
Appendix B. CHAMACOS Study

Baseline Questionnaire	B-1
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A. GENERAL DEMOGRAPHIC INFORMATION

Now, I would like to ask some questions about your background.

1. How old are you? __ __ YEARS OLD

2. What is your date of birth?
[MARK CALENDAR] __ __ / __ __ / __ __
 MO DAY YR

3. What is your current marital status?

Married	1
Living as married.....	2
Separated(5).....	3
Divorced(5).....	4
Widowed(5).....	5
Single.....(5).....	6

4. When did you start living together with the man you (are married to) (now live with)? __ __ / __ __ / __ __
 MO DAY YR

5. In what country were you born?

UNITED STATES.....(7).....	1
MEXICO.....	2
Which state? _____	
OTHER.....	3
Specify _____	

6. At what age did you first come to the United States with the intention of living here? __ __ YEARS OLD
[CODE 98 IF <1 YEAR]

7. What is the total number of years or months you have lived in the United States? If you have not lived in the United States continuously, please add up the total time you have been here. __ __ YEARS __ __ MONTHS
[CODE 96 YRS 96 MOS FOR ENTIRE LIFE]

8. In what country was your mother born?

UNITED STATES.....	1
MEXICO.....	2
OTHER	3
Specify _____	

9. In what country was your father born?

UNITED STATES	1
MEXICO.....	2
OTHER	3
Specify _____	

GENERAL DEMOGRAPHIC INFORMATION (CONT.)

10. What is the total time you have lived in the Salinas Valley?

____ YEARS ____ MONTHS

[CODE 96 YRS 96 MOS FOR ENTIRE LIFE]

11. What language do you usually speak at home?

- Only Spanish..... 1
- More Spanish than English..... 2
- Both equally..... 3
- More English than Spanish..... 4
- Only English..... 5
- Other..... 6
- Specify _____

12. What is the first language you spoke?

- SPANISH..... 1
- ENGLISH..... 2
- OTHER..... 3
- Specify _____

13. What ethnic group or race best describes you?

- Mexican..... 1
- Mexican Indian..... 2
- Which group? _____
- Mexican-American/Chicana..... 3
- Other Latina..... 4
- Asian or Pacific Islander..... 5
- White non-Latina..... 6
- Black non-Latina..... 7
- Other..... 8
- Specify _____

14. What is your religion?

- ROMAN CATHOLIC..... 1
- PROTESTANT..... 2
- CHRISTIAN, NOT SPECIFIED..... 3
- NONE..... 4
- OTHER 5
- Specify _____

GENERAL DEMOGRAPHIC INFORMATION (CONT.)

15. What is the last grade that you completed in school?
- None, never attended school..... 1
 - Grades 1-6 (primary)..... 2
 - Grades 7-9 (junior high/ high school).... 3
 - Grades 10-12 (high school, no diploma).. 4
 - High school diploma/ GED/ equivalent... 5
 - Technical school..... 6
 - Some college..... 7
 - College graduate or more..... 8
16. In which country did you complete the last grade you attended?
- UNITED STATES..... 1
 - MEXICO..... 2
 - OTHER..... 3
- Specify _____

GENERAL DEMOGRAPHIC INFORMATION (CONT.)

Now, I would like to ask you about your current household income. I want to remind you that all of the information we receive from you is private and confidential. Only the people working on the Study will have this information. The clinic staff will not have access to this information.

- | | | | |
|-----|--|---------------------------------|------------|
| 17. | How much money do you and other people who live in your home <u>bring home</u> each month?
[READ CARD 1] | \$750 OR LESS..... | 1 |
| | | \$751 TO 1,500..... | 2 |
| | | \$1,501 TO 2,000..... | 3 |
| | | \$2,001 TO 2,500..... | 4 |
| | | \$2,501 TO 3,000..... | 5 |
| | | \$3,001 AND ABOVE..... | 6 |
| | | REFUSES TO ANSWER.....(19)..... | 7 |
| | | DK..... | 9 |
| | | | |
| 18. | How many people including yourself are supported by this income? This would include not only people in your home, but also anyone living somewhere else who receives some of this money. | | ___ PEOPLE |
| | | | |
| 19. | Do you <u>currently</u> receive food assistance, such as emergency food or food from a food bank? | NO..... | 0 |
| | | YES..... | 1 |

B. PERSONAL HABITS INFORMATION

Now I would like to ask you some questions about your smoking habits.

20. Have you ever smoked cigarettes on a regular basis, that is, more than a pack of cigarettes in your lifetime? (A pack is 20 cigarettes.)
- NO.....(25)..... 0
 YES..... 1
 DK.....(25)..... 9
21. How old were you when you first started regular cigarette smoking?
- __ __ YEARS OLD
22. Do you currently smoke cigarettes?
- NO..... 0
 YES.....(24)..... 1
23. How old were you when you stopped smoking cigarettes?
- __ __ YEARS OLD
24. Over the entire time you (smoked)(have been smoking), on average how many cigarettes per day did you smoke?
- __ __ CIGS/DY
[98=<1/day]
25. In the three months before you became pregnant, that is from / to /
MO YR MO YR
 did you smoke any cigarettes?
- NO.....(27)..... 0
 YES..... 1
 DK.....(27)..... 9
- [MARK CALENDAR]**
26. On average, how many cigarettes per day did you smoke during this time?
- __ __ CIGS/DY
[98=<1/day]
27. Since you became pregnant, have you smoked any cigarettes?
- NO.....(29)..... 0
 YES..... 1
 DK.....(29)..... 9
28. You are currently in your __ month of pregnancy, correct? On average, how many cigarettes per day did you smoke in the **[INSERT MONTH]** of your pregnancy?
- [MARK CALENDAR]**

A. 1 st month	B. 2 nd month	C. 3 rd month	D. 4 th month	E. 5 th month
_____ CIGS/DY	_____ CIGS/DY	_____ CIGS/DY	_____ CIGS/DY	_____ CIGS/DY

[98 = <1/DAY]
[88 = NOT APPLICABLE]

PERSONAL HABITS INFORMATION (CONT.)

Now I would like to ask you some questions about your exposure to other people smoking.

29. Since you became pregnant, how many hours per day, on average, have you been around someone else who is smoking, close enough for you to smell the smoke? ___ HRS/DY
**[00=NONE;
98=< 1 HOUR]**
30. Since you became pregnant, how many other people, not counting yourself, living in your home have regularly smoked cigarettes inside the house? ___ MEMBERS
[00=NONE]

Now I would like to ask you some questions about your intake of different beverages. Remember that I am referring to ___ / ___ / ___ as the beginning of your pregnancy.

		A. Since you became pregnant?	B. In the 3 months before you became pregnant?
31.	How many servings of wine, beer, or liquor did you drink on average <u>per week</u> ... By a serving, we mean: 1 glass wine (4 OZ or 110 ML) or 1 can beer (12 OZ or 330 ML) or 1 shot liquor (1 OZ or 35 ML) [SHOW EXAMPLES]	___ SRVGS/WK [98=<1 SERVING] →	___ SRVGS/WK [98=<1 SERVING]
32.	How many cups did you drink of hot or cold caffeinated coffee <u>per day</u> ? Please do not include decaffeinated coffee. By a cup we mean an 8 oz cup. [SHOW EXAMPLES]	___ CUPS/DY [98=<1 CUP] →	___ CUPS/DY [98=<1 CUP]
33.	How many cups of hot or cold caffeinated tea did you drink <u>per day</u> ? Please do not include decaffeinated or herbal tea. By a cup we mean an 8 oz cup. [SHOW EXAMPLES]	___ CUPS/DY [98=<1 CUP] →	___ CUPS/DY [98=<1 CUP]
34.	How many servings of caffeinated sodas did you drink <u>per day</u> ...? By a serving, we mean a can or bottle of about 12 oz. or 330 ml. [SHOW EXAMPLES] Caffeinated sodas include... <ul style="list-style-type: none"> • Diet or regular Colas, such as Coca Cola or Pepsi • Dr. Pepper or Mr. Pibb • Mountain Dew or Surge 	___ SRVGS/DY [98=<1 SERVING] →	___ SRVGS/DY [98=<1 SERVING]

Baseline Questionnaire

HSN: _____ - _____

35. Since you became pregnant, on average, how many glasses (8 oz.) of bottled or delivered water did you drink per day? Please include fizzy or flat water.

___ GLASSES/DY

[98=<1 GLASS]

[SHOW EXAMPLE]

36. Since you became pregnant, on average, how many glasses (8 oz.) of tap water did you drink per day...? Please include any hot or cold drinks made from tap water.

___ GLASSES/DY

[98=<1 GLASS]

[SHOW EXAMPLE]

C. MEDICAL HISTORY

Now I will ask some questions about your health and medical history.

37. Before you became pregnant this time, how much did you weigh? _____ LBS
 [999=DK]
38. Have you been seen by a doctor or nurse during this pregnancy?
 NO.....0
 YES.....1

39.	A. Has a doctor or nurse ever told you that you had [INSERT CONDITION] ?	B. How old were you when [INSERT CONDITION] was first diagnosed? [99=DK]	C. [IF 38=NO, CODE NA] Has a doctor or nurse told you that you had [INSERT CONDITION] during this pregnancy?	D. Have you been treated for [INSERT CONDITION] during this pregnancy?						
1.	Anemia or weak blood NO.....(next condition)....0 YES.....(→).....1 DK.....(next condition)....9	___ __ YEARS	NO0 YES.....1 NA.....8 DK.....9	NO.....0 YES.....1 DK.....9						
2.	High blood pressure NO.....(next condition)....0 YES.....(→).....1 DK.....(next condition)....9	___ __ YEARS	NO0 YES.....1 NA.....8 DK.....9	NO.....0 YES.....1 DK.....9						
3.	Diabetes or high blood sugar NO.....(next condition)....0 YES.....(→).....1 DK.....(next condition)....9	___ __ YEARS	NO0 YES.....1 NA.....8 DK.....9	1. During this pregnancy, have you controlled your diabetes with <div style="text-align: right; margin-right: 20px;">NO YES</div> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-right: 1px solid black; padding: 2px;">Insulin shots?.....</td> <td style="padding: 2px;">0 1</td> </tr> <tr> <td style="border-right: 1px solid black; padding: 2px;">Pills for diabetes?.....</td> <td style="padding: 2px;">0 1</td> </tr> <tr> <td style="border-right: 1px solid black; padding: 2px;">Diet?.....</td> <td style="padding: 2px;">0 1</td> </tr> </table> <p style="text-align: center; margin-top: 5px;">↓</p>	Insulin shots?.....	0 1	Pills for diabetes?.....	0 1	Diet?.....	0 1
Insulin shots?.....	0 1									
Pills for diabetes?.....	0 1									
Diet?.....	0 1									
				2. How often have you measured your blood sugar during this pregnancy? Every day 1 < every day..... 2 Never..... 3						
4.	Kidney disease NO.....(40).....0 YES.....(→)..... Specify _____ DK.....(40).....9 [CODE LATER]	___ __ YEARS	NO0 YES.....1 NA.....8 DK.....9	NO.....0 YES.....1 DK.....9						

MEDICAL HISTORY (CONT.)

