

**CTEPP**

**PRE-MONITORING QUESTIONNAIRE (FORM #4)**  
(PARENT)

The Pre-Monitoring Questionnaire is used to collect information on potential sources of pollutant exposures at the participant's home. It is a personal interview survey and will be administered by the project staff during a visit to the participant's home (before the air sampling). The estimated time to complete this form is 30 minutes.

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

**“CTEPP”**

**PARENT  
PRE-MONITORING QUESTIONNAIRE**

(FORM #4)

Public reporting burden for this collection of information is estimated to average [ 30 ] 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.

**PARTICIPANT ID#:**      -    -

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## 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"/> 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"/> 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"/> 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"/> MM DD YYYY	<input type="text"/> : <input type="text"/> AM / PM	<input type="text"/> : <input type="text"/> AM / PM	COMPLETE . . . . 1 INCOMPLETE . . . 2
<b>REASONS FOR NONCOMPLETION:</b>					
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:

In this interview we will be discussing a number of topics including your home, your family, your child's daily activities, and any commercial chemical products used in and around your home. I'd like to begin by asking some questions about the house (apartment).

#### AGE OF THE HOUSE/BUILDING

A1. How old is the house (apartment)?

--	--	--

YEARS

(DK = 998)

--	--

MONTHS

(DK = 98)

( )

INTERVIEWER: IF DK, ASK WHO MAY KNOW.  
GET NAMES & PHONE NUMBER.

( )

NAME: \_\_\_\_\_

( )

TELEPHONE NUMBER: \_\_\_\_\_

#### CARPET INFORMATION

A2. Is there any carpet (including area rugs) in your home?

YES . . . . . 1 ( )

NO . . . . . (GO TO A7) . . . . . 2

DK . . . . . 8

A3.		A4.		A5.		A6.	
Would you please tell me which room(s) has/have carpet (area rug)?  IF ONLY AREA RUG, PLEASE MAKE A NOTE.		How old is the carpet (area rug) in the (ROOM)?		How often is the carpet (area rug) in the (ROOM) steam-cleaned?		How often is the carpet (area rug) in the (ROOM) vacuumed?	
ROOM(S) WITH CARPET		DK= 98		STEAM-CLEANED		VACUUMED	
1.	<div><div></div><div></div></div>	<div><div></div><div></div></div> Years	<div><div></div><div></div></div> Months				
2.	<div><div></div><div></div></div>	<div><div></div><div></div></div> Years	<div><div></div><div></div></div> Months				
3.	<div><div></div><div></div></div>	<div><div></div><div></div></div> Years	<div><div></div><div></div></div> Months				
4.	<div><div></div><div></div></div>	<div><div></div><div></div></div> Years	<div><div></div><div></div></div> Months				
5.	<div><div></div><div></div></div>	<div><div></div><div></div></div> Years	<div><div></div><div></div></div> Months				
6.	<div><div></div><div></div></div>	<div><div></div><div></div></div> Years	<div><div></div><div></div></div> Months				
7.	<div><div></div><div></div></div>	<div><div></div><div></div></div> Years	<div><div></div><div></div></div> Months				
8.	<div><div></div><div></div></div>	<div><div></div><div></div></div> Years	<div><div></div><div></div></div> Months				
9.	<div><div></div><div></div></div>	<div><div></div><div></div></div> Years	<div><div></div><div></div></div> Months				
10.	<div><div></div><div></div></div>	<div><div></div><div></div></div> Years	<div><div></div><div></div></div> Months				

A7. What (other) rooms do you have (rooms without carpet or area rug) in your home?	A8. How often is the floor in the (ROOM) wet-mop cleaned?
<b>ROOM(S) WITHOUT CARPET</b>	<b>WET-MOP CLEANED</b>
1. <input type="text"/> <input type="text"/>	
2. <input type="text"/> <input type="text"/>	
3. <input type="text"/> <input type="text"/>	
4. <input type="text"/> <input type="text"/>	
5. <input type="text"/> <input type="text"/>	
6. <input type="text"/> <input type="text"/>	
7. <input type="text"/> <input type="text"/>	
8. <input type="text"/> <input type="text"/>	
9. <input type="text"/> <input type="text"/>	
10. <input type="text"/> <input type="text"/>	

**HEATING & A/C INFORMATION**

The following questions are about the heating and air conditioning device used in your home.

