

## **CTEPP**

### **PRE-MONITORING QUESTIONNAIRE (FORM #5) (CHILD DAY CARE CENTER)**

The Pre-Monitoring Questionnaire is used to collect information on potential sources of pollutant exposures at the participant's day care. It is a personal interview survey and will be administered by the project staff during a visit to at the participant's day care (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”

**CHILD DAY CARE CENTER  
PRE-MONITORING QUESTIONNAIRE**  
(CENTER DIRECTOR)

(FORM #5)

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 I would like to ask you some general questions about the day care center.

### AGE OF THE HOUSE/BUILDING & NUMBER OF ELIGIBLE CHILDREN

A1. How old is this (building/house)?

YEARS  
(DK = 998)

MONTHS  
(DK = 98)

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

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

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

A2. What is the total number of children aged 1½ to 5 currently enrolled in your center? Please tell me the number by the following age range.

1½ to 2	2 - 3	3 - 4	4 - 5

A3. How many classrooms do you have for the children aged 1½ to 5 ?

# of Classrooms

ASK FOR A FLOOR PLAN OF THE BUILDING (IF AVAILABLE). IF NO FLOOR PLAN, ASK THE RESPONDENT TO HELP YOU DRAW A SKETCH. RECORD THE NAME OF EACH ROOM ON THE FLOOR PLAN/SKETCH.

### DAY CARE CARPET

ASK A4 - A7 FOR EACH SELECTED CLASSROOM. USE THE FLOOR PLAN/SKETCH AS A REFERENCE

A4.			A5.		A6.	A7.
Would you tell me which rooms have carpet or area rugs? [SHOW FLOOR PLAN]			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	Yes	No	DK= 98		STEAM-CLEANED	VACUUMED
1. <input type="text"/> <input type="text"/>	1	2	<input type="text"/> <input type="text"/> Years <input type="text"/> <input type="text"/> Months			
2. <input type="text"/> <input type="text"/>	1	2	<input type="text"/> <input type="text"/> Years <input type="text"/> <input type="text"/> Months			
3. <input type="text"/> <input type="text"/>	1	2	<input type="text"/> <input type="text"/> Years <input type="text"/> <input type="text"/> Months			
4. <input type="text"/> <input type="text"/>	1	2	<input type="text"/> <input type="text"/> Years <input type="text"/> <input type="text"/> Months			
5. <input type="text"/> <input type="text"/>	1	2	<input type="text"/> <input type="text"/> Years <input type="text"/> <input type="text"/> Months			

**DAY CARE HEATING INFORMATION**

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

[ASK A8 FOR ALL HEATING A/C DEVICE(S) USED, THEN ASK A9-A11 FOR EACH HEATING A/C DEVICE.]

A8.			A9.		A10.	A11.
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 98)
HEAT/AC	Yes	No	BEGIN MONTH	END MONTH	## Hrs./Day	MM/DD/YY
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 FORM3	1	2				
i. CEILING FANS <input type="checkbox"/> <input type="checkbox"/> MARK LOCATION IN FORM3	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	

**DAY CARE LOCATION & SURROUNDINGS**

- A14. Is the center 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:]

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- A15. In general, would you say the traffic condition near  
the center during your normal business hours 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 the center?

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**CENTER STAFF SMOKING INFORMATION**

B1. Does any of your staff, including yourself, smoke cigarettes, cigars, or a pipe on a regular basis, at work or at home? YES ..... 1  
NO ..... (GO TO B4) ..... 2

B2. Are they allowed to smoke inside the center? YES ..... 1  
NO ..... 2  
IF YES, WHERE?  
\_\_\_\_\_

B3. Are they allowed to smoke outside the center? YES ..... 1  
NO ..... 2  
IF YES, WHERE?  
\_\_\_\_\_

**DAY CARE FOOD PREPARATION INFORMATION**

B4. Do you provide breakfast, lunch, or snacks to the children in your center? YES ..... 1  
NO ..... (GO TO B9) ..... 2

- ☞ IF YES, ASK FOR A MENU FOR THE CURRENT WEEK (SAMPLING WEEK).  
☞ IF THE CENTER CHANGES MENU EVERY WEEK, ASK IF THEY KEEP THE OLD MENUS; IF YES, ASK TO MAKE A COPY OF THE OLD MENUS FOR THE PAST 3 MONTHS.



B5. What kind of containers does your center use to serve snacks, breakfast and/or lunch to the children? If forks and spoons are used, please also tell me what they are made of. Are they...