40. Has a doctor <u>ever</u> told you that you had cancer?	NO.....(41).....	0
	YES.....	1
	DK.....(41).....	9

A. How old were you when you were <u>first</u> told that you had cancer?	_____ YEARS OLD
B. Where was the cancer?	BREAST..... 1
	OVARIAN..... 2
	UTERINE..... 3
	CERVICAL..... 4
	OTHER.....
	Specify _____
C. Did you receive any of the following treatments:	
1. Chemotherapy?	NO..... 0
	YES..... 1
	DK..... 9
2. Radiation?	NO..... 0
	YES..... 1
	DK..... 9
3. Surgery?	NO..... 0
	YES..... 1
	DK..... 9
4. Any other treatment?	NO..... 0
	YES..... 1
	Specify _____
	DK..... 9

MEDICAL HISTORY (CONT.)

Now I would like to ask you questions about your reproductive health, that is, health of your female reproductive organs, including of your ovaries, vagina, tubes, uterus, and cervix. **[SHOW PICTURE: CARD 2]**

41. A. Have you ever had a pap smear? NO.....(42)..... 0
 This is the test where they take a sample from your YES..... 1
 cervix. DK..... 9
[SHOW PICTURE: CARD 3]
- B. Before you became pregnant this time, how many _____ YEARS
 years ago did you have your last pap smear? **[98=<1YR]**
[95=NEVER BEFORE
CURRENT PREG]
- C. Did you ever have an abnormal pap smear? NO.....(42)..... 0
 YES..... 1
 DK..... 9
- D. How old were you when you had an abnormal pap smear? _____ YEARS
[99=DK]

MEDICAL HISTORY (Cont.)

42.	A. Has a doctor or nurse <u>ever</u> told you that you had [INSERT CONDITION] ? [SHOW PICTURE: CARD 4]	B. How old were you when [INSERT CONDITION] was <u>first</u> diagnosed? [99=DK]	C. [IF 38=NO, CODE NA] Has a doctor or nurse told you that you had [INSERT CONDITION] during this pregnancy?	D. Have you been treated for [INSERT CONDITION] during this pregnancy?
1.	<p>Any infection of your female organs, not including a yeast infection? This could include syphilis, gonorrhea, chlamydia, pelvic inflammatory disease, herpes, warts, or other infection?</p> <p>NO.....(next condition).....0 YES.....(↓).....1 DK.....(next condition).....9</p> <p>What infections?</p> <p>1. _____. ____ _____ _____</p> <p>2. _____. ____ → _____ _____</p> <p>[CODE LATER]</p>	<p>1. ___ YEARS</p> <p>2. ___ YEARS</p>	<p>1. NO 0 YES 1 NA 8 DK 9</p> <p>2. NO 0 Yes 1 NA 8 DK 9</p>	<p>1. NO 0 YES..... 1 DK..... 9</p> <p>2. NO 0 YES..... 1 DK..... 9</p>
2.	<p>Any other diseases of your female organs which would include blocked tube, endometriosis, or growths of your uterus or ovaries, such as fibroids or cysts?</p> <p>NO.....(43).....0 YES.....(↓).....1 DK.....(43).....9</p> <p>What diseases?</p> <p>1. _____. ____ → _____ _____</p> <p>2. _____. ____ → _____ _____</p> <p>[CODE LATER]</p>	<p>1. ___ YEARS</p> <p>2. ___ YEARS</p>	<p>1. NO 0 YES 1 NA..... 8 DK..... 9</p> <p>2. NO 0 YES 1 NA..... 8 DK..... 9</p>	<p>1. NO 0 YES..... 1 DK..... 9</p> <p>2. NO 0 YES..... 1 DK..... 9</p>

MEDICAL HISTORY (CONT.)

43. Have you ever had a dilation and curettage or D&C? A D&C is a scraping of the lining of the uterus, usually done for a miscarriage, an abortion or heavy bleeding.

NO.....(45)..... 0
 YES 1
 DK.....(45)..... 9

44. How many D&C procedures have you had? _____ PROCEDURES

[99=DK]

45. Have you ever had any other surgery on your female reproductive organs, including your uterus, ovaries, tubes, cervix, or vagina?

NO.....(49)..... 0
 YES 1
 DK.....(49)..... 9

46. How many of these female reproductive surgeries have you had? _____ SURGERIES

[99=DK]

		A. First	B. Second	C. Third
47.	What was the <u>first</u> (second, third) female reproductive surgery you had? [CODE LATER]	____ . ____ _____ _____ _____ ↓	____ . ____ _____ _____ _____ ↓	____ . ____ _____ _____ _____ ↓
48.	How old were you when you had this surgery? [99=DK]	____ YEARS	____ YEARS	____ YEARS

MEDICAL HISTORY (CONT.)

Now I would like to ask you some questions about any breathing problems or respiratory illnesses you may have had.

		A. Since you became pregnant?	B. In the 12 months before you became pregnant?
49.	Have you been awakened from sleep by a feeling of tightness in your chest or shortness of breath. . . :	NO.....0 YES.....1 DK.....9 ↓	NO.....0 YES.....1 DK.....9 ↓
50.	Have you had wheezing or whistling in your chest. . . :	NO...(49 Next Column)...0 YES.....1 DK...(49 Next Column)...9	NO.....(54)...0 YES.....1 DK.....(54)...9
51.	How often have you had this wheezing or whistling...	Most days and nights.....1 A few days or nights/week.....2 A few days or nights/month.....3 A few days or nights/year.....4 DK.....9	Most days and nights.....1 A few days or nights/week.....2 A few days or nights/month.....3 A few days or nights/year.....4 DK.....9
52.	A. Have you had this wheezing and whistling <u>with colds</u> ?	NO.....0 YES.....1 DK.....9	NO.....0 YES.....1 DK.....9
	B. Have you had this wheezing and whistling <u>when you didn't have a cold</u> ?	NO.....0 YES.....1 DK.....9	NO.....0 YES.....1 DK.....9
53.	Have you been breathless or had difficulty breathing at anytime when the wheezing or whistling was present?	NO.....0 YES.....1 DK.....9 [Q49 NEXT COLUMN]	NO.....0 YES.....1 DK.....9

54. **[SKIP TO 55 IF Q50 BOTH=NO/DK]** _____ YEARS
 For how many years has this wheezing or whistling in your chest been present?

MEDICAL HISTORY (CONT.)

55. Have you ever had asthma? NO.....(61 or 68)*..... 0
 YES..... 1
 DK.....(61 or 68)*..... 9

***[SKIP TO 61 IF WHEEZING OR WHISTLING
 (Q50 EITHER = YES)
 SKIP TO 68 IF NO WHEEZING OR
 WHISTLING (Q50 BOTH = NO/DK)]**

56. Did a doctor tell you that you had asthma? NO..... 0
 YES..... 1
 DK..... 9

57. At what age did the asthma start? _____ YEARS OLD
[98=< 1 YEAR]

		A. Since you became pregnant?	B. In the 12 months before you became pregnant?
58.	Have you had attacks of asthma. . . :	NO.....(Next Column)....0 YES.....1 DK.....(Next Column)....9 ↓	NO.....(61).....0 YES.....1 DK.....(61).....9 ↓
59.	How many attacks have you had?	___ ATTACKS	___ ATTACKS
60.	A. Have you had attacks of asthma <u>with</u> <u>colds</u> ?	NO.....0 YES.....1 DK.....9	NO.....0 YES.....1 DK.....9
	B. Have you had attacks of asthma <u>when</u> <u>you didn't have a cold</u> ?	NO.....0 YES.....1 DK.....9 [NEXT COLUMN]	NO.....0 YES.....1 DK.....9

MEDICAL HISTORY (CONT.)

		A. Since you became pregnant?	B. In the 12 months before you became pregnant?
61.	Have you used any inhalers for asthma, or for wheezing or whistling?	NO.....(64).....0 YES.....1 DK..... (64).....9 ↓	NO.....(64).....0 YES.....1 DK.....(64).....9 ↓
62.	How often did (do) you use inhalers?	<1 time per week.....1 1-3 times per week.....2 >3 times per week.....3	<1 time per week.....1 1-3 times per week.....2 >3 times per week.....3
63.	What was (is) the name of the inhaler(s)?	1. _____ _____ _____ 2. _____ _____ _____ 3. _____ _____ _____ [CODE LATER]	
64.	Have you taken any pills for asthma or wheezing or whistling in your chest?	NO...(61 Next Column)...0 YES.....1 DK...(61 Next Column)...9	NO.....(66).....0 YES.....1 DK.....(66).....9
65.	Was one of the pills, Prednisone?	NO.....0 YES.....1 DK.....9 [NEXT COLUMN]	NO.....0 YES.....1D K.....9

66. Was your wheezing, whistling, or asthma ever made worse when you were at work? NO..... 0
YES..... 1
NA..... 8
DK..... 9

MEDICAL HISTORY (CONT.)

67.	Have you <u>ever</u> gone to an emergency room or stayed overnight in a hospital for your asthma or wheezing or whistling?	NO.....(68).....	0
		YES.....	1
	A. Did you go <u>since you became pregnant</u> ?	NO.....	0
		YES.....	1
	B. Did you go <u>in the 12 months before you became pregnant</u> ?	NO.....	0
		YES.....	1
68.	Have you <u>ever</u> had a condition called “hayfever” or an allergy that makes your nose runny or stuffy or your eyes itchy when you <u>do not</u> have a cold?	NO.....(70).....	0
		YES.....	1
		DK.....	9
69.	Did a doctor <u>ever</u> say that this was hayfever or allergy?	NO.....	0
		YES.....	1
		DK.....	9
70.	Did a doctor <u>ever</u> tell you that you had a skin allergy or eczema?	NO.....	0
		YES.....	1
		DK.....	9

MEDICAL HISTORY (CONT.)

I would like to ask you some questions about respiratory illnesses that your immediate family, including your parents, brothers or sisters, your children or the baby's father may have had.

71.	A. Were any family members <u>ever</u> told by a doctor that they had [INSERT CONDITION] ?	B. Who in your family was diagnosed with this? Your mother.....1 Your father.....2 Your child or children.....3 Your sister(s)/brother(s).....4 Baby's father.....5
1.	Asthma NO.....(next condition).....0 YES.....(→).....1 DK.....(next condition).....9	— — — —
2.	Hayfever/allergies NO.....(next condition).....0 YES.....(→).....1 DK.....(next condition).....9	— — — —
3.	Skin allergies or eczema NO.....(72).....0 YES.....(→).....1 DK.....(72).....9	— — — —

We are now finishing the medical history section. Before we move onto your health in this pregnancy, I would like you to tell me about any other serious health conditions you may have had in the past.

72.	A. Have you <u>ever</u> been diagnosed with any other serious illnesses you have not told us about? NO.....(73).....0 YES.....1 DK.....9	B. What were the illnesses? _____ → 1. _____ _____ _____ → 2. _____ _____ _____ → 3. _____ _____ [CODE LATER]	C. How old were you when you were <u>first</u> diagnosed? [99=DK] 1. _____ YEARS 2. _____ YEARS 3. _____ YEARS
-----	---	--	--

MEDICAL HISTORY (CONT.)