[ASK A9 FOR ALL HEATING A/C DEVICE(S) USED, THEN ASK A10-A12 FOR EACH HEATING A/C DEVICE.]

A9.			A10.		A11.	A12.
What kind of heating and air conditioning device do you use? Please include anything you use on an occasional basis.  <b>CIRCLE ALL THAT APPLY</b>			When do you usually use (HEAT/AC) during the year (from what month to what month)?		When you used (HEAT/AC) in the past year, on average about how many hours per day did you use it?	When was (HEAT/AC) last used?  (DK = 98 98 9998)
HEAT/AC	Yes	No	BEGIN MONTH	END MONTH	## Hrs./Day	MM/DD/YYYY
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"/> MARK LOCATION IN FORM2	1	2				
i. CEILING FANS <input type="checkbox"/> <input type="checkbox"/> MARK LOCATION IN FORM2	1	2				
j. OTHER HEAT(SPECIFY) <input type="checkbox"/> <input type="checkbox"/>	1	2				
k. OTHER A/C (SPECIFY) <input type="checkbox"/> <input type="checkbox"/>	1	2				

A12a. What temperature do you usually set the thermostat at during the heating seasons?

°F

NO THERMOSTAT . . . . . 1

DK . . . . . 8

A12b. What temperature do you usually set the thermostat at during the cooling seasons?

°F

NO THERMOSTAT . . . . . 1

DK . . . . . 8

A13. For each month please tell me, do you usually close all of the exterior doors and windows because heating or air conditioning is running or because of any other reasons (PLEASE NOTE ANY OTHER REASONS)?

IF ONLY PARTIAL MONTH, PLEASE NOTE .

Close all of the exterior doors and windows in		Yes	No	NOTE
...				
A.	JANUARY . . . . .	1	2	
B.	FEBRUARY . . . . .	1	2	
C.	MARCH . . . . .	1	2	
D.	APRIL . . . . .	1	2	
E.	MAY . . . . .	1	2	
F.	JUNE . . . . .	1	2	
G.	JULY . . . . .	1	2	
H.	AUGUST . . . . .	1	2	
I.	SEPTEMBER . . . . .	1	2	
J.	OCTOBER . . . . .	1	2	
K.	NOVEMBER . . . . .	1	2	
L.	DECEMBER . . . . .	1	2	



**HOUSE LOCATION & SURROUNDINGS**

A14. Is your house located within a quarter mile of any major freeway, streets with daily heavy traffic, or industrial or incineration plants that produce lots of smoke or a strange smell?

YES . . . . . 1 ( )

NO . . . . . 2

DK . . . . . 8

[IF YES, SPECIFY:]

( )

--	--

A15. In general, would you say the traffic condition near your house is...

Light (LESS THAN 1 CAR/MIN) . . . . . 1

Moderate, or (1-4 CARS/MIN) . . . . . 2

Heavy (5 CARS OR MORE/MIN) . . . . . 3

A16. About what time during the day do you think there is the most traffic near your house?

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( )

**HOUSEHOLD MEMBERS & SMOKING INFORMATION**

Next I would like to ask you some questions about the members of your household. [ASK B1 FIRST. IF B2=YES, ASK B3 AND B4]

B1.				B2.		B3.			B4.
Would you tell me the first name of everyone living in this household, their ages, and their relationships to you? Let's start with you.  PLEASE MARK THE SAMPLED ADULT & CHILD WITH "*". [CLARIFY SEX IF NECESSARY] 1= MALE; 2 = FEMALE				Does anyone in the household regularly smoke cigarettes, cigars, or a pipe <u>in the house</u> ? Would you tell me who they are? [NO ---> B5]		On average, what is the total number of cigarettes, cigars, or pipefuls of tobacco per day that (PEOPLE) smoke in the house?			Where do/does (PEOPLE) usually smoke in the house?  CHECK THE ROOM(S) IN A3 & A7.
PEOPLE/NAME	SEX	AGE	RELATIONSHIP	YES	NO	CIGS/DAY	CIGARS/DAY	PIPES/DAY	WHERE SMOKE
#1	<input type="checkbox"/>	<input type="checkbox"/>	SELF <input type="checkbox"/>	1	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
#2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
#3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
#4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
#5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
#6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
#7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
#8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
#9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The next few questions are about the employment of your household members.

