LIQUID
23	ACTIVE VOC (IN/OUT)

**Table 9. Cleaning Method Code**

<b>CODE</b>	<b>DESCRIPTION</b>	<b>CODE</b>	<b>DESCRIPTION</b>
-9	MISSING	49	CRYSTAL WHITE
01	NEW CARPET/NEVER CLEANED	50	EXTRACTION
02	STEAM CLEANER	51	COMET AND WATER
03	CHEM/DRY	52	ARIEL SOAP
04	DO IT YOURSELF	53	ARMSTRONG CERAMIC CLEANER
05	BISSEL STEAM	54	LAUNDRY SOAP & WATER
06	PROFESSIONAL	55	OIL FOR WOOD
07	CARPET DRY FOAM	56	SWEEP AND MOP
08	BLEACH	57	DOVE
09	RESPONDENT DOESN'T KNOW/ DK	58	QUICK CLEAN FOR NO WAX FLOORS
10	NEVER CLEANED BY RESPONDENT	59	BLEACH / PINE SOL / WATER
12	MOP & GLOW	60	DOW ANTI-BACTERIA
22	WATER	61	MURPHY'S SQUIRT & WASH SOAP
23	PINALEN	62	ACCUMIX
24	NOW	63	RESOLVE--DO IT YOURSELF
25	SWEEP	64	PINE SOL AND WATER
26	MR. CLEAN	65	CLOROX
27	MOPPED	66	PLEDGE
28	SOAP & WATER	67	BLEACH WITH WATER
29	SIMPLE GREEN	68	PALMOLIVE LIQUID WITH WATER
30	VINEAGAR & WATER	69	FABULOSO
31	DETERGENT & WATER	70	PINE SOL AND CLOROX
32	VACUUM	71	GENERIC MASTER CLEANER
33	SHAMPOO	72	PINESOL AND WAX
34	FOAM KIRBY	73	LINSEED 50% AND THINNER 50%
35	THERMAX	74	CLEANING SUPPLIES
36	SPIC & SPAN	75	SHAMPOO AND WATER
37	PINE SOL	76	PROFESSIONAL WAX
38	AMMONIA	77	CLOROX/PINSOL/FABULOSO
39	MURPHY'S OIL SOAP	78	FABULOSO AND WATER
40	LEMON POWER	79	EASY OFF AND WATER
41	EARTH-RITE	80	VEL ROSITA AND WATER
42	TIDE	81	MAESTRO LIMPIO AND WATER
43	LYSOL AND WATER	82	CARPET UPHOLSTRY DETERGENT AND WATER
44	CABINET MAGIC	83	POWDER (AROMA)
45	FORMULA 409	84	AJAX
46	AQUA MIX CO. GROUT CLEANER	85	MOP W/ MR. CLEAN
47	WAX	86	MOP W/WATER
48	ONCE 'N DONE	87	MURPHY'S OIL SOAP & WATER

**Table 10. Carpet Code**

<b>CODE</b>	<b>DESCRIPTION</b>
01	RUG
02	INDOOR/OUTDOOR CARPET
03	CARPET PADDING
04	SHAG
05	LARGE WOVEN RUG

**Table 11. Other Area Code**

<b>CODE</b>	<b>DESCRIPTION</b>
01	WILDERNESS AREA
02	SCHOOL
03	DESERT
04	RANCH
05	COPPER SMELTER
06	MINING
07	GRAVEL
08	OLD CARS
09	ROCKS
10	TILE
11	CEMETARY
12	BRICK
13	WOOD
14	ASPHALT ROOFTOP
15	FLAGSTONE
16	METALS
17	WOODEN DECK
18	OVERPASS FOR MAJOR ROAD
19	CLOSE TO FREEWAY
20	SPANISH TILE
21	IRON
22	TOOLS
23	CONCRETE
24	UNDEVELOPED LAND
25	MEXICO/US BORDER
26	INACTIVE OLD MINE
27	LAMINA PLATE
28	TREES
29	OUTSIDE
30	BACKYARD
31	GAS STATION
32	BASEMENT
33	CHAIN LINK FENCE