73 .	A. <u>During this pregnancy</u> , did you <u>ever</u> have [INSERT CONDITION] ?	B. In what <u>week of pregnancy</u> did you <u>start</u> having [INSERT CONDITION] ? [CALENDAR] [PROBE MONTH IF WEEK UNKNOWN]	C. How many days did (has) [INSERT CONDITION] last(ed)? [CODE 96 WKS IF CONDITION STILL EXISTS AT INTERVIEW] [PROBE WKS IF DAYS UNKNOWN]	D. Have you been treated for [INSERT CONDITION] during this pregnancy?
2.	<p>Nausea</p> <p>NO.....(next condition)....0 YES.....(→).....1 DK.....(next condition)....9</p>	<p>1. ___ WK → MO</p> <p>2. ___ WK → MO</p> <p>3. ___ WK → MO</p>	<p>1. ___ DAYS WKS</p> <p>2. ___ DAYS WKS</p> <p>3. ___ DAYS WKS</p> <p>↓</p> <p>4. Did you ever vomit during this pregnancy?</p> <p>NO....(next column)....0 YES.....1</p> <p>↓</p> <p>5. How many times in total did you vomit?</p> <p>1-3 times total.....1 4-10 times total.....2 >10 times total.....3</p> <p>↓</p> <p>6. Did you vomit so much that you lost weight, needed a fluid IV or were hospitalized?</p> <p>NO.....0 YES.....1</p>	<p>NO.....0 YES.....1 DK.....9</p>
3.	<p>Fever > 101 degrees F or 38.3° C</p> <p>NO.....(74).....0 YES.....(→).....1 DK.....(74).....9</p>	<p>___ WK MO</p>	<p>___ DAYS</p>	<p>NO.....0 YES.....1 DK.....9</p>

MEDICAL HISTORY (CONT.)

Now I would like to ask you about any medications you have taken or used during this pregnancy. Please include medications either prescribed by your doctor or those you bought on your own.

74. Are you currently taking or have you taken any medications during this pregnancy that were prescribed by a doctor or that you bought without a prescription? Such as medications... **[READ EACH CATEGORY BEFORE CODING Q74]**

NO.....(76)..... 0
 YES..... 1

- To relieve pain or headaches
- To relieve nervousness, depression or anxiety
- For infections
- For seizures or convulsions
- For hormonal problems
- To reduce weight or water retention
- For high blood pressure
- For nausea
- To help stay awake or fall asleep
- For allergies, colds, sinus, and coughs
- For acne or skin conditions
- For anemia or
- For any other reasons

75.	A. What do/ did you use this for? [CODE LATER]	B. What medications have you taken or used? MEDICATION [CODE LATER]	C. Did you bring this with you? NO...(E)...0 YES.....1	D. DOSE/UNITS mg.....1 oz.....2 cc/ml...3 %soln...4 other... [CODE LATER]	E. How many times per day do/ did you use this? [CODE 98 IF <1/DAY]	F. When during your pregnancy did you start taking or using this? [99=DK] [CALENDAR]	G. For how many days have you been using it/ did you use it? [CODE 96 WKS IF ALL PREG] [PROBE WKS]
1.	_____. _____ _____ →	_____ _____ _____	NO...(E)...0 YES.....1	_____/____	____/DY	____ WK ____ MO	____ DAYS ____ WKS
2.	_____. _____ _____ →	_____ _____ _____	NO...(E)...0 YES.....1	_____/____	____/DY	____ WK ____ MO	____ DAYS ____ WKS
3.	_____. _____ _____ →	_____ _____ _____	NO...(E)...0 YES.....1	_____/____	____/DY	____ WK ____ MO	____ DAYS ____ WKS
4.	_____. _____ _____ →	_____ _____ _____	NO...(E)...0 YES.....1	_____/____	____/DY	____ WK ____ MO	____ DAYS ____ WKS
5.	_____. _____ _____ →	_____ _____ _____	NO...(E)...0 YES.....1	_____/____	____/DY	____ WK ____ MO	____ DAYS ____ WKS
6.	_____. _____ _____ →	_____ _____ _____	NO...(E)...0 YES.....1	_____/____	____/DY	____ WK ____ MO	____ DAYS ____ WKS

MEDICAL HISTORY (CONT.)

Now I would like to ask you about any vitamins you take or have taken in the three months before pregnancy up until now.

76. In the 3 months before you became pregnant, did you take any prenatal, or multivitamins? NO.....0
YES.....1
77. Since you became pregnant, have you taken any prenatal, or multivitamins? NO.....(79).....0
YES.....1

78.	A. What is the name of the vitamin you used <u>since you became pregnant</u> ? [BRAND NAME OR VITAMIN NAME]	B. Did you bring it with you? NO.....0 YES...(D)...1	C. Did you get these vitamins from the clinic? NO.....(E).....0 YES...(E).....1	D. CONTENTS [CODE ACCORDING TO CONTENTS ON BOTTLE]	E. What week of pregnancy did you start taking this vitamin during this pregnancy? What week did you last take it? [CALENDAR] [PROBE MO IF WK UNKNOWN]	F. How many days each week have you taken them during this pregnancy? <1 day.....0 1-3 days.....1 4-6 days.....2 Everyday.....3
1.	_____ [CODE LATER] _____ _____ →			1. FOLIC ACID? NO.....0 YES.....1 AMOUNT: _____MCG 2. IRON? NO.....0 YES.....1 3. MINERALS? NO.....0 YES.....1	____ WK to ____ WK MO MO [96=TIL PRESENT]	
2.	_____ [CODE LATER] _____ _____ →			1. FOLIC ACID? NO.....0 YES.....1 AMOUNT: _____MCG 2. IRON? NO.....0 YES.....1 3. MINERALS? NO.....0 YES.....1	____ WK to ____ WK MO MO [96=TIL PRESENT]	

MEDICAL HISTORY (CONT.)

79. Have you taken any other vitamins during this pregnancy, such as...

A. Calcium?

NO..... 0
 YES..... 1
 DK..... 9

B. Iron?

NO..... 0
 YES..... 1
 DK..... 9

C. Other?

NO..... 0
 YES..... 1
 Specify _____ 9
 DK.....

80. Since you became pregnant, have you used ruda or rue?

NO.....(81)..... 0
 YES..... 1
 DK..... 9

A. What do/did you use it for?

[CODE LATER]

B. How many times have you used this during this pregnancy?

_____ TIMES

81. Since you became pregnant, have you eaten anything that is not usually considered a food such as soil, clay, chalk, or anything like that?

NO..... 0
 YES..... 1
 DK..... 9

I would like to ask you about any drugs you may have used during this pregnancy. Please Remember that everything you say is absolutely confidential.

82. Have you used any drugs such as cocaine, crack, or marijuana, during this pregnancy?

NO(83)..... 0
 YES 1
 DK 9

A. What did you use?

B. How many times have you used this during this pregnancy?

1. _____ → _____

2. _____ → 2. _____

[CODE LATER]

C. PREGNANCY HISTORY

Now I would like to ask you about all the pregnancies you have had.

83. How many pregnancies have you had before this current pregnancy? Please include all live born babies, miscarriages, induced abortions, stillbirths, ectopic or tubal pregnancies, and molar pregnancies.

PREGNANCIES

[00=NONE]
[IF NONE, GO TO Q99.]

I would like to ask you some questions about each of these pregnancies. Let's begin with the first.

	PREGNANCY	A. First	B. Second	C. Third
84.	Tell me what was the outcome of your <u>first</u> (second, etc.) pregnancy, was it a...? Live born baby.....1 Miscarriage/Spontaneous Abortion (< 20 weeks gestation).....2 Induced Abortion.....3 Stillbirth (≥ 20 weeks gestation).....4 Ectopic (tubal) pregnancy.....5 Molar Pregnancy.....6 Don't know.....9	— [CODE 1 IF MULTIPLE BIRTH] ↓	— [CODE 1 IF MULTIPLE BIRTH] ↓	— [CODE 1 IF MULTIPLE BIRTH] ↓
85.	On what date (was this baby born) (did this pregnancy end)? [99/99/11=DK]	— / — / — MO/DAY/YR	— / — / — MO/DAY/YR	— / — / — MO/DAY/YR
86.	How many weeks did this pregnancy last? [PROBE MO IF WK UNKNOWN]: [IF DK, ASK]: Was it full term, 37-40 weeks, or 9 months? [94=NOT FULL TERM] [95=FULL TERM]	— — WK MO	— — WK MO	— — WK MO
87.	Did you work in agriculture during this pregnancy? By agriculture I mean: [READ CARD 5] NO.....(89)..... 0 YES..... 1	—	—	—
88.	Did you do farm or field work during this pregnancy? By farm work I mean.... [READ CARD 6] NO..... 0 YES..... 1	—	—	—
89.	[CONTINUE IF LIVE BIRTH (Q84=1); SKIP TO NEXT COLUMN IF NOT LIVE BIRTH (Q84=2-9)] Is this child a boy or a girl? BOY..... 1 GIRL..... 2	—	—	—
90.	What is the child's name?	_____ ↓	_____ ↓	_____ ↓

PREGNANCY HISTORY (CONT.)

PREGNANCY		A. First	B. Second	C. Third
91.	[LIVE BIRTHS ONLY CONTINUED] Did you deliver [NAME] by...: Vaginal delivery?..... 1 Caesarian section?..... 2	— ↓	— ↓	— ↓
92.	How much did [NAME] weigh when s(he) was born? [IF DK] Did [NAME] weigh less than 2500g or 5 lbs 8 oz.? [CODE 9994 FOR <2500g, CODE 9995 FOR >2500g, ENTER IN G]	____G OR __LBS __OZ	____G OR __LBS __OZ	____G OR __LBS __OZ
93.	Did [NAME] have any birth defects or other diseases at birth? NO..... 0 YES.....(Specify)..... 1 DK..... 9 [CODE LATER]	1. ____ _____ _____ 2. ____ _____ _____	1. ____ _____ _____ 2. ____ _____ _____	1. ____ _____ _____ 2. ____ _____ _____
94.	During this pregnancy, did the doctor diagnose you with... [INSERT CONDITION] NO..... 0 YES..... 1 DK..... 9			
	A. High blood pressure, preeclampsia, toxemia, or eclampsia?	—	—	—
	B. Diabetes or high blood sugar?	—	—	—
	C. Premature labor?	—	—	—
	D. Some other pregnancy complication? (Specify) [CODE LATER]	_____ _____	_____ _____	_____ _____
95.	Did you breastfeed [NAME] ? NO.....(97)..... 0 YES..... 1	—	—	—
96.	How many months old was [NAME] when you stopped breastfeeding? [96=CURRENTLY BREASTFEEDING] [98=<1 month old] [99=DK]	__MO	__MO	__MO
97.	Has [NAME] ever been diagnosed with psychological or learning problems, respiratory or breathing problems, including asthma, or any other chronic health problems? NO..... 0 YES.....(Specify)..... 1 DK..... 9 [CODE LATER]	1. ____ _____ _____ 2. ____ _____ _____	1. ____ _____ _____ 2. ____ _____ _____	1. ____ _____ _____ 2. ____ _____ _____

PREGNANCY HISTORY (CONT.)