**EMPLOYMENT INFORMATION**

B5. Are you currently employed? YES ..... 1  
NO ..... (GO TO B9) ..... 2

B6. Who do you work for?  
[IF SELF-EMPLOYED, GO TO B8] \_\_\_\_\_ 

--	--

B7. What does the (company/person) do? \_\_\_\_\_ 

--	--

B8. What kind of work do you do? \_\_\_\_\_ 

--	--

B9. Is anyone else living in the household employed? YES ..... 1  
NO ..... (GO TO B17) ..... 2  
[IF YES, SPECIFY WHO:] \_\_\_\_\_ 

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B10. Who does (he/she) work for?  
[IF SELF-EMPLOYED, GO TO B12] \_\_\_\_\_ 

--	--

B11. What does the (company/person) do? \_\_\_\_\_ 

--	--

B12. What kind of work does (he/she) do? \_\_\_\_\_ 

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- B13. Is anyone else living in the household employed? YES ..... 1  
 NO ..... (GO TO B17) ..... 2

[IF YES, SPECIFY WHO:] \_\_\_\_\_

--	--

- B14. Who does (he/she) work for?  
 [IF SELF-EMPLOYED, GO TO B16]

--	--

- B15. What does the (company/person) do?

--	--

- B16. What kind of work does (he/she) do?

--	--

**IF THE OCCUPATION OF ANY HOUSEHOLD MEMBERS IS "FARMER" OR IT'S A RURAL HOUSEHOLD, ASK B17; OTHERWISE SKIP TO B18.**

- B17. Did you (or the person working on the farm) produce and sell \$1,000 or more of agricultural products in the past year? YES ..... 1  
 NO ..... 2

### **WATER INFORMATION**

**Now I am going to ask you some questions about the sources of your water.**

- B18. What are the sources of drinking water for your home?

**CIRCLE ALL THAT APPLY**

- CITY/COUNTY ..... 1  
 WELL ..... 2  
 BOTTLED ..... 3  
 OTHER (SPECIFY) ..... 4

SPECIFY: \_\_\_\_\_

--	--

- B19. Do you filter your drinking water?

- YES ..... 1  
 NO ..... (GO TO B20) ..... 2  
 DK ..... (GO TO B20) ..... 8

- B19 A. Do you filter just the drinking water or the entire water supply (that is, water for the entire house)?

- JUST THE DRINKING WATER ..... 1  
 THE ENTIRE WATER SUPPLY ..... 2

B19 What kind of filter do you use? Is it particle filter only or  
B. particle filter plus activated charcoal?

PARTICLE FILTER ONLY . . . . . 1  
PARTICLE FILTER PLUS ACTIVATED  
CHARCOAL . . . . . 2

B20. What are the sources of water for cooking?

**CIRCLE ALL THAT APPLY**

CITY/COUNTY . . . . . 1  
WELL . . . . . 2  
BOTTLED . . . . . 3  
OTHER (SPECIFY) . . . . . 4

SPECIFY:

B21. What are the sources of water for bathing?

**CIRCLE ALL THAT APPLY**

CITY/COUNTY . . . . . 1  
WELL . . . . . 2  
BOTTLED . . . . . 3  
OTHER (SPECIFY) . . . . . 4

SPECIFY:

### **INFORMATION ON OTHER POTENTIAL EXPOSURE**

The following are some general questions about your pets and household members.

B22. Do you have any pets?

