

The First 1,000 Days of Life

42 Months Survey

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1. Does your child use helmet while biking or skating?
 - a. Always
 - b. Usually
 - c. Sometimes
 - d. Rarely
 - e. Never
 2. Has your child had a blood test for lead?
 - a. Yes
 - b. No
 - 2a. If yes, How old was your child at the time of blood test for lead? _____Months
 - 2b. If yes, do you remember being told if the lead test result was:
 - a. Normal
 - b. High
 3. Is your child regularly being cared for outside of your home?
 - a. Yes
 - b. No
 - c. Not sure
 4. Is your child enrolled in Head Start or any early intervention program?
 - a. Yes
 - b. No
 5. Does your child have allergies to anything?
 - a. Yes
 - b. No
 - c. Not sure
 - 5a. If yes (please specify): _____
 6. Has a doctor, nurse or other health professional ever said that your child has asthma or reactive airway disease?
 - a. Yes
 - b. No
 - c. Don't know/ Not sure
 7. Does your child use car seat or booster seat?
 - a. Always
 - b. Usually
 - c. Sometimes
 - d. Rarely
 - e. Never
 8. Does your child use/play with cellphone?
 - a. Yes
 - b. No
 - c. Don't know/ Not sure
 9. Has your child had a bad sunburn (skin being red more than 24 hours)?
 - a. Yes
 - b. No
 - c. Don't know/ Not sure

If we do discover information that might be important to your child's health, we can report those results back to your child's doctor if you want us to. Please provide us the name and phone number of your child's doctor in case we need to contact him or her.

Name:

Phone number:

10. What type of residence are you currently living in?

- a. Single family house
- b. Townhouse
- c. Condominium or Apartment
- d. Mobile home, RV, van
- e. Don't know
- f. Other (Please specify _____)

11. How old is the building that you are living in (your best estimate)?

- a. More than 50 years old
- b. 25-50 years old
- c. 10-25 years old
- d. Less than 10 years old
- e. Don't know

12. Do you use a gas range or stovetop for cooking in your current home?

- a. Yes
- b. No (SKIP TO Q7)

13. Do you have a hood or vent fan over the stove?

- a. Yes
- b. No (SKIP to Q7)

14. Does the hood or vent fan exhaust air to the outside?

- a. Yes
- b. No
- c. Don't know

15. How often do you use the hood or vent fan over the stove when cooking?

- a. Always
- b. Usually
- c. Sometimes
- d. Rarely
- e. Never

16. Is your current home within 3 blocks of a gas station?

- a. Yes
- b. No
- c. Don't know

17. Is your current home within ¼ mile of farm/ranch or golf course?

- a. Yes
- b. No
- c. Don't know

18. Including yourself, how many people currently live in your household (including those who live there on a part time basis)? -----

19. What is the ZIP Code where you live? -----

- ☐ Don't know / Not sure
- ☐ Decline to answer

20. Do you use an ozone air ionizer or purifier in your current home?

- a. Yes
- b. No

21. What type of air conditioning do you use in your current house? (check all that apply)

- a. None
- b. Central air conditioning
- c. Room air conditioning (a window unit, for example)
- d. Other. Specify: -----

22. How often do you open your windows?

- a. Never
- b. Sometimes
- c. Usually
- d. Everyday

23. How is your home heated? (check all that apply)

- a. Natural gas
- b. Oil
- c. Propane
- d. Wood or pellet stove
- e. Fireplace
- f. Coal stove
- g. Electric
- h. Don't know
- i. Other. Specify: _____

24. Do you have a basement?

- a. Yes
- b. No (SKIP TO Q18)

25. Is your basement environment moldy or musty?

- a. Yes
- b. No

26. Is your basement wet?

- a. Yes
- b. No

27. Has your current house ever had a water problem like leaks or flooding?

- a. Yes
- b. No
- c. Don't know

28. Has there ever been mold in your current house?

- a. Yes
- b. No (SKIP TO Q20)
- c. Don't Know (SKIP TO Q20)

28a. Was the mold in the shower area?

- a. Yes
- b. No
- c. Don't know

28b. Was the mold in other parts of the house (walls, ceilings, etc.)?

- a. Yes
- b. No
- c. Don't know

29. Do any pets live in your household?

- a. Yes
- b. No (SKIP TO Q30)

29a. Please indicate how many of each kind of pet live in your household

- | | | | |
|------------|-----------------------------|--|--------------|
| a. Cat: | <input type="checkbox"/> No | <input type="checkbox"/> Yes → Number:_____ | |
| b. Dog: | <input type="checkbox"/> No | <input type="checkbox"/> Yes → Number:_____ | |
| c. Rabbit: | <input type="checkbox"/> No | <input type="checkbox"/> Yes → Number:_____ | |
| d. Other: | <input type="checkbox"/> No | <input type="checkbox"/> Yes → Specify:_____ | Number:_____ |
| e. Other: | <input type="checkbox"/> No | <input type="checkbox"/> Yes → Specify:_____ | Number:_____ |

30. Does anyone in your current household smoke?

- a. Yes
- b. No

30a. If yes, where do they smoke?

- a. Inside
- c. Outside
- d. In the car
- e. All

31. What is/was your occupation? (DROP DOWN LIST)

- a. Management
- b. Business or financial operations
- c. Computer and Mathematical
- d. Architecture and engineering
- e. Life, physical, and social science
- f. Community and social services
- g. Legal
- h. Education, training, library
- i. Art, design, entertainment
- j. Healthcare practitioner
- k. Healthcare support
- l. Protective service
- m. Food preparation and serving
- n. Building and grounds cleaning and maintenance
- o. Personal care and service
- p. Sales and related
- q. Office and administrative support
- r. Farming, fishing, forestry
- s. Construction
- t. Installation, maintenance and repair
- u. Production
- v. Transportation and material moving
- w. Military
- x. Student
- y. Other (please specify):_____

32. Have you traveled outside of the USA in the past 6 months?

- a. Yes
- b. No

32a. If Yes, Where? _____

32b. If Yes, How long: _____ weeks

33. Do you have a gun in your home?

- a. Yes
- b. No
- c. Don't know/ Not sure

34. Do you have wireless internet access in your home?

- a. Yes
- b. No
- c. Don't know/ Not sure

35. Are there any bugs in your home?

- a. Yes
- b. No
- c. Don't know/ Not sure

35a Have you had a professional treatment for bugs in your home?

- a. Yes
- b. No
- c. Don't know/ Not sure

36. Are there any rodent/pests in your home?

- a. Yes
- b. No
- c. Don't know/ Not sure

36a Have you had a professional treatment for rodent/pests in your home?

- a. Yes
- b. No
- c. Don't know/ Not sure