

CTEPP

POST-MONITORING QUESTIONNAIRE (FORM #7)
(CHILD DAY CARE CENTER)

The Post-Monitoring Questionnaire is used to collect information on potential sources of pollutants exposures at the participant's day care. It is a personal interview survey and will be administered by the project staff during a visit at the participant's day care (after the air sampling). The estimated time to complete this form is 10 minutes.

**CHILDREN'S TOTAL EXPOSURE TO PERSISTENT PESTICIDES
AND OTHER PERSISTENT ORGANIC POLLUTANTS**

“CTEPP”

**CHILD DAY CARE CENTER
POST-MONITORING QUESTIONNAIRE
(TEACHER)**

(FORM # 7)

Public reporting burden for this collection of information is estimated to average [10] minutes per response, and to require [0] minutes record keeping. This includes 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 the burden to the Director, OPPE Regulatory Information Division, U.S. Environmental Protection Agency (2137) , 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.

[LABEL OF NAME]

PARTICIPANT ID #: - -

INTERVIEW INFORMATION

PARTICIPANT ID #: - - RECORD: SUBRECORD: VERSION:

	STAFF ID #	DATE	TIME STARTED	TIME ENDED	RESULTS (IF INCOMPLETE, SPECIFY REASON)
01	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MM DD YYYY	<input type="text"/> : <input type="text"/> AM / PM	<input type="text"/> : <input type="text"/> AM / PM	COMPLETE 1 INCOMPLETE . . . 2
02	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MM DD YYYY	<input type="text"/> : <input type="text"/> AM / PM	<input type="text"/> : <input type="text"/> AM / PM	COMPLETE 1 INCOMPLETE . . . 2
03	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MM DD YYYY	<input type="text"/> : <input type="text"/> AM / PM	<input type="text"/> : <input type="text"/> AM / PM	COMPLETE 1 INCOMPLETE . . . 2
04	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MM DD YYYY	<input type="text"/> : <input type="text"/> AM / PM	<input type="text"/> : <input type="text"/> AM / PM	COMPLETE 1 INCOMPLETE . . . 2
REASONS FOR NONCOMPLETION:					
01					
02					
03					
04					

RESPONDENT'S COOPERATION WAS:

VERY GOOD 1
 GOOD 2
 FAIR 3
 POOR 4

THE OVERALL QUALITY OF THIS
INTERVIEW WAS:

HIGH QUALITY 1
 GENERALLY RELIABLE 2
 QUESTIONABLE (SPECIFY BELOW). . . 3
 UNSATISFACTORY (SPECIFY BELOW). . . 4

REASON(S) FOR THE UNRELIABLE OR QUESTIONABLE QUALITY OF THE INTERVIEW:

I would like to ask you some questions about the daily activities of the children participating in the study during the 48-hour air monitoring period, that is from _____ to _____. First,

1. Did the children do anything during the 48-hour period that brought them near any of the following materials, places, or activities?

MATERIALS, PLACES, OR ACTIVITIES	YES	NO	IF YES, WHERE & FOR HOW LONG
a. freshly applied paint	1	2	
b. food being fried, broiled, grilled, or barbecued	1	2	
c. food being burned (charred) and caused smoke (visible or can be smelled)	1	2	
d. burning of rubbish, garbage, or yard waste	1	2	
e. any other open flames	1	2	
f. glues or other adhesives, excluding kindergarten paste	1	2	
g. kindergarten paste	1	2	
h. solvents, fumes, or odorous chemicals	1	2	
i. floor wax, furniture wax, or shoe polish	1	2	
j. gasoline- or diesel-powered equipment other than automobiles, including lawn mowers	1	2	
k. household cleaning agents, such as scouring powders or ammonia	1	2	
l. excessive dust in the air	1	2	
m. stain or spot removers	1	2	
n. gas station or auto repair shop	1	2	
o. around someone pumping gasoline	1	2	
p. around a gas range or oven when it was used	1	2	
q. around a microwave oven when it was used	1	2	
r. freshly applied insecticides or pesticides (used to kill insects, rodents, etc.)	1	2	
s. freshly applied herbicides such as weed killers (in farm fields or gardens)	1	2	
t. using chemicals to control fleas and/or ticks on pets?	1	2	
u. roofing tar or road tar	1	2	
v. around someone changing automobile oil	1	2	

MATERIALS, PLACES, OR ACTIVITIES	YES	NO	IF YES, WHERE & FOR HOW LONG
w. fungicides (to kill fungal growth and mold)	1	2	
x. degreasers (for car/engine repair)	1	2	
y. kerosene	1	2	
z. lighter fluid and/or Charcoal	1	2	

2.

3.