YES . . . . . 1  
NO . . . . . (GO TO B26) . . . . . 2

B23. What kind of pets do you have?

B24. Do you keep your pets inside the house or outside the house?

Inside . . . . . 1  
Outside . . . . . 2  
Other . . . . . 3

[SPECIFY OTHER:]

B25. How often does CHILD play with or touch the pets?

ASK FOR FREQUENCY AND DURATION (FOR EXAMPLE, ONCE A  
DAY FOR ABOUT 30 MINUTES EACH TIME).

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- B26. Does everyone living in this household usually take off their shoes at the door before coming into the house? YES . . . . . 1  
NO . . . . . (GO TO B28) . . . . . 2
- B27. Do you usually ask your visitors to take off their shoes at the door before they come into the house? YES . . . . . 1  
NO . . . . . 2
- B28. Does anyone living in this household often walk barefoot outside the house? YES . . . . . 1  
NO . . . . . (GO TO B30) . . . . . 2
- B29. Would you tell me who? [ ] [ ]  
[IF YES, WHO:]  
\_\_\_\_\_
- B30. Does anyone in your household frequently work or play in the yard that would involve contact with soil? YES . . . . . 1  
NO . . . . . (GO TO B32) . . . . . 2
- B31. Would you tell me who? [ ] [ ]  
[IF YES, WHO:]  
\_\_\_\_\_
- B32. Does anyone in your household change automobile oil in the driveway or garage (or near your house)? YES . . . . . 1  
NO . . . . . (GO TO B36) . . . . . 2
- B33. Would you tell me who? [IF YES, WHO:]  
[ ] [ ]  
\_\_\_\_\_
- B34. How often (does/do) (PEOPLE IN B33) change oil in the [ ] [ ] Times Per  
driveway or garage?  
MONTH . . . . . 1  
YEAR . . . . . 2  
DK . . . . . 8

B35. How (do/does) (they/you/he/she) dispose of the automobile oil?

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☐

B36. How do you dispose of your garbage?

PICKED UP BY THE CITY/COUNTY . 1  
PICKED UP BY A COMMERCIAL  
CONTRACTOR . . . . . 2  
OTHER (SPECIFY) . . . . . 3

SPECIFY:

☐☐

B37. Did anyone use any pesticides, herbicides, or fungicides inside or around your home in the past 7 days (including the use of medicated lotions or shampoos to control head lice or body lice)?

YES . . . . . 1  
NO . . . . . 2  
DK . . . . . 8

**CHILD ACTIVITY INFORMATION**

Now I am going to ask you some questions about (CHILD'S NAME)'s daily activities during the past month. Please take a moment to think about what (CHILD'S NAME) did inside the house and outside the house during that period of time.

- C1. On average, about how many hours a day did (CHILD'S NAME) stay **outside the house**?  
[PROMPT: HOURS ON WEEKDAYS AND HOURS ON WEEKENDS]

IF THE CHILD ATTENDS DAY CARE,  
EXCLUDE HOURS AT DAY CARE.

**Weekday** (Monday - Friday) ( )

Hours   Minutes  
PER DAY

**Weekend** (Saturday - Sunday)

Hours   Minutes  
PER DAY

- C2. Where did (he/she) usually play outside the house? (Where did he/she spend the most time outside the house?) [BE SPECIFIC]

\_\_\_\_\_

( )

- C3. When (CHILD'S NAME) was outside the house, how often did (he/she) walk barefoot?  
Would you say ...

Most of the time . . . . . 1 ( )  
Sometimes, or . . . . . 2  
Rarely or almost never . . . . . 3  
DK . . . . . 8

- C4. How often did (CHILD'S NAME) take something to eat or drink when (he/she) was playing outside the house?

Most of the time . . . . . 1 ( )  
Sometimes, or . . . . . 2  
Rarely or almost never . . . . . 3  
DK . . . . . 8

- C5. How often did (he/she) play with sand or dirt?