**Table 12. Other Material**

<b>CODE</b>	<b>DESCRIPTION</b>
01	GRAVEL
02	BRICK
03	ROCKS
04	VOLCANIC ROCK
05	FLAGSTONE
06	VEGETATION
07	FISH POND
08	INDOOR/OUTDOOR CARPET
09	WEEDS
10	SAND
11	TILE
12	GRASS TURF
13	SCRAP METAL
14	CERAMIC TILE
15	TREES
16	PLASTIC
17	PAINTED CEMENT
18	ASSORTED CAR PARTS
19	DIRT
20	CARPORT
21	ASTROTURF
22	WHITE ROCK
23	TERRACOTA TILE
24	PLANTS
25	PORCH
26	STEEL PIPES
27	MULCH
28	RIVER ROCKS/WEEDS
29	APPLIANCES,BIKES,MATRESSES
30	CLAY TILE AND BRICKS
31	FLOWER BEDS
32	ROSES
33	PALM TREES
34	MEXICAN BRICK
35	DECORATIVE ROCKS
36	FRUIT TREES AND ASSORTED SCRAP
37	CARPET PIECES ALONG WALKWAY
38	VEGATATION AND CARPET PIECES
39	RIVER ROCK, DESERT VEGATATION
40	IRON (STAIRS)
41	ALUMINUM FENCE
42	BRUSH



## Appendix A. Technician Walk Through

## TECHNICIAN WALK-THROUGH QUESTIONNAIRE

National Human Exposure Assessment Survey

<b>Item number</b> Form Type: <span style="border: 1px solid black; padding: 2px;"><b>08</b></span>  <span style="border: 1px solid black; padding: 2px;">NHEXAS Form ID: UA-T-1 0-3-0</span>	<b>Study:</b> <input type="radio"/> 1. NHEXAS <input type="radio"/> 2. Border <input type="radio"/> 3. <input type="radio"/> 4. <input type="radio"/> 5.	<b>Stage</b> Stage #: <span style="border: 1px solid black; display: inline-block; width: 30px; height: 30px;"></span> Collapsed? Y       N       S <input type="radio"/> <input type="radio"/> <input type="radio"/>	<b>Administered By:</b> <hr style="margin-top: -10px; margin-bottom: 10px;"/> Tech. ID <span style="border: 1px solid black; display: inline-block; width: 30px; height: 30px;"></span> <b>Tech ID</b>	<b>HHID HHID F.S.</b> <div style="display: flex; justify-content: space-between;"> <span>[ ][ ] [ ][ ] [ ][ ] [ ][ ] [ ][ ]</span> <span>[ ][ ]</span> </div> <b>Administration Date</b> <i>HHIDFS</i> <div style="display: flex; align-items: center;"> <span style="border: 1px solid black; padding: 2px;">[ ][ ]</span> /            <span style="border: 1px solid black; padding: 2px;">[ ][ ]</span> /            <span style="border: 1px solid black; padding: 2px;">[ ][ ]</span> </div> <div style="text-align: right; font-size: small;">MO DAY YR</div>
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*Complete this questionnaire by observation. You may ask participant any questions that are not apparent.*

- How many stories (floors) are in this building? **Count only floors with finished rooms for living purposes or full basements. (Do not include sub-basements.)**  
  
 Floor(s):  *If multi-family building — Continue Else — Go to question #3*  
                 *Floors*
- Which floor(s) do respondents live on? **List each floor.**  
  
 Floor#:  Floor#:  Floor#:  Floor#:  Floor#:   
                 F-live 1          Flive 2          F-live 3          F-live 4          F-live 5
- How many rooms are carpeted or have rugs covering most (>50%) of their surface?
- Using the following statements, how would you rate the overall dust level within the residence? Fill in ONE bubble.

☐ 1. Very Dusty      *Dust-level*  
☐ 2. Some Dust -- obvious efforts to control dust  
☐ 3. "No" Dust -- extreme dust control, very clean

Additional Comments on dust control: \_\_\_\_\_

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5. Indicate nearest major intersection: (Eg., Park and Speedway)

Street 1

&

Street 2

**QC / CODING**  
  
☐ QC  
☐ - 5.R  
☐ - 8.N  
☐ - 9.M  
  
☐ QC  
☐ - 5.R  
☐ - 8.N  
☐ - 9.M  
  
☐ QC  
☐ - 5.R  
☐ - 8.N  
☐ - 9.M  
  
☐ 55.R  
☐ 88.N  
☐ 99.M  
  
*Dust-com*  
Dust Com.