[CHECK ALL THAT APPLY]

	a. CUPS	b. PLATES	c. FORKS/SPOONS
1.	<input type="checkbox"/> Disposable	<input type="checkbox"/> Disposable	<input type="checkbox"/> Disposable
2.	<input type="checkbox"/> Non-disposable	<input type="checkbox"/> Non-disposable	<input type="checkbox"/> Non-disposable
3.	<input type="checkbox"/> Paper	<input type="checkbox"/> Paper	
4.	<input type="checkbox"/> Plastic	<input type="checkbox"/> Plastic	<input type="checkbox"/> Plastic
5.	<input type="checkbox"/> Styrofoam	<input type="checkbox"/> Styrofoam	
6.	<input type="checkbox"/> Glass	<input type="checkbox"/> Glass	
7.	<input type="checkbox"/> Stainless steel	<input type="checkbox"/> Stainless steel	<input type="checkbox"/> Stainless steel
8.	<input type="checkbox"/> Aluminum	<input type="checkbox"/> Aluminum	<input type="checkbox"/> Aluminum

B6.

B7.

What does your center usually use to cook or heat food?	Is it gas or electric?			
	GAS	ELECTRIC	OTHER	SPECIFY OTHER
1 _____	1	2	3	
2 _____	1	2	3	
3 _____	1	2	3	
4 _____	1	2	3	
5 _____	1	2	3	
6 _____	1	2	3	

**DAY CARE WATER**

B8. What are the sources of water for cooking at the center?

**CIRCLE ALL THAT APPLY**

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

SPECIFY:

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B9. What are the sources of drinking water for the center?

**CIRCLE ALL THAT APPLY**

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

SPECIFY:

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B10. Do you filter the drinking water at the center?

YES . . . . . 1  
 NO . . . . . (GO TO B11) . . . . . 2

B10A. Do you filter just the drinking water or the entire water supply (that is, water for the entire center)?

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

B10B. What kind of filter do you use? Is it particle filter only or particle filter plus activated charcoal?

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

**INFORMATION ON OTHER POTENTIAL EXPOSURE**

B11. Did anyone in your center change automobile oil in the parking lot or driveway during the past year? YES . . . . . 1  
NO . . . . . (GO TO B14) . . . . . 2

B12. How many times did this happen (changing automobile oil in the parking lot or driveway) during the past year?   Times

B13. How did the person dispose of the automobile oil?

B14. How does the center dispose of the garbage? PICKED UP BY THE CITY/COUNTY . 1  
PICKED UP BY A COMMERCIAL  
CONTRACTOR . . . . . 2  
OTHER (SPECIFY) . . . . . 3

SPECIFY:

**QUESTIONS FOR THE CLASSROOM TEACHERS [ONLY FOR THE SELECTED CLASSROOMS]**

B15. Do the classrooms or the day care center have any pets?

	CLASSROOM NAME		
1.			YES . . . . . 1 NO . . . . . (GO TO B19) . . . . . 2
2.			YES . . . . . 1 NO . . . . . (GO TO B19) . . . . . 2
3.			YES . . . . . 1 NO . . . . . (GO TO B19) . . . . . 2
4.			YES . . . . . 1 NO . . . . . (GO TO B19) . . . . . 2

B16. What kind of pets?

	CLASSROOM NAME		
1.			<input type="checkbox"/> <input type="checkbox"/>
2.			<input type="checkbox"/> <input type="checkbox"/>
3.			<input type="checkbox"/> <input type="checkbox"/>
4.			<input type="checkbox"/> <input type="checkbox"/>

B17. Do you keep them inside or outside the classroom?

	CLASSROOM NAME		
1.		Inside = 1, Outside = 2, Other = 3 [SPECIFY OTHER:]	<input type="checkbox"/> <input type="checkbox"/>
2.		Inside = 1, Outside = 2, Other = 3 [SPECIFY OTHER:]	<input type="checkbox"/> <input type="checkbox"/>
3.		Inside = 1, Outside = 2, Other = 3 [SPECIFY OTHER:]	<input type="checkbox"/> <input type="checkbox"/>
4.		Inside = 1, Outside = 2, Other = 3 [SPECIFY OTHER:]	<input type="checkbox"/> <input type="checkbox"/>

B18. How often do the children in your classroom play with or touch the pets?

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

	CLASSROOM NAME		FREQUENCY AND DURATION
1.			
2.			
3.			
4.			