Most of the time . . . . . 1 ( )  
Sometimes, or . . . . . 2  
Rarely or almost never . . . . . 3  
DK . . . . . 8



- C6. Have you ever seen (him/her) eat ...? dirt . . . . . 1 ( )  
sand, or . . . . . 2  
snow . . . . . 3  
DK . . . . . 8
- C7. Where did (he/she) usually play inside the house? (Where did he/she spend the most time playing inside the house?) [BE SPECIFIC]  ( )  


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- C8. When (CHILD' S NAME) was inside the house, how often did (he/she) walk barefoot? Most of the time . . . . . 1 ( )  
Sometimes, or . . . . . 2  
Rarely or almost never . . . . . 3  
DK . . . . . 8
- C9. When (CHILD' S NAME) was inside the house, how often did (he/she) sit or play **on the floor**? Most of the time . . . . . 1 ( )  
Sometimes, or . . . . . 2  
Rarely or almost never . . . . . 3  
DK . . . . . 8
- C10. On average, about how many hours a day, including nap time, did (he/she) sleep? ( )  

Hours  Minutes  
PER DAY

IF THE CHILD ATTENDS DAY CARE,  
EXCLUDE HOURS AT DAY CARE.

C11. How often did (he/she) sleep or take a nap on the floor? Most of the time . . . . . 1  
Sometimes, or . . . . . 2  
Rarely or almost never . . . . . 3  
DK . . . . . 8

- C12. Did (CHILD'S NAME) use a pacifier in the past month? YES ..... 1 ( )  
 NO ..... 2  
 DK ..... 8

C13.

C14.

In the past month, did (he/she) suck or chew (his/her)...? IF C13a= NO, SKIP TO C13b. IF C13b= NO, SKIP TO C16.				How frequently did (he/she) suck or chew (his/her) (SUCK IN C13)?  ASK FOR FREQUENCY AND DURATION (FOR EXAMPLE, TWICE A DAY FOR ABOUT 30 MINUTES EACH TIME).
<b>SUCK</b>	<b>Yes</b>	<b>No</b>	<b>Don't Know</b>	
a. Thumb/fingers	1	2	8	
b. Toe or foot	1	2	8	

**IF THE CHILD SUCKED FINGERS, ASK C15; OTHERWISE SKIP TO C16.**

- C15. When your child sucked his/her fingers, how many fingers did he/she put into his/her mouth? 1 finger ..... 1 ( )  
 2 fingers ..... 2  
 3 fingers ..... 3  
 4 fingers ..... 4  
 Whole hand ..... 5  
 DK ..... 8

- C16. Did (CHILD'S NAME) ever put his/her mouth on the floor or lick the floor? YES ..... 1 ( )  
 NO ..... (GO TO C19) ..... 2  
 DK ..... (GO TO C19) ..... 2

- C17. How frequently did he/she do that? Would you say...? Frequently ..... 1  
 Sometimes ..... 2  
 Almost Never ..... 3  
 DK ..... 8

- C18. Where did he/she do this most frequently at home? Please tell me the room(s) and the type of floor in the room (e.g., carpet, wood, tile, etc.).

	ROOM/FLOOR
1.	
2.	
3.	
4.	
5.	

- C19. How often did you cut (his/her) finger nails?

☐ ☐ Times per  
 WEEK . . . . . 1 ( )  
 MONTH . . . . . 2  
 DK . . . . . 8

- C20. How often did you cut (his/her) toe nails?

☐ ☐ Times per  
 WEEK . . . . . 1 ( )  
 MONTH . . . . . 2  
 DK . . . . . 8

- C21. Is your child currently teething?

YES . . . . . 1  
 NO . . . . . 2 ( )  
 DK . . . . . 2

- C22. How often did (CHILD'S NAME) put toys in (his/her) mouth? Would you say...?