Form Status:		OFFICE USE ONLY									
<input type="radio"/> 1.Cmp		Tech. ID	MO	DAY	YR	Tech. ID	MO	DAY	YR		
<input type="radio"/> 2.N Cmp											
<input type="radio"/> 3.P Cmp											
<input type="radio"/> 4.Re-col											
<input type="radio"/> 5.Ref											
<input type="radio"/> 7.Dest											
<input type="radio"/> 8.N/A											
<input type="radio"/> 9.Miss											

Public reporting burden for this collection of information is estimated to average 5 minutes per completion, and to require 0 hours recordkeeping. This includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Chief, Information Policy Branch, 2136, U.S. Environmental Protection Agency, 401 M St., S.W., Washington, D.C. 20460; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503. OMB Clearance #: 2080-0053 Expires: 07/31/98

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## Appendix A (Continued). Technician Walk Through

## EXTERIOR AND INTERIOR RESIDENTIAL CHARACTERISTICS

PAGE 2

Technician Qx

6 a. Surrounding area (within a quarter mile radius of this property): <i>Fill in bubbles of ALL THAT APPLY.</i>		QC / CODING
Resident <input type="radio"/> 1. Residential Recreastl <input type="radio"/> 2. Recreational Commerci <input type="radio"/> 3. Commercial Industrl <input type="radio"/> 4. Industrial Agricult <input type="radio"/> 5. Agricultural Neighoth <input type="radio"/> 6. Other (specify: _____)	} (Shade bubbles of dominant land uses.)	<input type="radio"/> 55.R Neigh-ref <input type="radio"/> 88.N Neigh-Na <input type="radio"/> 99.M Neigh-Mis O Area: <input type="checkbox"/> <input type="checkbox"/>
6 b. Distance to street: <i>Measure the distance from the curb to the primary entrance to the residence or shade bubble if distance is estimated to be greater than 300 feet.</i> Feet (<300): <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OR <input type="radio"/> 1. Curb is > 300 feet from primary entrance <i>Dist- str</i> <i>Gt - 300ft</i>		<input type="radio"/> 55.R <input type="radio"/> 88.N <input type="radio"/> 99.M O Area: <input type="checkbox"/> <input type="checkbox"/>
6 c. Exterior siding material (including foundation): <i>Fill in bubbles of ALL THAT APPLY.</i> Ext-wood <input type="radio"/> 1. Wood Ext-brick <input type="radio"/> 2. Brick Ext-vinyl <input type="radio"/> 3. Vinyl / aluminum Ext-concr <input type="radio"/> 4. Concrete block Ext-stucc <input type="radio"/> 5. Stucco Ext-asbes <input type="radio"/> 6. Asbestos / asphalt Ext-oth <input type="radio"/> 7. Other (specify: _____)		<input type="radio"/> 55.R Ext-ref <input type="radio"/> 88.N Ext-Na <input type="radio"/> 99.M Ext-Mis O Siding: <input type="checkbox"/> <input type="checkbox"/>
6 d. Is there paint on any <u>exterior</u> surface that is chalking, chipping, or peeling? <i>Fill in ONE bubble.</i> <input type="radio"/> 1. Yes <input type="radio"/> 2. No <input type="radio"/> 3. Not painted <i>Ext-pnt</i>		<input type="radio"/> 55.R <input type="radio"/> 88.N <input type="radio"/> 99.M O Siding: <input type="checkbox"/> <input type="checkbox"/>
6 e. Is there paint on any <u>interior</u> surface that is chalking, chipping, or peeling? <i>Fill in ONE bubble.</i> <input type="radio"/> 1. Yes <input type="radio"/> 2. No <input type="radio"/> 3. Not painted <i>Int-pnt</i>		<input type="radio"/> 55.R <input type="radio"/> 88.N <input type="radio"/> 99.M O Material: <input type="checkbox"/> <input type="checkbox"/>
6 f. Material around <u>primary entrance</u> to structure: <i>Fill in bubbles of ALL THAT APPLY.</i> Ent-soil <input type="radio"/> 1. Soil Ent-grass <input type="radio"/> 2. Grass Ent-cemnt <input type="radio"/> 3. Cement / asphalt / brick Ent-grav <input type="radio"/> 4. Gravel Ent-wood <input type="radio"/> 5. Wood (If deck, yes; if door frame, no.) Ent-oth <input type="radio"/> 6. Other (specify: _____)		<input type="radio"/> 55.R Ent-ref <input type="radio"/> 88.N Ent-Na <input type="radio"/> 99.M Ent-Mis O Material: <input type="checkbox"/> <input type="checkbox"/>