98. After your last pregnancy, how many months did it take for your period to come back? _____ MONTHS

[94=NO PERIOD YET;
98= < ONE MONTH; 99=DK]

E. PATERNAL DEMOGRAPHICS/HABITS

Now I would like to ask you some questions about the father of this baby.

99. How old is the baby's father? _____ YEARS OLD

100. What ethnic group or race best describes him?

	Mexican.....	01
	Mexican Indian.....	02
	Which group? _____	
	Mexican-American/Chicano.....	03
	Other Latino.....	04
	Asian or Pacific Islander.....	05
	White non-Latino.....	06
	Black non-Latino.....	07
	Other.....	08
	Specify _____	
	REFUSES TO ANSWER.....	97
	DK.....	99

101. What country was the baby's father born in?

	UNITED STATES.....	1
	MEXICO.....	2
	Which state? _____	
	OTHER.....	3
	Specify _____	
	REFUSES TO ANSWER.....	7
	DK.....	9

102. What was the last grade that the baby's father completed in school?

	None, never attended school.....	01
	Grades 1-6 (primary).....	02
	Grades 7-9 (junior high/ high school)....	03
	Grades 10-12 (high school, no diploma)..	04
	High school diploma/ GED/ equivalent...	05
	Technical school.....	06
	Some college.....	07
	College graduate or more.....	08
	REFUSES TO ANSWER.....	97
	DK.....	99

PATERNAL DEMOGRAPHICS/HABITS (CONT.)

103.	<u>Since you became pregnant</u> , have you lived with the baby's father?	All of the time.....(104).....	1
		Most of the time.....(104).....	2
		Some of the time.....(104).....	3
		Not at all.....(103A).....	4
		REFUSES TO ANSWER.....	7
	A. Have you had contact with the baby's father <u>since you became pregnant</u> ?	NO.....(107).....	0
		YES.....	1
		REFUSES TO ANSWER.....	7
104.	<u>Since you became pregnant</u> , has the baby's father smoked cigarettes?	NO(105).....	0
		YES	1
		REFUSES TO ANSWER.....	7
		DK(105).....	9
	A. About how many cigarettes a day on average does he smoke?		_____
			CIGS/DAY
			[99=DK]
105.	<u>Since you became pregnant</u> , has the baby's father...?		
	A. Applied pesticides at work?	NO	0
		YES	1
		DK	9
	B. Worked in the fields?	NO	0
		YES	1
		DK	9
	C. Worked in a cannery, winery or food processing plant where he handled fruits, vegetables, or flowers?	NO	0
		YES	1
		DK	9
	D. Worked in a nursery or greenhouse?	NO	0
		YES	1
		DK	9
	E. Done golf course or landscape maintenance?	NO	0
		YES	1
		DK	9

PATERNAL DEMOGRAPHICS/HABITS (CONT.)

106. Is he currently employed?

NO	0
YES	1
REFUSES TO ANSWER.....	7
DK.....	9

A. What is his job? **[IF NOT EMPLOYED ASK:]** What was his longest job (>6 months)?
[CODE LATER] [9999=DK]

JOB CODE

B. In what type of business or industry does/did he work?
[CODE LATER] [9999=DK]

INDUSTRY

107. In the 3 months before you became pregnant, did you live with the father?

All of the time.....	1
Most of the time.....	2
Some of the time.....	3
Not at all.....	4
REFUSES TO ANSWER.....	7

108. During the 3 months before you became pregnant, did the baby's father smoke cigarettes?

NO(109).....	0
YES	1
REFUSES TO ANSWER.....	7
DK(109).....	9

A. About how many cigarettes a day on average did he smoke during these months?

CIGS/DAY

[99=DK]

PATERNAL DEMOGRAPHICS/HABITS (CONT.)

109. During the 3 months before you became pregnant, did the baby's father ...?

A. Apply pesticides at work?	NO	0
	YES	1
	DK	9
B. Worked in the fields?	NO	0
	YES	1
	DK	9
C. Work in a cannery, winery or food processing plant where he handled fruits, vegetables, or flowers?	NO	0
	YES	1
	DK	9
D. Work in a nursery or greenhouse?	NO	0
	YES	1
	DK	9
E. Do golf course or landscape maintenance?	NO	0
	YES	1
	DK	9

F. MENSTRUAL CYCLE AND FERTILITY HISTORY

Now I would like to ask you some questions about your menstrual and fertility history.

110. How old were you when you had your first menstrual period? _____ YEARS OLD
111. In the year before you became pregnant, were your periods regular? That is, the number of days from the start of one period to the start of the next is about the same, give or take 4 days.
[SHOW CARD 7]
- | | |
|---|---|
| NO.....(114)..... | 0 |
| YES..... | 1 |
| DID NOT MENSTRUATE IN THE
12 MOS BEFORE
CONCEPTION (115)..... | 2 |
| DK..... | 9 |
112. In the year before you became pregnant, on average how many days were there from the first day of one period to the first day of the next period?
[SHOW CARD 7] _____ DAYS
113. Beginning with the time bleeding or spotting begins, around what days of your cycle do you think you are most fertile or most likely to get pregnant?
[SHOW CARD 7] _____ TO _____
 DAY DAY
 [DK=99/99]
114. In the year before you became pregnant, about how many days did your period usually last, that is, from the time bleeding or spotting began until it completely stopped? _____ DAYS
115. How old were you when you first had intercourse? _____ YEARS

MENSTRUAL CYCLE AND FERTILITY HISTORY (CONT.)

116. A. Have you <u>ever</u> used [INSERT TYPE] ?		B. Please add up all the time you have used [INSERT TYPE] . In total, how long did you use this method of contraception? [98=<1 MONTH]	C. Did you use this method in the 12 months before you became pregnant?
1. Intrauterine device (IUD)	NO.....(next type).....0 YES.....(→).....1	___ __ YEARS MONTHS	NO.....0 YES.....1
2. Birth control pills (the pill)	NO.....(next type).....0 YES.....(→).....1	___ __ YEARS MONTHS	NO.....0 YES.....1
3. Contraceptive hormonal injections such as Depoprovera	NO.....(next type).....0 YES.....(→).....1	___ __ YEARS MONTHS	NO.....0 YES.....1
4. Implants in your arm under your skin	NO.....(117).....0 YES.....(→).....1	___ __ YEARS MONTHS	NO.....0 YES.....1

G. TIME TO CONCEPTION

I would like to ask some questions about the period of time leading up to the conception of this pregnancy. I'd like to ask about whether it was hard for you to get pregnant this time. Some women try for months or years to get pregnant. Other women get pregnant very easily, sometimes even while using contraception to prevent pregnancy.

At the beginning of this interview, you told me that you became pregnant in ___ / ___ . **[CALENDAR]**
MO/YR

117. When you became pregnant, had you been trying to get pregnant, trying not to get pregnant, or not concerned about whether or not you got pregnant?
- | | |
|---------------------------------|---|
| TRYING TO GET PREGNANT..... | 1 |
| TRYING NOT TO GET PREGNANT..... | 2 |
| NOT CONCERNED..... | 7 |
| REFUSED TO ANSWER..... | 9 |
| DK..... | |

118. In the month you became pregnant, were you or your partner using anything to prevent a pregnancy, such as... **[READ LIST IN Q119]**
- | | |
|-------------------------------------|---|
| No, no contraception.....(122)..... | 0 |
| Yes..... | 1 |

119. What were you doing to prevent a pregnancy? It is possible to give more than one method. **[CODE ALL THAT APPLY]**

- Rhythm method -- when you calculate your fertile days01
- Withdrawal -- coitus interruptus02
- IUD03 --
- The pill -- oral contraceptive04 --
- Condom.....05 --
- Diaphragm.....06 --
- Contraceptive injection or implant.....07
- Gel, cream, foam, or spermicide08
- Other09
- Specify _____

120. For how many months did you use this/these method(s) of contraception before you became pregnant? ___ YEARS ___ MOS

121. Did you use this/these method(s) regularly and consistently when you became pregnant?
- | | |
|--|---|
| No, not quite regularly..... | 0 |
| Yes, regularly and consistently.. (123)... | 1 |

- A. For how many months did you use this method not quite regularly when you became pregnant? ___ YEARS ___ MOS

TIME TO CONCEPTION (CONT.)

121. B. That means that you began using this method not quite regularly around **[INSERT DATE]. [CALENDAR]**
Does that seem correct?

____ 19 ____
MO YR
[SKIP TO Q123]

122. How many months did it take to become pregnant? In other words, for how many months had you been having sexual intercourse without doing anything to prevent pregnancy?

____ YEARS ____ MOS
[01=<1 MO or 1st INTERCOURSE]

A. Now I would like to calculate the month and the year at the beginning of this period that you began to have sexual intercourse without doing anything to prevent pregnancy. Does this result seem correct?
[USE WHEEL] [CALENDAR]

MO ____ 19 ____
YR

B. During the period preceding ____ 19 ____
MO YR
[INSERT DATE FROM 122A] were you using a method of contraception regularly and consistently every time you had intercourse or not quite regularly? Remember, by contraception I mean any method such as the rhythm method, withdrawal, IUD, the pill, condom, diaphragm, contraceptive injection or implant, gel, cream, foam, spermicide, or another method.

REGULARLY AND
CONSISTENTLY.....(123)..... 1
NOT QUITE REGULARLY..... 2
NOT APPLICABLE.....(123)..... 3
Specify _____

C. For how many months were you using a method of contraception not quite regularly?

____ YEARS ____ MOS

123. Thinking back to the time period right before you got pregnant this time, about how many times per month or per week on average did you have intercourse?

____ /MO
____ /WK
[97=REFUSED]
[98=LESS THAN ONE /MO]
[99=DON'T KNOW]

124. Since **[INSERT DATE FROM 122A, 121B, OR IF NO DATE, THE 6 MONTHS BEFORE YOU BECAME PREGNANT]**

____ / ____ until you became pregnant, have you done:
MO YR

A. farm field work?

NO..... 0
YES..... 1

B. packing, canning, or food processing where you handled fruits, vegetables, or flowers?

NO..... 0
YES..... 1

C. nursery or greenhouse work?

NO..... 0
YES..... 1

D. golf course or landscape maintenance?

NO..... 0
YES..... 1

TIME TO CONCEPTION (CONT.)