B19. How often do you wash (CHILD'S NAME)'s toys?

	CLASSROOM NAME		
1.			<div style="text-align: right;"> <input type="text"/> <input type="text"/> Times per         </div> <div>           WEEK ..... 1            MONTH ..... 2            NEVER ..... 3            DK ..... 8         </div>
2.			<div style="text-align: right;"> <input type="text"/> <input type="text"/> Times per         </div> <div>           WEEK ..... 1            MONTH ..... 2            NEVER ..... 3            DK ..... 8         </div>
3.			<div style="text-align: right;"> <input type="text"/> <input type="text"/> Times per         </div> <div>           WEEK ..... 1            MONTH ..... 2            NEVER ..... 3            DK ..... 8         </div>
4.			<div style="text-align: right;"> <input type="text"/> <input type="text"/> Times per         </div> <div>           WEEK ..... 1            MONTH ..... 2            NEVER ..... 3            DK ..... 8         </div>

**DAY CARE CHEMICAL USE**

Now I have a few questions about some commercial chemical products that may be used in your center.

[IF B20=YES, ASK B21-B24 AND B25-B27 IF 20e, 20f, OR 20g = YES; IF B20=NO, ASK NEXT CHEMICAL.]

B20.			B21.	B22.	B23.	B24.
Has the center ever used any...(CHEMICAL)? (This includes the building where the center is located.) Could you tell me the brand name(s) of the (CHEMICAL) that was used? CIRCLE ALL THAT APPLY			Was it (done/used) by a commercial contractor or by your center staff? IF CONTRACTOR, GET NAME AND TEL#.	Where was the(CHEMICAL) used? (Was it used inside and/or outside the center?) RECORD THE LOCATION(S), USE THE FLOOR PLAN OR SKETCH AS A REFERENCE.	How often did the center use it?	When was the last time that (CHEMICAL) was used and where was it used (INDICATE CLASSROOM)?  (DK = 98 98 98)
CHEMICAL	Yes	No	WHO	WHERE	HOW OFTEN	MM/DD/YY
a. Paint removers NAME:	1	2 NEXT	1. commercial contractor 2. center staff NAME:  Tel:			DATE:  WHERE:
b. Water-based paints NAME:	1	2 NEXT	1. commercial contractor 2. center staff NAME:  Tel:			DATE:  WHERE:

B20.			B21.	B22.	B23.	B24.
Has the center ever used any...(CHEMICAL)? (This includes the building where the center is located.) Could you tell me the brand name(s) of the (CHEMICAL) that was used? <b>CIRCLE ALL THAT APPLY</b>			Was it (done/used) by a commercial contractor or by your center staff? <b>IF CONTRACTOR, GET NAME AND TEL#.</b>	Where was the(CHEMICAL) used? (Was it used inside and/or outside the center?) <b>RECORD THE LOCATION(S), USE THE FLOOR PLAN OR SKETCH AS A REFERENCE.</b>	How often did the center use it?	When was the last time that (CHEMICAL) was used and where was it used (INDICATE CLASSROOM)?  (DK = 98 98 98)
CHEMICAL	Yes	No	WHO	WHERE	HOW OFTEN	MM/DD/YY
c. Oil-based paints NAME:	1	2 NEXT	1. commercial contractor 2. center staff NAME:  Tel:			<b>DATE:</b>  <b>WHERE:</b>
d. Stains/varnishes or Wood deck preservatives NAME:	1	2 NEXT	1. commercial contractor 2. center staff NAME:  Tel:			<b>DATE:</b>  <b>WHERE:</b>