Data Use Only:	0	1	2	3	4	5	6	7	8	9	A	B	C	D	E	F	G	H	I	J
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Appendix A (Continued). Technician Walk Through

HHID: <span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span> FS: <span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span>	PAGE 3 Technician Qx
<p>6 g. Dripline: <b>Fill in ONE bubble.</b></p> <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 60%;"> <p><input type="radio"/> 1. At wall</p> <p><input type="radio"/> 2. Gutters -- no dripline</p> <p><input type="radio"/> 3. _____ feet from wall</p> <p><input type="radio"/> 4. Other (specify: _____)</p> </div> <div style="width: 35%; text-align: right;"> <p>Dripline ft. from wall: <span style="border: 1px solid black; display: inline-block; width: 40px; height: 1.2em; vertical-align: middle;"></span></p> <p style="margin-top: 10px;"><i>Dripline</i>      <i>Drip-Ft</i></p> </div> </div>	<p><b>QC / CODING</b></p> <p><input type="radio"/> 55.R</p> <p><input type="radio"/> 88.N</p> <p><input type="radio"/> 99.M</p> <p><b>O Dripline:</b> <span style="border: 1px solid black; display: inline-block; width: 40px; height: 1.2em; vertical-align: middle;"></span></p> <p><i>0-dripline</i></p>
<p>6 h. Roof type and composition: <b>Fill in bubbles of ALL THAT APPLY.</b></p> <div style="display: flex;"> <div style="width: 15%;"> <p><i>Tar-roof</i> <input type="radio"/></p> <p><i>Seal-roof</i> <input type="radio"/></p> <p><i>Wood-roof</i> <input type="radio"/></p> <p><i>Asph-roof</i> <input type="radio"/></p> <p><i>Roof-oth</i> <input type="radio"/></p> </div> <div style="width: 85%;"> <p><input type="radio"/> 1. Tarred roof -- petroleum base</p> <p><input type="radio"/> 2. Sealed with roof protector</p> <p><input type="radio"/> 3. Wood shakes / shingles</p> <p><input type="radio"/> 4. Composition asphalt shingles</p> <p><input type="radio"/> 5. Other (specify: _____)</p> </div> </div>	<p><input type="radio"/> 55.R <i>Roof-ref</i></p> <p><input type="radio"/> 88.N <i>Roof-mis</i></p> <p><input type="radio"/> 99.M <i>Roof-mis</i></p> <p><b>O Roof:</b> <span style="border: 1px solid black; display: inline-block; width: 40px; height: 1.2em; vertical-align: middle;"></span></p> <p><i>0-roof</i></p>
<p>6 i. Yard material: <b>Fill in bubbles of ALL THAT APPLY.</b></p> <div style="display: flex;"> <div style="width: 15%;"> <p><i>Yd-soil</i> <input type="radio"/></p> <p><i>Yd-grass</i> <input type="radio"/></p> <p><i>Yd-porch</i> <input type="radio"/></p> <p><i>Yd-cemnt</i> <input type="radio"/></p> <p><i>Yd-wood</i> <input type="radio"/></p> <p><i>Yd-oth</i> <input type="radio"/></p> <p><i>Yd-notap</i> <input type="radio"/></p> </div> <div style="width: 85%;"> <p><input type="radio"/> 1. Soil</p> <p><input type="radio"/> 