125. Since **[INSERT DATE FROM 124]** until you became pregnant, how many people who lived with you...:

A. Applied pesticides at work?

__ __ PEOPLE
[00=NONE; 99=DK]

B. Worked in the fields?

__ __ PEOPLE
[00=NONE; 99=DK]

C. Worked in a cannery, winery or food processing plant where they handle fruits, vegetables, or flowers?

__ __ PEOPLE
[00=NONE; 99=DK]

D. Worked in a nursery or greenhouse?

__ __ PEOPLE
[00=NONE; 99=DK]

E. Have done golf course or landscape maintenance?

__ __ PEOPLE
[00=NONE; 99=DK]

126. Since **[INSERT DATE FROM 124]** until you became pregnant...

A. Did you live in a home that was less than 200 ft., or 60 meters, from the nearest field or orchard?
[GIVE CLINIC REFERENCES]

NO..... 0
YES..... 1
DK..... 9

B. Did you personally apply pesticides either at home or at work?

NO..... 0
YES..... 1
DK..... 9

C. Did anyone else apply pesticides in your home?

NO..... 0
YES..... 1
DK..... 9

H. SOCIAL SUPPORT

Now I would like to ask you about your social activities and people you might call on for support.

130. How many close friends or relatives do you have (people that you feel at ease with, can talk to about private matters, and can call on for help)? _____ FRIENDS/RELATIVES

131. How do you feel about having this baby now?
- You are happy about having the baby.
You wanted it now..... 1
 - You are happy about having the baby but
would have preferred to wait..... 2
 - You feel more or less okay about having
the baby..... 3
 - You are unhappy about being pregnant.. 4
 - You don't know how you feel..... 5

132. How does your partner feel about you having a baby at this time?
- He is happy about having the baby.
He wanted it now..... 1
 - He is happy about having the baby but
would have preferred to wait..... 2
 - He feels more or less okay about having
the baby..... 3
 - He is unhappy about having a baby..... 4
 - He does not know that I am pregnant
yet..... 5
 - I don't know how he feels..... 6
 - REFUSES TO ANSWER..... 7

I am going to read you a list of some things that other people do for us or give us that may be helpful or supportive. I would like to know whether you feel that you have enough of or not enough of each of these things in your life right now. As I read these statements, please rate each one on a scale of 1 – 5 as in the example on the card. **[READ AND SHOW CARD 8] [READ AND SHOW CARD 9]**

133. I get/have	As much as I would like ↓	5	4	3	2	1
		_____			↓	
		5	4	3	2	1
1. people who care what happens to me.....		5	4	3	2	1
2. love and affection.....		5	4	3	2	1
3. chances to talk to someone about problems at work or with my housework.....		5	4	3	2	1
4. chances to talk to someone I trust about my personal and family problems.....		5	4	3	2	1
5. chances to talk about money problems.....		5	4	3	2	1
6. opportunities to go out and do things with other people.....		5	4	3	2	1
7. useful advice about important things in life.....		5	4	3	2	1
8. help when I'm sick in bed.....		5	4	3	2	1
9. help around the house or with child care.....		5	4	3	2	1
10. people who help me when I can't make ends meet.....		5	4	3	2	1

I. OCCUPATIONAL INFORMATION/PHYSICAL EXERTION

I would like to ask you some questions now about any jobs you may have held since you became pregnant.

134. Have you worked since you became pregnant? NO.....(164)..... 0
 YES..... 1

135. How many different jobs have you had since you became pregnant? _____ JOBS

I would like to ask you about (all) the job(s) you have had since you became pregnant? **[IF MORE THAN ONE JOB]**
 Let's start with your current or most recent job.

		A. Job 1 or most recent job	B. Job 2	C. Job 3
136.	When did you first start working at this job?	____ / ____ MO / YR ↓	____ / ____ MO / YR ↓	____ / ____ MO / YR ↓
137.	Are you currently working at this job?	NO.....0 YES.....(139).....1	NO.....0 YES.....(139).....1	NO.....0 YES.....(139).....1
138.	When did you last work at this job?	____ / ____ MO YR [SKIP TO Q140]	____ / ____ MO YR [SKIP TO Q140]	____ / ____ MO YR [SKIP TO Q140]
139.	In what week of pregnancy do you plan to stop working? [PROBE months if weeks unknown] [CODE 95= WHEN DOCTOR SAYS I CAN QUIT] [CODE 96=will work as long as possible/ until childbirth]	____ WKS MOS GESTATION	____ WKS MOS GESTATION	____ WKS MOS GESTATION
140.	How many hours <u>per week</u> do (did) you work at this job?	____ HOURS/WK	____ HOURS/WK	____ HOURS/WK

OCCUPATIONAL INFORMATION/PHYSICAL EXERTION (CONT.)

		A. Job 1 or most recent job	B. Job 2	C. Job 3
141.	<p><u>Since you became pregnant</u>, at this job did you do...</p> <p>A. Fertilizer handling and application?.....</p> <p>B. Agriculture pesticide handling?.</p> <p>C. Equipment or tractor operator?.</p> <p>D. Foreman of agriculture work?</p> <p>E. Other farm field work, such as harvesting, or thinning, or weeding?</p> <p>F. Packing shed work with fruits, vegetables, or flowers ?.....</p> <p>G. Work in a nursery or greenhouse?.....</p> <p>[IF ALL = NO, SKIP TO Q146]</p>	<p>NO.....0 YES.....1</p> <p>NO.....0 YES.....1</p> <p>NO.....0 YES.....1</p> <p>NO.....0 YES.....1</p> <p>NO.....0 YES.....1</p> <p>NO.....0 YES.....1</p> <p>NO.....0 YES.....1</p> <p>[IF ALL = NO, SKIP TO Q146]</p>	<p>NO.....0 YES.....1</p> <p>NO.....0 YES.....1</p> <p>NO.....0 YES.....1</p> <p>NO.....0 YES.....1</p> <p>NO.....0 YES.....1</p> <p>NO.....0 YES.....1</p> <p>NO.....0 YES.....1</p> <p>[IF ALL = NO, SKIP TO Q146]</p>	<p>NO.....0 YES.....1</p> <p>NO.....0 YES.....1</p> <p>NO.....0 YES.....1</p> <p>NO.....0 YES.....1</p> <p>NO.....0 YES.....1</p> <p>NO.....0 YES.....1</p> <p>NO.....0 YES.....1</p> <p>[IF ALL = NO, SKIP TO Q146]</p>
142.	<p>Who do/did you work for at this job?</p> <p>[CODE LATER]</p>	---	---	---
143.	<p>Is this a farm labor contractor?</p>	<p>NO.....0 YES.....1 DK.....9</p>	<p>NO.....0 YES.....1 DK.....9</p>	<p>NO.....0 YES.....1 DK.....9</p>

OCCUPATIONAL INFORMATION/PHYSICAL EXERTION (CONT.)

		A. Job 1 or most recent job	B. Job 2	C. Job 3
144.	<p><u>During this pregnancy</u>, what crop(s) have you worked with at this job? [CODE ALL THAT APPLY]</p> <p>Lettuce.....01 Grapes/vineyards.....02 Broccoli.....03 Brussels sprouts.....04 Asparagus.....05 Strawberries.....06 Tomatoes.....07 Carrots.....08 Lemon trees.....09 Artichokes.....10 Cauliflower.....11 Flowers.....12 Onions.....13 Other..... -- Specify _____ [CODE LATER]</p>	<p>1. ___</p> <p>2. ___</p> <p>3. ___</p> <p>4. ___</p>	<p>1. ___</p> <p>2. ___</p> <p>3. ___</p> <p>4. ___</p>	<p>1. ___</p> <p>2. ___</p> <p>3. ___</p> <p>4. ___</p>
145.	<p>In the past week, which of these crops have you worked with? [CODE 00 FOR NONE] [CODE 88 IF NOT WORKING]</p>	<p>1. ___</p> <p>2. ___</p> <p>3. ___</p>		
146.	<p><u>During this pregnancy</u>, at this job did you do...</p> <p>A. Golf course or other landscape B. Control for termites or other pests in homes or other buildings C. Work in a cannery, winery or food processing plant where you handle fruits or vegetables?</p>	<p>NO.....0 YES.....1</p> <p>NO.....0 YES.....1</p> <p>NO.....0 YES.....1</p>	<p>NO.....0 YES.....1</p> <p>NO.....0 YES.....1</p> <p>NO.....0 YES.....1</p>	<p>NO.....0 YES.....1</p> <p>NO.....0 YES.....1</p> <p>NO.....0 YES.....1</p>

OCCUPATIONAL INFORMATION/PHYSICAL EXERTION (CONT.)

		A. Job 1 or most recent job	B. Job 2	C. Job 3
147.	<u>Since you became pregnant</u> , do/did you apply pesticides or insecticides at this job?	NO.....(149).....0 YES.....1	NO.....(149).....0 YES.....(153).....1	NO.....(149).....0 YES.....(153).....1
148.	Have you applied pesticides or insecticides in the past week? [CODE NA IF NOT WORKING]	NO.....0 YES.....1 NA.....8 [SKIP TO Q153]		
149.	<u>Since you became pregnant</u> , do/did you ever handle containers of pesticides or insecticides at this job?	NO.....(151).....0 YES.....1	NO.....(151).....0 YES.....(153).....1	NO.....(151).....0 YES.....(153).....1
150.	Have you handled containers of pesticides or insecticides in the past week? [CODE NA IF NOT WORKING]	NO.....0 YES.....1 NA.....8 [SKIP TO Q153]		
151.	<u>Since you became pregnant</u> , are/were pesticides or insecticides used at this job?	NO..(153 or 157)*.0 YES.....1 DK...(153 or 157)..9 *[SKIP TO 153 IF ANY IN Q141 OR ANY IN Q146=YES] [SKIP TO 157 IF ALL IN Q141 AND ALL IN Q146=NO]	NO..(153 or 157)*.0 YES.....1 DK...(153 or 157)..9 *[SKIP TO 153 IF ANY IN Q141 OR ANY IN Q146=YES] [SKIP TO 157 IF ALL IN Q141 AND ALL IN Q146=NO]	NO..(153 or 157)*.0 YES.....1 DK...(153 or 157)..9 *[SKIP TO 153 IF ANY IN Q141 OR ANY IN Q146=YES] [SKIP TO 157 IF ALL IN Q141 AND ALL IN Q146=NO]
152.	Have they used pesticides or insecticides at your workplace in the past week? [CODE NA IF NOT WORKING]	NO.....0 YES.....1 NA.....8 DK.....9		

OCCUPATIONAL INFORMATION/PHYSICAL EXERTION (CONT.)

		A. Job 1 or most recent job	B. Job 2	C. Job 3	
153.	<u>During this pregnancy</u> , have you usually worn at this job...				
	A. Long-sleeved shirt?	NO.....0 YES.....1	NO.....0 YES.....1	NO.....0 YES.....1	
	B. Cotton gloves?	NO.....0 YES.....1	NO.....0 YES.....1	NO.....0 YES.....1	
	C. Hat or something covering your head?	NO.....0 YES.....1	NO.....0 YES.....1	NO.....0 YES.....1	
	D. Scarf/handkerchief to cover your face?	NO.....0 YES.....1	NO.....0 YES.....1	NO.....0 YES.....1	
	E. Rubber boots?.....	NO.....0 YES.....1	NO.....0 YES.....1	NO.....0 YES.....1	
	154.	<u>During this pregnancy</u> , have you been required to wear protective clothing to prevent pesticide exposure at this job, such as....			
		A. Coveralls?.....	NO.....0 YES.....1	NO.....0 YES.....1	NO.....0 YES.....1
		B. Rubber apron?.....	NO.....0 YES.....1	NO.....0 YES.....1	NO.....0 YES.....1
		C. Rubber gloves?.....	NO.....0 YES.....1	NO.....0 YES.....1	NO.....0 YES.....1
		D. Protective hood?.....	NO.....0 YES.....1	NO.....0 YES.....1	NO.....0 YES.....1
E. Dust mask?.....		NO.....0 YES.....1	NO.....0 YES.....1	NO.....0 YES.....1	
F. Respirator?.....		NO.....0 YES.....1	NO.....0 YES.....1	NO.....0 YES.....1	
G. Eye protection (safety goggles)?.....		NO.....0 YES.....1	NO.....0 YES.....1	NO.....0 YES.....1	
H. Rubber boots?.....		NO.....0 YES.....1	NO.....0 YES.....1	NO.....0 YES.....1	

OCCUPATIONAL INFORMATION/PHYSICAL EXERTION (CONT.)