Were any of the following (HEAT & A/C) used in this classroom during the 48-hour period? IF YES, ASK #3.			About how many hours during the 48-hour period was it used?
HEAT & A/C	YES	NO	HOURS
a. CENTRAL ELECTRIC <input type="checkbox"/> <input type="checkbox"/>	1	2	
b. CENTRAL GAS <input type="checkbox"/> <input type="checkbox"/>	1	2	
c. KEROSENE SPACE HEATER <input type="checkbox"/> <input type="checkbox"/>	1	2	
d. ELECTRIC SPACE HEATER <input type="checkbox"/> <input type="checkbox"/>	1	2	
e. FIREPLACE <input type="checkbox"/> <input type="checkbox"/>	1	2	
f. WOOD STOVE <input type="checkbox"/> <input type="checkbox"/>	1	2	
g. A/C-CENTRAL <input type="checkbox"/> <input type="checkbox"/>	1	2	
h. A/C-WINDOW <input type="checkbox"/> <input type="checkbox"/>	1	2	
i. CEILING FANS <input type="checkbox"/> <input type="checkbox"/>	1	2	

2.

3.

Were any of the following (HEAT & A/C) used in this classroom during the 48-hour period? IF YES, ASK #3.			About how many hours during the 48-hour period was it used?
j. OTHER HEAT(SPECIFY)	1	2	
<input type="checkbox"/> <input type="checkbox"/>			
k. OTHER A/C (SPECIFY)	1	2	
<input type="checkbox"/> <input type="checkbox"/>			
3a. At what temperature was your thermostat set during the 48-hour period?			<div style="text-align: right;"><input type="text"/><input type="text"/> °F</div> NO THERMOSTAT 1 DK 8

4. Did anyone smoke cigarettes, cigars, or a pipe inside the classroom during the 48-hour period?

YES 1

NO (GO TO 6) 2

5. About how many cigarettes, cigars, or pipefuls of tobacco were smoked inside the classroom during the 48-hour period?

CIGARETTES

CIGARS

PIPES

INTERVIEWER: ASK THE BRAND NAME.

BRAND NAME:

6. Did someone sweep or vacuum the floor or rugs inside the classroom during the 48-hour period?

YES 1

NO 2

7. Does the classroom have a daily activities schedule?

YES 1

NO (GO TO 9) 2

IF YES, ASK FOR A COPY OF THE SCHEDULE FOR THE CLASSROOM THAT IS BEING MONITORED.

8. How often do you follow the daily activities schedule? Would you say...?
- | | |
|----------------------------|---|
| Always | 1 |
| Most of the time | 2 |
| Sometimes, or | 3 |
| Rarely | 4 |
| NA | 5 |
| DK | 8 |

Now I have a few questions about CHILD during the 48-hour air monitoring period.

9. How often did (CHILD'S NAME) put toys in (his/her) mouth? Would you say...?
- | | |
|------------------------|---|
| Frequently | 1 |
| Sometimes | 2 |
| Almost Never | 3 |
| DK | 8 |

10. Did (he/she) put any things other than toys or foods in (his/her) mouth?
- | | |
|-------------------------|---|
| YES | 1 |
| NO (GO TO 12) | 2 |
| DK (GO TO 12) | 2 |

11. What did (he/she) put in (his/her) mouth?
-

12. How frequently did (he/she) put (his/her) fingers or hand in (his/her) mouth? Would you say...?
- | | |
|------------------------|---|
| Frequently | 1 |
| Sometimes | 2 |
| Almost Never | 3 |
| DK | 8 |

Now I would like to ask you some questions about your opinions on this study.

13. Do you feel that any of the following activities were too much of a burden, too confusing, or caused too much inconvenience to you? [READ LIST:]

	YES	NO	IF YES, WHY?
a. Collecting urine samples	1	2	_____
b. Collecting food samples	1	2	_____
c. Collecting hand-wipe samples	1	2	_____
d. Recording Child Activity Diary	1	2	_____
e. Air sampling inside your classroom	1	2	_____
f. Air sampling outside the center	1	2	_____
g. Doing the interviews with us	1	2	_____
h. Dust sampling inside your classroom	1	2	_____

14. Would you be interested in participating in a similar study like this one in the future?

YES 1
 NO 2
 RF 7
 DK 8

**IF YES, ASK PARTICIPANT TO SIGN
 FORM#15 [CONSENT FOR FUTURE
 CONTACT]**

Finally the last question is only for statistical purposes.

15. What is the highest grade or level of schooling that you have completed?
- | | |
|---|---|
| 11TH GRADE OR LESS | 1 |
| HIGH SCHOOL GRADUATE OR GED | 2 |
| POST-HIGH SCHOOL TRAINING OTHER THAN COLLEGE (E.G., VOCATIONAL OR TECHNICAL TRAINING) | 3 |
| SOME COLLEGE | 4 |
| GRADUATED FROM COLLEGE | 5 |
| POST-GRADUATE EDUCATION | 6 |
| RF | 7 |
| DK | 8 |

CONCLUDING STATEMENT

Thank you very much for your time, (Mr./Mrs./Ms.) (RESPONDENT'S LAST NAME). That concludes our interview for today. We really appreciate your willingness to answer our questions and to participate in this important study. You've been very helpful. Do you have any questions or comments?

COMMENTS?	YES	1
	NO	2

COMPLETE INTERVIEW INFORMATION ON THE FRONT PAGE OF THIS QUESTIONNAIRE.

REVIEW THE ENTIRE QUESTIONNAIRE FOR MISSING INFORMATION OR APPARENT ERRORS AS SOON AS POSSIBLE.