2. Grass</p> <p><input type="radio"/> 3. Porch / balcony</p> <p><input type="radio"/> 4. Cement</p> <p><input type="radio"/> 5. Wood / deck</p> <p><input type="radio"/> 6. Other (specify: _____)</p> <p><input type="radio"/> 7. Not applicable</p> </div> </div>	<p><input type="radio"/> 55.R <i>Yd-ref</i></p> <p><input type="radio"/> 88.N <i>(def.) Yd-mis</i></p> <p><input type="radio"/> 99.M <i>Yd-mis</i></p> <p><b>O Mat.:</b> <span style="border: 1px solid black; display: inline-block; width: 40px; height: 1.2em; vertical-align: middle;"></span></p> <p><i>0-ydmat</i></p>
<p>6 j. Types of foundation: <b>Fill in bubbles of ALL THAT APPLY.</b></p> <div style="display: flex;"> <div style="width: 15%;"> <p><i>Fnd-slab</i> <input type="radio"/></p> <p><i>Fnd-crawl</i> <input type="radio"/></p> <p><i>Fnd-combo</i> <input type="radio"/></p> <p><i>Fnd-base</i> <input type="radio"/></p> <p><i>Fnd-oth</i> <input type="radio"/></p> <p><i>Fnd-dk</i> <input type="radio"/></p> </div> <div style="width: 85%;"> <p><input type="radio"/> 1. Slab</p> <p><input type="radio"/> 2. Crawl space</p> <p><input type="radio"/> 3. Combination crawl space / basement</p> <p><input type="radio"/> 4. Full basement</p> <p><input type="radio"/> 5. Other (specify: _____)</p> <p><input type="radio"/> 6. Don't know</p> </div> </div>	<p><input type="radio"/> 55.R <i>Fnd-ref</i></p> <p><input type="radio"/> 88.N <i>Fnd-mis</i></p> <p><input type="radio"/> 99.M <i>Fnd-mis</i></p> <p><b>O Found:</b> <span style="border: 1px solid black; display: inline-block; width: 40px; height: 1.2em; vertical-align: middle;"></span></p> <p><i>0-Found</i></p>
<p>7 a. Does this residence have a swimming pool? <b>Fill in ONE bubble.</b></p> <p><input type="radio"/> 1. Yes ..... <b>Continue below</b></p> <p><input type="radio"/> 2. No ..... <b>GO TO Question # 8 a</b></p>	<p><input type="radio"/> 55.R</p> <p><input type="radio"/> 88.N</p> <p><input type="radio"/> 99.M</p>
<p>7 b. Where is the swimming pool located? <b>Fill in ONE bubble.</b></p> <p><input type="radio"/> 1. Inside      <input type="radio"/> 2. Outside</p>	<p><input type="radio"/> 55.R</p> <p><input type="radio"/> 88.N</p> <p><input type="radio"/> 99.M</p>
<p>8 a. Does this house or apartment have a hot tub or jacuzzi? <b>Fill in ONE bubble.</b></p> <p><input type="radio"/> 1. Yes ..... <b>Continue below</b></p> <p><input type="radio"/> 2. No ..... <b>STOP</b></p>	<p><input type="radio"/> 55.R</p> <p><input type="radio"/> 88.N</p> <p><input type="radio"/> 99.M</p>
<p>8 b. Where is the hot tub or jacuzzi located? <b>Fill in ONE bubble.</b></p> <p><input type="radio"/> 1. Inside      <input type="radio"/> 2. Outside</p>	<p><input type="radio"/> 55.R</p> <p><input type="radio"/> 88.N</p> <p><input type="radio"/> 99.M</p>