		A. Job 1 or most recent job	B. Job 2	C. Job 3
155.	<p><u>During this pregnancy</u> when you are/were at this job, do/did you wash your hands before eating or smoking?</p> <p>Always.....1 Usually.....2 Sometimes.....3 Never.....4</p>	_____	_____	_____
156.	<p>During the time you worked at this job, did you usually bathe or shower...?</p> <p>Daily, before work.....1 Daily, immediately after arriving home from work.....2 Daily, more than 1 hour after arriving home.....3 Several times a week4 Once a week or less often5</p> <p>[CODE ALL THAT APPLY]</p>	<p>1. _____ 2. _____</p> <p>[SKIP TO Q159]</p>	<p>1. _____ 2. _____</p> <p>[SKIP TO Q159]</p>	<p>1. _____ 2. _____</p> <p>[SKIP TO Q159]</p>
157.	<p>What work do/did you do?</p> <p>[CODE LATER]</p>	<p>_____</p> <p>_____</p> <p>_____</p>	<p>_____</p> <p>_____</p> <p>_____</p>	<p>_____</p> <p>_____</p> <p>_____</p>
158.	<p>In what industry is this job?</p> <p>[CODE LATER]</p>	<p>_____</p> <p>_____</p> <p>_____</p>	<p>_____</p> <p>_____</p> <p>_____</p>	<p>_____</p> <p>_____</p> <p>_____</p>
159.	<p>How hard is/was the <u>physical</u> work of your job? Would you say it is/was:</p> <p>Very strenuous.....1 Somewhat strenuous.....2 Not very strenuous.....3 Not at all strenuous.....4 DK.....9</p>	_____	_____	_____
160.	<p><u>During this pregnancy</u>, how many hours per day do/did you stand on your feet at this job?</p>	___ HOURS/DAY	___ HOURS/DAY	___ HOURS/DAY

OCCUPATIONAL INFORMATION/PHYSICAL EXERTION (CONT.)

		A. Job 1 or most recent job	B. Job 2	C. Job 3
161.	How many hours per day do/did you spend stooping or bending at this job?	___ HOURS/DAY	___ HOURS/DAY	___ HOURS/DAY
162.	<p><u>Since you became pregnant</u>, have you experienced any symptoms or illnesses that you associate with your job, such as....</p> <p>A. Headache?.....</p> <p>B. Dizziness?.....</p> <p>C. Shortness of breath?.....</p> <p>D. Back pain?.....</p>	<p>NO.....0</p> <p>YES.....1</p> <p>NO.....0</p> <p>YES.....1</p> <p>NO.....0</p> <p>YES.....1</p> <p>NO.....0</p> <p>YES.....1</p>	<p>NO.....0</p> <p>YES.....1</p> <p>NO.....0</p> <p>YES.....1</p> <p>NO.....0</p> <p>YES.....1</p> <p>NO.....0</p> <p>YES.....1</p>	<p>NO.....0</p> <p>YES.....1</p> <p>NO.....0</p> <p>YES.....1</p> <p>NO.....0</p> <p>YES.....1</p> <p>NO.....0</p> <p>YES.....1</p>
163.	Did you have another job since you became pregnant?	<p>NO.....(164).....0</p> <p>YES..(136 col.2)...1</p> <p>[IF YES] Now let's talk about your second job</p>	<p>NO.....(164).....0</p> <p>YES...(136 col.3)...1</p> <p>[IF YES] Now let's talk about your third job</p>	<p>NO.....(164).....0</p> <p>YES....(App. B)...1</p> <p>[IF YES GO TO APPENDIX B]</p>

J. HOUSING CHARACTERISTICS

I'd like to ask you about all the places you have lived since you became pregnant.

164. Since you became pregnant, how many places or homes have you lived in? Please include only places where you have lived for more than one month. ___ PLACES

[CALENDAR]

Starting with the place or home where you currently live:

		A. Home 1 or current home	B. Home 2	C. Home 3
165.	In which city or town is this home? [CODE LATER]	_____ _____ ↓	_____ _____ ↓	_____ _____ ↓
166.	When did you begin living in this home?	__/__/__ to present MO/YR	__/__/__ to __/__/__ MO/YR MO/YR	__/__/__ to __/__/__ MO/YR MO/YR
167.	Which of these pictures <u>best</u> describes this home? [SHOW PICTURE: CARD 10] House.....01 House with 2 apartments.....02 Building with 3 or more apartments.....03 Trailer/ mobile home.....04 House in fields/ Migrant camp.....05 Garage.....06 Shelter or dormitory.....07 Hotel/Motel.....08 Other.....09 Specify _____	_____	_____	_____
168.	How far is/was this home from the nearest agricultural field or orchard? [GIVE CLINIC REFERENCES] < 50 ft (15 meters).....1 50-200 ft (15-60 m).....2 >200 ft but < ¼ mile (60-400 m)..3 ¼ mile (400 m) or more...(171)...4 DK.....9	_____	_____	_____

HOUSING CHARACTERISTICS (CONT.)

		A. Home 1 or current home	B. Home 2	C. Home 3
169.	<p>How close is this home to a field that has been covered by a white or clear tarp <u>during your pregnancy</u>? [SHOW PICTURE: CARD 11] [GIVE CLINIC REFERENCES]</p> <p>< 50 ft (15 meters).....1 50-200 ft (15-60 m).....2 >200 ft but < ¼ mile (60-400 m)..3 ¼ mile (400 m) or more.....4 DK.....9</p>	<p>_____</p> <p>↓</p>	<p>_____</p> <p>↓</p>	<p>_____</p> <p>↓</p>
170.	<p>How close is this home to a field where strawberries were grown <u>during this pregnancy</u>? [GIVE CLINIC REFERENCES]</p> <p>< 50 ft (15 meters).....1 50-200 ft (15-60 m).....2 >200 ft but < ¼ mile (60-400 m).3 ¼ mile (400 m) or more.....4 DK.....9</p>	<p>_____</p>	<p>_____</p>	<p>_____</p>
171.	<p>How close is this home to a golf course? [GIVE CLINIC REFERENCES]</p> <p>< 50 ft (15 meters).....1 50-200 ft (15-60 m).....2 >200 ft but < ¼ mile (60-400 m).3 ¼ mile (400 m) or more.....4 DK.....9</p>	<p>_____</p>	<p>_____</p>	<p>_____</p>
172.	<p>Do you usually use tap water for <u>cooking</u> in this house?</p> <p>NO.....0 YES.....1</p>	<p>_____</p>	<p>_____</p>	<p>_____</p>
173.	<p>Do you usually use tap water for <u>drinking</u> in this house?</p> <p>NO.....0 YES.....1</p>	<p>_____</p>	<p>_____</p>	<p>_____</p>
174.	<p>Have you lived in another home since you became pregnant?</p>	<p>NO.....(175).....0 YES...(165 col B)..1 [IF YES]: Now I would like to talk about the second place you lived.</p>	<p>NO.....(175).....0 YES...(165 col.C)..1 [IF YES]: Now I would like to talk about the third place you lived.</p>	<p>NO.....(175).....0 YES...(App. C).....1 [IF YES: GO TO APPENDIX C]</p>

HOUSING CHARACTERISTICS (CONT.)

Now I would like to ask some questions about any of the homes where you have lived since you've been pregnant. You may not know the answers to some questions but please answer as best as you can.

- | | |
|--|---|
| <p>175. <u>Since you became pregnant</u>, have you ever seen any water damage in any of the homes where you have lived. By water damage I mean water stains on the ceiling or walls, rotting wood, flaking sheetrock or plaster. This damage may be from broken pipes, a leaky roof, or floods. Here is an example.
[SHOW PICTURE: CARD 12]</p> | <p>NO..... 0
YES..... 1
DK..... 9</p> |
| <p>176. <u>Since you became pregnant</u>, have you ever seen any mold or mildew on walls or other surfaces (other than food) inside any of the homes where you have lived? Here is an example.
[SHOW PICTURE: CARD 13]</p> | <p>NO..... 0
YES..... 1
DK..... 9</p> |
| <p>177. <u>Since you became pregnant</u>, have you lived in a home with a gas cooking stove?</p> | <p>NO.....(179)..... 0
YES..... 1
DK.....(179)..... 9</p> |
| <p>178. <u>Since you became pregnant</u>, has a gas cooking stove been used to heat your home(s)?</p> | <p>NO..... 0
YES..... 1</p> |
| <p>179. <u>Since you became pregnant</u>, have you lived in a home with a gas heater?</p> | <p>NO..... 0
YES..... 1
DK..... 9</p> |
| <p>180. <u>Since you became pregnant</u>, have you lived in a home where a <u>portable</u> gas or kerosene heater has been used to heat the home?</p> | <p>NO..... 0
YES..... 1
DK..... 9</p> |
| <p>181. <u>Since you became pregnant</u>, have you lived in a home where wood has been burned <u>inside</u> your home in a fire place or stove?</p> | <p>NO..... 0
YES..... 1
DK..... 9</p> |

HOUSING CHARACTERISTICS (CONT.)

182.	<u>Since you became pregnant</u> , have you lived in a home where charcoal has been burned <u>inside</u> for heat or cooking?	NO.....	0
		YES.....	1
		DK.....	9
183.	<u>Since you became pregnant</u> , have you lived in a home with a gas clothes dryer inside your home (not in the garage)?	NO.....	0
		YES.....	1
		DK.....	9
184.	<u>Since you became pregnant</u> , have you lived in a home where a humidifier or vaporizer has been used?	NO.....(187).....	01
		YES.....	9
		DK.....(187).....	
185.	<u>Since you became pregnant</u> , has the humidifier been used only when someone is ill or is it used regularly to humidify your home?	Only when someone is ill.....	1
		TO HUMIDIFY THE HOUSE.....	2
186.	Does it produce hot steam or cold mist?	HOT STEAM.....	1
		COLD MIST.....	2
		DK.....	9
187.	<u>Since you became pregnant</u> , have your household's clothes been hung to dry?	NO.....(189).....	0
		YES.....	1
188.	Are they usually hung indoors or outdoors?	INDOORS.....	1
		OUTDOORS.....	2
189.	<u>Since you became pregnant</u> , how often have your fruits and vegetables been washed before you eat them?	Always.....	1
		Usually.....	2
		Sometimes.....	3
		Never.....	4
190.	<u>Since you became pregnant</u> have you eaten fruits and vegetables that come directly from the fields? Do not include those from your home garden.	NO.....	0
		YES.....	1

K. HOUSE CLEANING

I would like to ask you some questions about how certain rooms are cleaned in the home you currently live in. Please answer the questions as best as you can, even if you do not do the cleaning.