Frequently . . . . . 1  
 Sometimes . . . . . 2 ( )  
 Almost Never . . . . . 3  
 DK . . . . . 8

- C23. Did (he/she) put any things other than toys or food in (his/her) mouth? YES . . . . . 1 ( )  
NO . . . . . (GO TO C25) . . . . . 2  
DK . . . . . (GO TO C25) . . . . . 2
- C24. What did (he/she) put in (his/her) mouth?  ( )
- C25. **STAFF:** SELECT ALL THAT APPLY:  
NOW ASK THE PARENT TO SHOW YOU THE CHILD'S MOST FAVORITE TOYS. TAKE A PICTURE OF THE TOYS AND RECORD THE FOLLOWING INFORMATION ABOUT THE TOYS.  
TOYS ARE MADE OF PLASTIC . . . 1  
TOYS ARE MADE OF CLOTH . . . . 2  
TOYS ARE SOFT . . . . . 3  
TOYS ARE HARD . . . . . 4
- C26. How often did you wash (CHILD'S NAME)'s toys?  Times per  
WEEK . . . . . 1  
MONTH . . . . . 2  
NEVER . . . . . 3  
YEAR . . . . . 4  
DK . . . . . 8
- C27. About how many times per week did you bathe CHILD?  Times per week
- C28. How often were (CHILD'S NAME)'s hands washed before eating meals? Would you say...? Most of the time . . . . . 1 ( )  
Sometimes, or . . . . . 2  
Rarely or almost never . . . . . 3  
DK . . . . . 8
- C29. How often were (his/her) hands washed before eating snacks? Would you say...? Most of the time . . . . . 1 ( )  
Sometimes, or . . . . . 2  
Rarely or almost never . . . . . 3  
DK . . . . . 8

- C30. How often were (his/her) hands washed after playing outside the house? Would you say...?
- Most of the time . . . . . 1 ( )
- Sometimes, or . . . . . 2
- Rarely or almost never . . . . . 3
- DK . . . . . 8
- C31. How often were (his/her) hands washed before going to bed? Would you say...?
- Most of the time . . . . . 1 ( )
- Sometimes, or . . . . . 2
- Rarely or almost never . . . . . 3
- DK . . . . . 8
- C32. What is the date of birth of CHILD?
- ( )
- MM / DD / YYYY
- C33. What is your date of birth? [YOU MAY JUST TELL ME THE MONTH & YEAR]
- ( )
- MM / DD / YYYY

That's all the questions I have for you today. You've been very helpful. Before we end this interview, I need to do some measurements for you and your child. This information will help our scientists analyze the data we have collected.

**INTERVIEWER:** PLACE THE SCALE ON A FLAT, HARD SURFACE (NOT ON THE CARPET) AND MEASURE THE WEIGHT OF THE PARTICIPANT.

C34. MEASURE THE CHILD'S WEIGHT:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> lbs.
C35. MEASURE THE CHILD'S HEIGHT:	<input type="text"/> <input type="text"/> inches.
C36. MEASURE THE CHILD'S HAND SURFACE:	1. FROM MIDDLE FINGER TO ELBOW: <input type="text"/> <input type="text"/> inches.
	2. MIDDLE ARM WIDTH: <input type="text"/> <input type="text"/> inches.
	3. TRACE THE HAND OF THE CHILD ON THE DATASHEET
C37. MEASURE THE PARENT'S WEIGHT:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> lbs.
C38. MEASURE THE PARENT'S HEIGHT:	<input type="text"/> <input type="text"/> inches.
C39. MEASURE THE PARENT'S HAND SURFACE:	1. FROM MIDDLE FINGER TO ELBOW: <input type="text"/> <input type="text"/> inches.
	2. MIDDLE ARM WIDTH: <input type="text"/> <input type="text"/> inches.
	3. TRACE THE HAND OF THE PARENT ON THE DATASHEET

## **TRACE THE HAND OF THE CHILD ON THE DATASHEET**

## **TRACE THE HAND OF THE PARENT ON THE DATASHEET**



C40. EXAMINE THE CHILD'S  
FINGER NAILS AND RECORD  
THE RESULTS.

40A. DIRTY FINGER NAILS		40B. LONG FINGER NAILS	
YES	NO	YES	NO
1	2	1	2

### 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. We'll see you tomorrow around (TIME).

TIME:            DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_            TIME: \_\_\_\_\_ AM / PM

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.**