B20.			B21.	B22.	B23.	B24.
Has the center ever used any...(CHEMICAL)? (This includes the building where the center is located.) Could you tell me the brand name(s) of the (CHEMICAL) that was used? <b>CIRCLE ALL THAT APPLY</b>			Was it (done/used) by a commercial contractor or by your center staff? <b>IF CONTRACTOR, GET NAME AND TEL#.</b>	Where was the(CHEMICAL) used? (Was it used inside and/or outside the center?) <b>RECORD THE LOCATION(S), USE THE FLOOR PLAN OR SKETCH AS A REFERENCE.</b>	How often did the center use it?	When was the last time that (CHEMICAL) was used and where was it used (INDICATE CLASSROOM)?  (DK = 98 98 98)
CHEMICAL	Yes	No	WHO	WHERE	HOW OFTEN	MM/DD/YY
e. Herbicides such as weed killers NAME:	<b>1</b>	<b>2</b> NEXT	1. commercial contractor 2. center staff NAME:  Tel:			<b>DATE:</b>  <b>WHERE:</b>
	B25e. For the most recent application, please briefly describe how the herbicide was applied. [PROMPT: SPRAY (WHERE), OR BROADCAST]		B26e. For the most recent herbicide application, did CHILD play/stay in the room/place...[CHECK ALL THAT APPLY]  During the application.....1 Immediately after the application.....2 A day after the application.....3 Two days after the application.....4 More than 2 days after the application ....5 Did not play/stay in the room/place where the herbicide was applied.....6 DK.....8		B27e. For the most recent application, how much time did CHILD play/stay in the room/place where the herbicide was applied? <b>IF B26e = 1, 2, 3, 4, OR 5, ASK B27e.</b> 1. <input type="text"/> hrs. <input type="text"/> minutes 2. <input type="text"/> hrs. <input type="text"/> minutes 3. <input type="text"/> hrs. <input type="text"/> minutes 4. <input type="text"/> hrs. <input type="text"/> minutes 5. <input type="text"/> hrs. <input type="text"/> minutes [NOTE: TIME RECORDED IN B27 SHOULD CORRESPOND TO ANSWER IN B26]	



B20.			B21.	B22.	B23.	B24.
Has the center ever used any...(CHEMICAL)? (This includes the building where the center is located.) Could you tell me the brand name(s) of the (CHEMICAL) that was used? <b>CIRCLE ALL THAT APPLY</b>			Was it (done/used) by a commercial contractor or by your center staff? <b>IF CONTRACTOR, GET NAME AND TEL#.</b>	Where was the(CHEMICAL) used? (Was it used inside and/or outside the center?) <b>RECORD THE LOCATION(S), USE THE FLOOR PLAN OR SKETCH AS A REFERENCE.</b>	How often did the center use it?	When was the last time that (CHEMICAL) was used and where was it used (INDICATE CLASSROOM)?  (DK = 98 98 98)
CHEMICAL	Yes	No	WHO	WHERE	HOW OFTEN	MM/DD/YY
f. Insecticides or pesticides used to kill insects and rodents, including chemicals used to control fleas and ticks on household pets. NAME:	<b>1</b>	<b>2</b> NEXT	<b>1.</b> commercial contractor <b>2.</b> center staff NAME:  Tel:			<b>DATE:</b>  <b>WHERE:</b>
	B25f. For the most recent application, please briefly describe how the insecticides or pesticides were applied. [PROMPT: CRACK & CREVICE, SPRAY (WHERE), OR BROADCAST]			B26f. For the most recent insecticides or pesticides application, did CHILD play/stay in the room/place [CHECK ALL THAT APPLY] During the application.....1 Immediately after the application.....2 A day after the application.....3 Two days after the application.....4 More than 2 days after the application ....5 Did not play/stay in the room/place where the insecticides/pesticides were applied....6 DK.....8	B27f. For the most recent application, how much time did CHILD play/stay in the room/place where the insecticides or pesticides were applied? <b>IF B26f = 1, 2, 3, 4, OR 5, ASK B27f.</b> 1. <input type="text"/> hrs. <input type="text"/> minutes 2. <input type="text"/> hrs. <input type="text"/> minutes 3. <input type="text"/> hrs. <input type="text"/> minutes 4. <input type="text"/> hrs. <input type="text"/> minutes 5. <input type="text"/> hrs. <input type="text"/> minutes [NOTE: TIME RECORDED IN B27 SHOULD CORRESPOND TO ANSWER IN B26]	