- | | | | | | | | | | | | | | | | | | |
|--------------------------|--|--|-----------|-----------|------------|-----------|------------|---|-------------|---|---|----------------------|---|---|--------------------------|---|---|
| 191. | <p><u>In the home you currently live in</u>, is there wall-to-wall carpeting in any room?</p> <p>A. Is there wall-to-wall carpeting in the room where you sleep?</p> <p>B. Is there wall-to-wall carpeting in the bathroom?</p> <p>C. Is there wall-to-wall carpeting in any other room?</p> | <p>NO(192)..... 0</p> <p>YES 1</p> <p>NO..... 0</p> <p>YES..... 1</p> <p>NO..... 0</p> <p>YES..... 1</p> <p>NO..... 0</p> <p>YES..... 1</p> | | | | | | | | | | | | | | | |
| 192. | <p><u>In the home you currently live in</u>, what is used to clean the kitchen or cooking area floor?</p> | <table border="0" style="width: 100%;"> <tr> <td>Mop?.....</td> <td style="text-align: center;"><u>NO</u></td> <td></td> </tr> <tr> <td></td> <td style="text-align: center;"><u>YES</u></td> <td></td> </tr> <tr> <td>Broom?.....</td> <td style="text-align: center;">0</td> <td style="text-align: center;">1</td> </tr> <tr> <td>Vacuum cleaner?.....</td> <td style="text-align: center;">0</td> <td style="text-align: center;">1</td> </tr> <tr> <td></td> <td style="text-align: center;">0</td> <td style="text-align: center;">1</td> </tr> </table> | Mop?..... | <u>NO</u> | | | <u>YES</u> | | Broom?..... | 0 | 1 | Vacuum cleaner?..... | 0 | 1 | | 0 | 1 |
| Mop?..... | <u>NO</u> | | | | | | | | | | | | | | | | |
| | <u>YES</u> | | | | | | | | | | | | | | | | |
| Broom?..... | 0 | 1 | | | | | | | | | | | | | | | |
| Vacuum cleaner?..... | 0 | 1 | | | | | | | | | | | | | | | |
| | 0 | 1 | | | | | | | | | | | | | | | |
| 193. | <p>How often is the kitchen or cooking area floor cleaned?</p> | <p>Daily or more often..... 1</p> <p>A few times a week..... 2</p> <p>Once a week..... 3</p> <p>Once every couple of weeks..... 4</p> <p>Once a month or less often..... 5</p> <p>DK..... 9</p> | | | | | | | | | | | | | | | |
| 194. | <p><u>In the home you currently live in</u>, what is used to clean the floor in the area where you sleep?</p> | <table border="0" style="width: 100%;"> <tr> <td></td> <td style="text-align: center;"><u>NO</u></td> <td style="text-align: center;"><u>YES</u></td> </tr> <tr> <td>Mop?.....</td> <td style="text-align: center;">0</td> <td style="text-align: center;">1</td> </tr> <tr> <td>Broom?.....</td> <td style="text-align: center;">0</td> <td style="text-align: center;">1</td> </tr> <tr> <td>Vacuum cleaner?.....</td> <td style="text-align: center;">0</td> <td style="text-align: center;">1</td> </tr> <tr> <td>Shake out area rug?.....</td> <td style="text-align: center;">0</td> <td style="text-align: center;">1</td> </tr> </table> | | <u>NO</u> | <u>YES</u> | Mop?..... | 0 | 1 | Broom?..... | 0 | 1 | Vacuum cleaner?..... | 0 | 1 | Shake out area rug?..... | 0 | 1 |
| | <u>NO</u> | <u>YES</u> | | | | | | | | | | | | | | | |
| Mop?..... | 0 | 1 | | | | | | | | | | | | | | | |
| Broom?..... | 0 | 1 | | | | | | | | | | | | | | | |
| Vacuum cleaner?..... | 0 | 1 | | | | | | | | | | | | | | | |
| Shake out area rug?..... | 0 | 1 | | | | | | | | | | | | | | | |
| 195. | <p>How often is this floor usually cleaned?</p> | <p>Daily or more often..... 1</p> <p>A few times a week..... 2</p> <p>Once a week..... 3</p> <p>Once every couple of weeks..... 4</p> <p>Once a month or less often..... 5</p> <p>DK..... 9</p> | | | | | | | | | | | | | | | |

HOUSE CLEANING (CONT.)

196.	<u>In your current home</u> , is there a living room separate from the kitchen?	NO.....(199).....	0
		YES.....	1
197.	What is used to clean the floor of this room?		<u>NO</u> <u>YES</u>
	Mop?.....	0	1
	Broom?.....	0	1
	Vacuum cleaner?.....	0	1
	Shake out area rug?.....	0	1
198.	How often is this floor cleaned?		
	Daily or more often.....		1
	A few times a week.....		2
	Once a week.....		3
	Once every couple of weeks.....		4
	Once a month or less often.....		5
	DK.....		9
199.	<u>Since you became pregnant</u> , have you been the person in your household who usually cleans your home? By cleaning we mean cleaning floors, bathrooms or kitchens.	NO.....	
		YES.....	1

		A. Sheets		B. Blankets	
200.	On the bed where you <u>currently</u> sleep, do you have ?	NO.....(→)..... 0	YES.....(↓)..... 1	NO.....(204)..... 0	YES..... 1
201.	How often are the _____ washed?	Daily or more often 1	A few times a week..... 2	Once a week..... 3	Once every couple of weeks..... 4
		Once a month or less often..... 5	DK..... 9	Once a month or less often..... 5	DK..... 9
202.	Are the _____ washed in hot, warm, or cold water?	HOT..... 1	WARM..... 2	COLD..... 3	DK..... 9
		DK..... 9			
203.	How often are the _____ taken <u>outside</u> to be shaken out?	Daily..... 1	A few times a week..... 2	Once a week..... 3	Once every couple of weeks..... 4
		Once a month or less often..... 5	Never 6	DK..... 9	Once a month or less often..... 5
		DK..... 9			Never 6
					DK..... 9
		[NEXT COLUMN]			

L. PESTICIDE USE

Now I would like to ask you some questions about pests in and around any of the homes you have lived in since you became pregnant.

- | | | | |
|------|--|-------------------|---|
| 204. | <u>Since you became pregnant</u> , have you seen signs of mice, rats, or other rodents inside any of the homes that you have lived in? | NO..... | 0 |
| | | YES..... | 1 |
| | | DK..... | 9 |
| 205. | <u>Since you became pregnant</u> , have you seen cockroaches inside any of the homes that you have lived in? | NO.....(207)..... | 0 |
| | | YES..... | 1 |
| | | DK.....(207)..... | 9 |
| 206. | <u>Since you became pregnant</u> , have you seen live roaches only at night or during the day or during both the day and night? | NIGHT ONLY..... | 1 |
| | | DAY ONLY..... | 2 |
| | | DAY/NIGHT..... | 3 |
| | | DK..... | 9 |

I would like to ask you some questions about pesticides or insecticides that have been used in and around any of the homes you have lived in since you've been pregnant. Pesticides can come in sprays, bombs, poison pellets or bait, powder, chalk, roach motels, traps, or ant stakes.

207.	A. <u>Since you became pregnant</u> , have pesticides or insecticides been used around your home to kill [INSERT PEST] :	B. Was this pesticide in the form of ... NO0 YES.....1 DK.....9	C. Was [INSERT B] used inside or outside your home? INSIDE.....1 OUTSIDE...2 BOTH.....3 DK.....9	D. Was [INSERT B] applied in the last week? NO0 YES....1 DK.....9	E. How often has [INSERT B] been applied? Daily.....1 Weekly.....2 1 to 3x per mo.....3 Less than 1x per mo.....4 DK.....9	F. Did you personally apply [INSERT B] ? NO.....0 YES....1
1.	Rodents? NO..(next pest)...0 YES....(→).....1 DK..(next pest)...9	Poison pellets or Baits?..... Poison powder? ____ Other?..... Specify: _____ (CODE LATER)	_____	_____	_____	_____
2.	Fleas, including treatments to pets? NO..(next pest)...0 YES...(→).....1 DK..(next pest)...9	Sprays?..... Bombs?..... Powder?..... Other?..... Specify: _____ (CODE LATER)	_____	_____	_____	_____
3.	Termites? NO..(next pest)...0 YES.....(→).....1 DK..(next pest)...9	Sprays?..... Bombs?..... Powder?..... Other?..... Specify: _____ (CODE LATER)	_____	_____	_____	_____

207.	A. Since you became pregnant, have pesticides or insecticides been used around your home to kill [INSERT PEST] :	B. Was this pesticide in the form of ... NO0 YES....1 DK.....9	C. Was [INSERT B] used inside or outside your home? INSIDE.....1 OUTSIDE...2 BOTH.....3 DK.....9	D. Was [INSERT B] applied in the last week? NO0 YES....1 DK.....9	E. How often has [INSERT B] been applied? Daily.....1 Weekly.....2 1 to 3x per mo....3 Less than 1x per mo.....4 DK.....9	F. Did you personally apply [INSERT B] ? NO.....0 YES....1
4.	Flying insects? NO..(next pest)...0 YES.....(→).....1 DK..(next pest)...9	Sprays?..... Bombs?..... Pest strip?..... Other?..... Specify: _____ (CODE LATER)	_____	_____	_____	_____
5.	Ants, roaches or other crawling insects? NO..(next pest)...0 YES...(→).....1 DK..(next pest)...9	Sprays?..... Bombs?..... Pest strip?..... Other?..... Specify: _____ (CODE LATER)	_____	_____	_____	_____
6.	Fungus, weeds or slugs? NO.....(208).....0 YES...(→).....1 DK....(208).....9	Sprays?..... Bombs?..... Pest strip?..... Other?..... Specify: _____ (CODE LATER)	_____	_____	_____	_____

Baseline Questionnaire
PESTICIDE USE (CONT.)

HSN: _____ - ____

208. **[SKIP TO Q209 IF Q207 F. 1-6. ALL = NO (SHE DID NOT PERSONALLY APPLY ANY PESTICIDE)]**
 When you applied the pesticides, did you wear any protective clothing such as gloves or a mask?
- NO..... 0
 YES..... 1
 DK..... 9
209. Since you became pregnant, have you been treated for lice or scabies?
- NO..... 0
 YES..... 1
210. Since you became pregnant, has anyone who lives with you been treated for lice or scabies?
- NO..... 0
 YES..... 1
 DK..... 9
- [IF Q209=NO/DK and Q210=NO/DK, SKIP to Q213]**
211. Was the treatment done by you?
- NO.....(213)..... 0
 YES..... 1
212. What were the names of the products that you used?
[CODE LATER]
1. _____
2. _____
- [99 = DK]**

M . PETS

I would like to know about any pets that have lived inside your home since you became pregnant. Please include any dogs, cats, birds, or other furry pets that belong to you or to anyone who lives in your home, including people who are not related to you.