Data Use Only:	0	1	2	3	4	5	6	7	8	9	A	B	C	D	E	F	G	H	I	J
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## Appendix A (Continued). Technician Walk Through

### SUBJECT TRACKING

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#### 9. Subject Tracking (Arizona Only)

It is vital that the subject number is assigned consistently. Respondent numbers were assigned during the initial contact. Prior to entering the field, record the preassigned respondent numbers and the first name of the subject. Verify the previous information and record additional information. Record the names and status of any previously absent or unreported household members. Assign additional household members a respondent number, and notify the Field Coordinator of any changes immediately upon return to the Field Office.

Pre-Assigned IRN	Legal First Name	Date of Birth MO DAY YR	Comments:
a. <u>IRN-A</u>	<u>Fname-A</u>	<u>DobA-m</u> / <u>DobA-d</u> / <u>DobA-Y</u>	
b. <u>IRN-B</u>	<u>Fname-B</u>	<u>DobB-m</u> / <u>DobB-d</u> / <u>DobB-Y</u>	
c. <u>IRN-C</u>	<u>Fname-C</u>	<u>DobC-m</u> / <u>DobC-d</u> / <u>DobC-Y</u>	
d. <u>IRN-D</u>	<u>Fname-D</u>	<u>DobD-m</u> / <u>DobD-d</u> / <u>DobD-Y</u>	
e. <u>IRN-E</u>	<u>Fname-E</u>	<u>DobE-m</u> / <u>DobE-d</u> / <u>DobE-Y</u>	
f. <u>IRN-F</u>	<u>Fname-F</u>	<u>DobF-m</u> / <u>DobF-d</u> / <u>DobF-Y</u>	
g. <u>IRN-G</u>	<u>Fname-G</u>	<u>DobG-m</u> / <u>DobG-d</u> / <u>DobG-Y</u>	
h. <u>IRN-H</u>	<u>Fname-H</u>	<u>DobH-m</u> / <u>DobH-d</u> / <u>DobH-Y</u>	
i. <u>IRN-I</u>	<u>Fname-I</u>	<u>DobI-m</u> / <u>DobI-d</u> / <u>DobI-Y</u>	
j. <u>IRN-J</u>	<u>Fname-J</u>	<u>DobJ-m</u> / <u>DobJ-d</u> / <u>DobJ-Y</u>	
k. <u>IRN-K</u>	<u>Fname-K</u>	<u>DobK-m</u> / <u>DobK-d</u> / <u>DobK-Y</u>	
l. <u>IRN-L</u>	<u>Fname-L</u>	<u>DobL-m</u> / <u>DobL-d</u> / <u>DobL-Y</u>	
m. <u>IRN-M</u>	<u>Fname-M</u>	<u>DobM-m</u> / <u>DobM-d</u> / <u>DobM-Y</u>	
<input type="checkbox"/> QC <input type="checkbox"/> -5.R <input type="checkbox"/> -8.N <input type="checkbox"/> -9.M	<input type="checkbox"/> QC <input type="checkbox"/> X's.R <input type="checkbox"/> Y's.N <input type="checkbox"/> Z's.M	<input type="checkbox"/> QC <input type="checkbox"/> 55/55/55.R <input type="checkbox"/> 88/88/88.N <input type="checkbox"/> 99/99/99.M	

Data Use Only:	0	1	2	3	4	5	6	7	8	9	A	B	C	D	E	F	G	H	I	J
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## Appendix A (Continued). Technician Walk Through