B20.			B21.	B22.	B23.	B24.
Has the center ever used any...(CHEMICAL)? (This includes the building where the center is located.) Could you tell me the brand name(s) of the (CHEMICAL) that was used? <b>CIRCLE ALL THAT APPLY</b>			Was it (done/used) by a commercial contractor or by your center staff? <b>IF CONTRACTOR, GET NAME AND TEL#.</b>	Where was the(CHEMICAL) used? (Was it used inside and/or outside the center?) <b>RECORD THE LOCATION(S), USE THE FLOOR PLAN OR SKETCH AS A REFERENCE.</b>	How often did the center use it?	When was the last time that (CHEMICAL) was used and where was it used (INDICATE CLASSROOM)?  (DK = 98 98 98)
CHEMICAL	Yes	No	WHO	WHERE	HOW OFTEN	MM/DD/YY
g. Fungicides (to kill fungal growth and mold) NAME:	<b>1</b>	<b>2</b> NEXT	<b>1.</b> commercial contractor <b>2.</b> center staff NAME:  Tel:			<b>DATE:</b>  <b>WHERE:</b>
	B25g. For the most recent application, please briefly describe how the fungicides were applied. [PROMPT: CRACK & CREVICE, SPRAY (WHERE), OR BROADCAST]			B26g. For the most recent fungicides application, did CHILD play/stay in the room/place...[CHECK ALL THAT APPLY]  During the application.....1 Immediately after the application.....2 A day after the application.....3 Two days after the application.....4 More than 2 days after the application .. ..5 Did not play/stay in the room/place where the fungicides were applied.....6 DK.....8	B27g. For the most recent application, how much time did CHILD play/stay in the room/place where the fungicides were applied? <b>IF B26g = 1, 2, 3, 4, OR 5, ASK B27g.</b>  1. <input type="text"/> hrs. <input type="text"/> minutes 2. <input type="text"/> hrs. <input type="text"/> minutes 3. <input type="text"/> hrs. <input type="text"/> minutes 4. <input type="text"/> hrs. <input type="text"/> minutes 5. <input type="text"/> hrs. <input type="text"/> minutes [NOTE: TIME RECORDED IN B27 SHOULD CORRESPOND TO ANSWER IN B26]	

B20.			B21.	B22.	B23.	B24.
Has the center ever used any...(CHEMICAL)? (This includes the building where the center is located.) Could you tell me the brand name(s) of the (CHEMICAL) that was used? <b>CIRCLE ALL THAT APPLY</b>			Was it (done/used) by a commercial contractor or by your center staff? <b>IF CONTRACTOR, GET NAME AND TEL#.</b>	Where was the(CHEMICAL) used? (Was it used inside and/or outside the center?) <b>RECORD THE LOCATION(S), USE THE FLOOR PLAN OR SKETCH AS A REFERENCE.</b>	How often did the center use it?	When was the last time that (CHEMICAL) was used and where was it used (INDICATE CLASSROOM)?  (DK = 98 98 98)
CHEMICAL	Yes	No	WHO	WHERE	HOW OFTEN	MM/DD/YY
h. Degreasers (for car/engine repair) NAME:	1	2 NEXT	1. commercial contractor 2. center staff NAME:          Tel:			DATE:          WHERE:
i. Kerosene NAME:	1	2 NEXT	1. commercial contractor 2. center staff NAME:          Tel:			DATE:          WHERE:

B20.			B21.	B22.	B23.	B24.
Has the center ever used any...(CHEMICAL)? (This includes the building where the center is located.) Could you tell me the brand name(s) of the (CHEMICAL) that was used? <b>CIRCLE ALL THAT APPLY</b>			Was it (done/used) by a commercial contractor or by your center staff? <b>IF CONTRACTOR, GET NAME AND TEL#.</b>	Where was the(CHEMICAL) used? (Was it used inside and/or outside the center?) <b>RECORD THE LOCATION(S), USE THE FLOOR PLAN OR SKETCH AS A REFERENCE.</b>	How often did the center use it?	When was the last time that (CHEMICAL) was used and where was it used (INDICATE CLASSROOM)?  (DK = 98 98 98)
CHEMICAL	Yes	No	WHO	WHERE	HOW OFTEN	MM/DD/YY
j. Lighter fluid/Charcoal NAME:	1	2 NEXT	1. commercial contractor 2. center staff NAME:   Tel:			<b>DATE:</b>  <b>WHERE:</b>
B28. Where do you store the above chemicals/materials?  LOCATION(S):						



**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. As we told you earlier, the air monitors will run for about 48 hours. We may stop by tomorrow to check the air monitors.**

**We'll see you again on (DAY \_\_\_\_\_, DATE: \_\_\_\_/\_\_\_\_) around (TIME: \_\_\_\_\_ AM / PM) to remove the air monitors.**

**☞ COMPLETE INTERVIEW INFORMATION ON THE FRONT PAGE OF THIS QUESTIONNAIRE.  
REVIEW THE ENTIRE QUESTIONNAIRE FOR MISSING INFORMATION OR APPARENT ERRORS AS  
SOON AS POSSIBLE.**

**☞ DISCUSS THE FOOD SAMPLE COLLECTION INSTRUCTIONS WITH THE RESPONDENT.**