

CTEPP RECRUITMENT SURVEY (FORM #1)

The Recruitment Survey (Form #1) is used to collect information on the potential participant's eligibility. It is designed as a Self-Administered Questionnaire (SAQ), which will be completed by the potential participants. It may be administered by the project staff at the request of the participants (via telephone interview). The estimated time to complete this form is 10 minutes.

OMB No. 2080-0061

Expiration Date: 03/31/2003

**A PILOT STUDY OF CHILDREN'S TOTAL EXPOSURE TO PERSISTENT
PESTICIDES AND OTHER PERSISTENT ORGANIC POLLUTANTS**

“CTEPP”

**RECRUITMENT SURVEY
(FORM #1)**

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.

DATE: ____ / ____ / ____

ID#: _____

Thank you for your interest in participating in the study. Please complete this brief survey and return it to us by (). The information you provide in this brief survey will help us determine if your household meets the selection criteria for participation. **The information you provide will be kept confidential.** If you wish, you may call us and complete this survey over the phone. If you have any questions, please feel free to call our project staff (toll-free) at 1-877-810-9530, extension 506.

<p>1. Do you currently live in a....</p> <p>(Please check one)</p> <p>If Other type, Please Specify:</p>	<p><input type="checkbox"/> One-Story House,</p> <p><input type="checkbox"/> One-Story Duplex,</p> <p><input type="checkbox"/> Two-Story House,</p> <p><input type="checkbox"/> Two-Story Duplex,</p> <p><input type="checkbox"/> One-Story Apartment,</p> <p><input type="checkbox"/> Multiple-Story Apartment,</p> <p><input type="checkbox"/> Trailer/Mobile Home, or</p> <p><input type="checkbox"/> Any Other Type (please specify)</p>
<p>2. Is there an outdoor electric outlet at your home?</p>	<p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p>
<p>3. How long have you and your family lived in your current home?</p>	<p>_____ YEARS _____ MONTHS</p>
<p>4. Are you planning to move out of your current home within the next 30 days?</p>	<p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p>
<p>5. Do any of your household members smoke on a regular basis?</p>	<p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p>
<p>5a. If Yes, what is the total number of cigarettes, cigars, or pipefuls of tobacco that are usually <u>smoked inside your home each day</u>?</p> <p>(Please write down the numbers or check the appropriate response.)</p>	<p><input type="checkbox"/> No smokers in the household.</p> <p><input type="checkbox"/> Only smoke outside our home.</p> <p>_____ cigarettes/day at home</p> <p>_____ cigars/day at home</p> <p>_____ pipefuls of tobacco/day at home</p>

6. How many children aged 1½ to 5 currently live in your household? Please tell us the age of the child and if the child has been potty-trained. We also would like to know if the child is still being breast-fed.				
Child's Age	Check the box if completely potty-trained (no more diaper)	Check the box if only wear diaper during the night	Check the box if the child can use the toilet when asked	Check the box if the child is still being breast-fed
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Does (do) your child (children) go to a child day care (away from home)? ☐ YES

☐ NO

7a. If Yes, how many **days per week** and **hours per day** does (do) your child (children) go to day care? _____ days per week

_____ hours per day

8. What was your total household income last year? ☐ Less than \$15,000

☐ Between \$15,001 and \$25,000

☐ Between \$25,001 and \$35,000

☐ Between \$35,001 and \$50,000

☐ More than \$50,000

(Please check one)

8a. How many people (including yourself) were supported by that income? _____ PEOPLE

9. Does anyone in your household currently receive public assistance (such as food stamps, AFDC, WIC, or any other government support)? ☐ YES

☐ NO

10. If your household is selected for the study, when would be the best days and times for us to visit you? Days: _____

Times: _____

In order for us to contact you, please give us your name and contact information. Thank You!

First Name: _____ Last Name: _____

Home Address: _____

City: _____ State/ZIP Code: _____

☎ Home Phone: (_____) _____ Work Phone: (_____) _____

😊 Best Times to Call You: _____