RHID: <input type="text"/> FS: <input type="text"/>		SUBJECT TRACKING (Cont.)				PAGE 5
Technician Qx						
Comments: _____						
_____						
_____						
_____						
_____						
_____						
Resp. IRN	Relationship to Respondent 01	Relat. Code	Bedrm# (from diagram)	IRN# During This Visit Series	Change in Respondent Status	Comments:
a. _____	_____	RelPR-A <input type="checkbox"/> <input type="checkbox"/>	Bedrm-A <input type="checkbox"/> <input type="checkbox"/>	Irnvts-A <input type="checkbox"/> <input type="checkbox"/>	chg-A Y N 8 (def) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
b. _____	_____	RelPR-B <input type="checkbox"/> <input type="checkbox"/>	Bedrm-B <input type="checkbox"/> <input type="checkbox"/>	Irnvts-B <input type="checkbox"/> <input type="checkbox"/>	chg-B Y N 8 (def) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
c. _____	_____	RelPR-C <input type="checkbox"/> <input type="checkbox"/>	Bedrm-C <input type="checkbox"/> <input type="checkbox"/>	Irnvts-C <input type="checkbox"/> <input type="checkbox"/>	chg-C Y N 8 (def) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
d. _____	_____	RelPR-D <input type="checkbox"/> <input type="checkbox"/>	Bedrm-D <input type="checkbox"/> <input type="checkbox"/>	Irnvts-D <input type="checkbox"/> <input type="checkbox"/>	chg-D Y N 8 (def) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
e. _____	_____	RelPR-E <input type="checkbox"/> <input type="checkbox"/>	Bedrm-E <input type="checkbox"/> <input type="checkbox"/>	Irnvts-E <input type="checkbox"/> <input type="checkbox"/>	chg-E Y N 8 (def) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
f. _____	_____	RelPR-F <input type="checkbox"/> <input type="checkbox"/>	Bedrm-F <input type="checkbox"/> <input type="checkbox"/>	Irnvts-F <input type="checkbox"/> <input type="checkbox"/>	chg-F Y N 8 (def) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
g. _____	_____	RelPR-G <input type="checkbox"/> <input type="checkbox"/>	Bedrm-G <input type="checkbox"/> <input type="checkbox"/>	Irnvts-G <input type="checkbox"/> <input type="checkbox"/>	chg-G Y N 8 (def) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
h. _____	_____	RelPR-H <input type="checkbox"/> <input type="checkbox"/>	Bedrm-H <input type="checkbox"/> <input type="checkbox"/>	Irnvts-H <input type="checkbox"/> <input type="checkbox"/>	chg-H Y N 8 (def) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
i. _____	_____	RelPR-I <input type="checkbox"/> <input type="checkbox"/>	Bedrm-I <input type="checkbox"/> <input type="checkbox"/>	Irnvts-I <input type="checkbox"/> <input type="checkbox"/>	chg-I Y N 8 (def) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
j. _____	_____	RelPR-J <input type="checkbox"/> <input type="checkbox"/>	Bedrm-J <input type="checkbox"/> <input type="checkbox"/>	Irnvts-J <input type="checkbox"/> <input type="checkbox"/>	chg-J Y N 8 (def) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
k. _____	_____	RelPR-K <input type="checkbox"/> <input type="checkbox"/>	Bedrm-K <input type="checkbox"/> <input type="checkbox"/>	Irnvts-K <input type="checkbox"/> <input type="checkbox"/>	chg-K Y N 8 (def) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
l. _____	_____	RelPR-L <input type="checkbox"/> <input type="checkbox"/>	Bedrm-L <input type="checkbox"/> <input type="checkbox"/>	Irnvts-L <input type="checkbox"/> <input type="checkbox"/>	chg-L Y N 8 (def) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
m. _____	_____	RelPR-M <input type="checkbox"/> <input type="checkbox"/>	Bedrm-M <input type="checkbox"/> <input type="checkbox"/>	Irnvts-M <input type="checkbox"/> <input type="checkbox"/>	chg-M Y N 8 (def) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/> QC	<input type="checkbox"/> QC	<input type="checkbox"/> QC <input type="checkbox"/> -5.R <input type="checkbox"/> -8.N <input type="checkbox"/> -9.M	<input type="checkbox"/> QC <input type="checkbox"/> -5.R <input type="checkbox"/> -8.N <input type="checkbox"/> -9.M	<input type="checkbox"/> QC <input type="checkbox"/> -5.R <input type="checkbox"/> -8.N <input type="checkbox"/> -9.M	<input type="checkbox"/> QC	

Data Use Only:	0	1	2	3	4	5	6	7	8	9	A	B	C	D	E	F	G	H	I	J
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## Appendix A (Continued). Technician Walk Through

## HOUSEHOLD DIAGRAM

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10 a. Overall (approximate) dimensions of the portion of the house or apartment occupied by the residents:

Average Length:    ft. Average Width:    ft. Ceiling Height:    ft.

Length

Width

Height

10 b. Diagram the house and approximate dimensions of each room. Label the Main Room (MR) and the Living Room (LR) or Family Room (FR) if different from the Main Room. Label the Kitchen (KA), and any Other Room (OR). As a convention label the Bedrooms in order of size (B01 = largest, B02 = next largest). Bedrooms of equal size can be labeled arbitrarily. (Room dimensions are to be rounded to the nearest foot.)

10 c. Indicate room(s) where samples are collected:

PM	LOC	Carpet Dust	Surface Dust	PID	Active VOC	Passive VOC	Passive HCHO	Other A:	Other B:
		CD-LOC	SP-LOC	PID-LOC	AV-LOC	PR-LOC	HCHO-LOC	OTHA-LOC	OTHB-LOC
PM-MR	MR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PM-LR	LR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PM-FR	FR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PM-KA	KA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PM-B01	B01	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PM-B02	B02	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PM-B03	B03	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PM-B04	B04	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PM-OR1	OR1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PM-OR2	OR2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PM-OR3	OR3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PM-OR4	OR4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PM-OR5	OR5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PM-OR6	OR6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PM-AMB	AMB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PM-R	R	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PM-N	N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PM-M	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10 d. Personal Air:

[ ] N/A

PA-IRN

IRN #:

If applicable, write names of any other rooms (OR) on line(s) below:

 OR1: \_\_\_\_\_  
 OR2: \_\_\_\_\_  
 OR3: \_\_\_\_\_  
 OR4: \_\_\_\_\_  
 OR5: \_\_\_\_\_  
 OR6: \_\_\_\_\_

O. Samp A: O. Samp B:

O. Samp A: O. Samp B:

CODING

OR1:

OR1-Code

OR2:

OR2-Code

OR3:

OR3-Code

OR4:

OR4-Code

OR5:

OR5-Code

OR6:

OR6-Code

Pagelink QC:

Int:

Data Use

Only:

 0 1 2 3 4 5 6 7 8 9 A B C D E F G H I J  
☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

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## Appendix A (Continued). Technician Walk Through

HHIDS F.S. Administration Date  
 HHID HHID MO DAY YR  
 Evntdate



6P601

## 11. Characteristics of floor surfaces and cleaning utensils

Room	FLOOR SURFACE		CLEANING METHODS		Scotch Guard Applied?	Does anyone frequently occupy the floor of this room (crawling, sleeping, playing, sitting)?
	Carpeted Carpet	Hard Surface Hard surf	Last Date and Method of Carpet Cleaning (i.e., Professional, Do-it-Yourself, Water, Steam, or Chemical) Please specify method used.	Last Date and Method of Routine Hard Surface Cleaning Please specify method used.		
Location	<input type="radio"/> Loop <input type="radio"/> Shag <input type="radio"/> Cut/Pile <input type="radio"/> Loop/Cut <input type="radio"/> Other: Carp-oth	<input type="radio"/> Concrete <input type="radio"/> Brick <input type="radio"/> Wood <input type="radio"/> Tile <input type="radio"/> Other: Hard-oth	Hard date / / Method: Hardmeth	Hard date / / Method: Hardmeth	<input checked="" type="radio"/> Yes <input type="radio"/> No	Name: IRN-flor IRN#:
	<input type="radio"/> Loop <input type="radio"/> Shag <input type="radio"/> Cut/Pile <input type="radio"/> Loop/Cut <input type="radio"/> Other:	<input type="radio"/> Concrete <input type="radio"/> Brick <input type="radio"/> Wood <input type="radio"/> Tile <input type="radio"/> Other:	/ / Method:	/ / Method:	<input type="radio"/> Yes <input type="radio"/> No	Name: IRN#:
	<input type="radio"/> Loop <input type="radio"/> Shag <input type="radio"/> Cut/Pile <input type="radio"/> Loop/Cut <input type="radio"/> Other:	<input type="radio"/> Concrete <input type="radio"/> Brick <input type="radio"/> Wood <input type="radio"/> Tile <input type="radio"/> Other:	/ / Method:	/ / Method:	<input type="radio"/> Yes <input type="radio"/> No	Name: IRN#:
	<input type="radio"/> Loop <input type="radio"/> Shag <input type="radio"/> Cut/Pile <input type="radio"/> Loop/Cut <input type="radio"/> Other:	<input type="radio"/> Concrete <input type="radio"/> Brick <input type="radio"/> Wood <input type="radio"/> Tile <input type="radio"/> Other:	/ / Method:	/ / Method:	<input type="radio"/> Yes <input type="radio"/> No	Name: IRN#:
	<input type="radio"/> Loop <input type="radio"/> Shag <input type="radio"/> Cut/Pile <input type="radio"/> Loop/Cut <input type="radio"/> Other:	<input type="radio"/> Concrete <input type="radio"/> Brick <input type="radio"/> Wood <input type="radio"/> Tile <input type="radio"/> Other:	/ / Method:	/ / Method:	<input type="radio"/> Yes <input type="radio"/> No	Name: IRN#:
	<input type="radio"/> Loop <input type="radio"/> Shag <input type="radio"/> Cut/Pile <input type="radio"/> Loop/Cut <input type="radio"/> Other:	<input type="radio"/> Concrete <input type="radio"/> Brick <input type="radio"/> Wood <input type="radio"/> Tile <input type="radio"/> Other:	/ / Method:	/ / Method:	<input type="radio"/> Yes <input type="radio"/> No	Name: IRN#:

Data Use Only:	0	1	2	3	4	5	6	7	8	9	A	B	C	D	E	F	G	H	I	J

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Technic Qx