213.	A. <u>Since you became pregnant</u> , have any of the following animals lived inside <u>any of your homes</u> ?	B. Do any currently live inside your home?	C. How many currently live inside your home?
1.	Cats?..... NO.....(next pet).....0 YES.....(→).....1	NO.....(next pet).....0 YES.....(→).....1	---
2.	Dogs?..... NO.....(next pet).....0 YES.....(→).....1	NO.....(next pet).....0 YES.....(→).....1	---
3.	Birds?..... NO.....(next pet).....0 YES.....(→).....1	NO.....(next pet).....0 YES.....(→).....1	---
4.	Other furry pets?. NO.....(214).....0 YES.....(→).....1	NO.....(214).....0 YES.....(→).....1	---

[IF NO CATS OR DOGS IN 213.A, SKIP TO Q. 219]

214. Have any of these cats or dogs worn flea collars? NO..... 0
YES..... 1
DK..... 9
215. Since you became pregnant, have you personally applied flea or tick shampoo, dips or powders on these pets? NO.....(217)..... 0
YES..... 1
DK.....(217)..... 9
216. Did you wear gloves when you used these products? NO..... 0
YES..... 1
217. Since you became pregnant, has anyone else applied flea or tick shampoos, dips, or powders to these pets? NO.....(219)..... 0
YES..... 1
DK.....(219)..... 9

PETS (CONT.)

218. Did they apply these inside your home?
- | | |
|----------|---|
| NO..... | 0 |
| YES..... | 1 |
| DK..... | 9 |
219. Have any cats or dogs that don't normally live with your household been allowed to come into your home?
- | | |
|------------------------------|---|
| NO..... | 0 |
| YES, cats..... | 1 |
| YES, dogs..... | 2 |
| YES, both cats and dogs..... | 3 |
| DK..... | 9 |

N. HOUSEHOLD MEMBERS

Now I would like to ask you about all of the people who have lived with you since you became pregnant. A few of the questions may be similar to those we asked before but it's important that we get information about everyone who has lived in your household, including people who are not related to you. Please remember that all of this information is confidential.

220. A. What are the first names of all of the people who have lived with you since you became pregnant, even people who do not currently live with you? **[AFTER EACH PERSON ASK]: How is this person related to you? [USE CODES BELOW]**
- B. Which of these people currently live with you?
- C. Since you became pregnant, has anyone you lived with worked in agriculture or any other job on this list? **[READ CARD 14]**
 NO.....(BOTTOM)....0
 YES.....1
- D. **[IF YES]** Since you became pregnant, what jobs have they done? **[USE CODES ON CARD 14]**

[CODE 1 = CURRENTLY LIVING IN HOME]
[CODE 0 = OTHERWISE]

[IF YES]: Who?

[CODE 1=AGRICULTURE] 1. JOB CODE 2. JOB CODE
[CODE 0 = OTHERWISE]

NAME AND RELATIONSHIP	↓					
1. _____	↓	---	---	---	---	---
2. _____	↓	---	---	---	---	---
3. _____	↓	---	---	---	---	---
4. _____	↓	---	---	---	---	---
5. _____	↓	---	---	---	---	---
6. _____	↓	---	---	---	---	---
7. _____	↓	---	---	---	---	---
8. _____	↓	---	---	---	---	---
9. _____	↓	---	---	---	---	---
10. _____	↓	---	---	---	---	---
11. _____	↓	---	---	---	---	---
12. _____	↓	---	---	---	---	---
13. _____	↓	---	---	---	---	---
14. _____	↓	---	---	---	---	---
15. _____	↓	---	---	---	---	---
16. _____	↓	---	---	---	---	---

HUSBAND/PARTNER	FATHER	BROTHER-IN-LAW	[IF NO HOUSEHOLD MEMBERS HAVE WORKED AT THESE JOBS (INCLUDING INTERVIEWEE: ALL Q141 and Q146=NO), SKIP TO Q232]
YOUR SON	FATHER-IN-LAW	COUSIN	
YOUR DAUGHTER	AUNT	NIECE	
STEPSON	UNCLE	NEPHEW	
STEPDAUGHTER	SISTER	FRIEND/ROOMMATE/BO	
MOTHER	SISTER-IN-LAW	ARDER	
MOTHER-IN-LAW	BROTHER	OTHER	

HOUSEHOLD MEMBERS (CONT.)

I would like you to think about all the people who currently live with you, [including yourself (IF SHE IS AN AGRICULTURAL WORKER)], who you told me work in any of these agricultural jobs. **[SHOW CARD 14]** Remember, these people are _____ **[REFER TO LIST IN Q220 AND REPEAT NAMES OF PEOPLE IN AGRICULTURE WHO SHE IS CURRENTLY LIVING WITH (1 IN COLUMN B AND C); INCLUDE HER IF SHE IS AN AGRICULTURAL WORKER.]** I would like to ask you about their habits since you have been pregnant.

221. How many of the people you currently live with, [including yourself (IF SHE IS AN AGRICULTURAL WORKER)] are required by their employer to wear protective clothing or equipment to prevent pesticide exposure at work? This is clothing worn in addition to their regular work clothes. _____ PEOPLE

**[00=NONE; 99=DK]
[IF NONE, SKIP TO 223]**

222. Is any of this protective clothing stored inside your home since you have been pregnant? A garage or shed does not count as inside.

NO.....	0
YES.....	1
DK.....	9

223. How many of these people [including yourself] usually wear their workshoes into your current home? _____ PEOPLE

Remember, these people are _____ **[REPEAT LIST FROM Q220].** **[00=NONE; 99=DK]**

224. How many of these people [including yourself] usually wear their regular work clothes when they enter your current home? _____ PEOPLE

**[00=NONE; 99=DK]
[IF NONE, SKIP TO 226]**

225. Do any of these people wear their regular work clothes in your home for more than 1/2 hour before they change?

NO.....	0
YES.....	1
DK.....	9

HOUSEHOLD MEMBERS (CONT.)

226.	Where are these regular work clothes usually kept until they are washed?	Inside your home..... 1 Outside or garage..... 2 Other..... 3 Specify _____ DK..... 9
227.	Are these regular work clothes kept separately from other family clothes?	NO..... 0 YES..... 1 DK..... 9
228.	Are the work clothes kept in sealed bags or sealed containers used only for this clothing?	NO..... 0 YES..... 1 DK..... 9
229.	Are these work clothes washed at home, at work, at a laundromat, or by a laundry service?	AT HOME..... 1 AT WORK..... 2 AT LAUNDROMAT..... 3 AT LAUNDRY SERVICE..... 4 DK..... 9
230.	<u>Since you became pregnant</u> , are you the person who usually washes these work clothes?	NO..... 0 YES..... 1
231.	Are these work clothes mixed with the family wash or washed separately?	MIXED WITH FAMILY WASH..... 1 WASHED SEPARATELY..... 2 DK..... 9
232.	Does anyone store containers or bags of pesticides from work in or around the home you live in now?	NO..... 0 YES..... 1 DK..... 9

O. MEDICAL TESTING

Now I would like to ask about any previous medical tests you may have had for pesticide exposure.

- | | | | |
|------|---|-------------------|---|
| 233. | Have you <u>ever</u> had a blood test to see if you were exposed to pesticides? | NO.....(236)..... | 0 |
| | | YES..... | 1 |
| 234. | Did a doctor <u>ever</u> tell you the results were abnormal? | NO.....(236)..... | 0 |
| | | YES..... | 1 |
| | | DK.....(236)..... | 9 |
| 235. | Do you know the year and month of the abnormal results? | ___ / ___ | |
| | | MO YR | |
| | | [99/11=DK] | |

P. OTHER EXPOSURES AND CONCERNS

Before we end I would like to ask you about other exposures you may have had during your pregnancy and find out if there is anything we may have missed that you would like to tell us about.

- | | | | |
|------|--|----------|---|
| 236. | Since you became pregnant, have you or anyone else done any painting inside <u>your</u> home? | NO..... | 0 |
| | | YES..... | 1 |
| | | DK..... | 9 |
| 237. | Since you became pregnant, have you ridden in a car or van that agricultural workers usually use to go back and forth to the fields? | NO..... | 0 |
| | | YES..... | 1 |
| | | DK..... | 9 |
| 238. | Since you became pregnant, have you used any canned foods from Mexico or foods stored in ceramics from Mexico? | NO..... | 0 |
| | | YES..... | 1 |
| | | DK..... | 9 |
| 239. | Since you became pregnant, have you used any ceramic pots, plates, or mortar and pestle from Mexico? | NO..... | 0 |
| | | YES..... | 1 |
| | | DK..... | 9 |

OTHER EXPOSURES AND CONCERNS (CONT.)

240.	Are you aware of any pesticides or herbicides that you may have been in contact with during your pregnancy which you have not already told me about?	NO.....	0
		YES.....	1
		DK.....	9

A. Please explain: _____

241.	Do you know of any effects that pesticides or other environmental exposures in the Salinas Valley may have had on you or your family? Please mention any and all problems that come to mind.	NO.....	0
		YES.....	1
		DK.....	9

A. Please explain: _____

242. Are there any concerns about your health or about any environmental exposures that you would like us to know about?

P6. TIME ENDED: __ __: __ __ AM/PM

P7. INTERVIEW DURATION: __ __: __ __

[IF NO URINE SAMPLE YET]: We need to get a urine sample before you leave.

I just want to quickly review the questionnaire to make sure I haven't skipped any questions.

Before you leave, I will need to get some information about people who know how to reach you in case we lose contact with you because of a move or some other reason.

Now we need to make the appointment for the home visit to collect dust samples. [SCHEDULE APPOINTMENT] I would also like to schedule your 26 week visit. I will call to remind you. Remember you will need to bring your vitamins and medications to that visit. So if you take anything in the meantime, please save the containers.

Here are the store coupons to thank you for your participation.

The interview is complete. Thank you for answering these questions today. END

INTERVIEWER REMARKS

PLEASE ANSWER THE FOLLOWING QUESTIONS IMMEDIATELY AFTER COMPLETING THE INTERVIEW.

Overall, respondent's cooperation was:

Excellent.....	1
Good.....	2
Fair.....	3
Poor.....	4

Circle the code that best describes the quality of information provided by the subject for each section of the interview. If Code 3 or 4 are circled, please specify the reason.

	High Quality	Generally Reliable	Questionable	Unsatisfactory	Not Applicable	Reason
A. General Demographic Information	1	2	3	4	5	
B. Personal Habits Information	1	2	3	4	5	
C. Medical History	1	2	3	4	5	
D. Pregnancy History	1	2	3	4	5	
E. Paternal Demographics/ Habits	1	2	3	4	5	
F. Menstrual Cycle and Fertility History	1	2	3	4	5	
G. Time to Conception	1	2	3	4	5	
H. Social Support	1	2	3	4	5	
I. Occupational Information/ Physical Exertion	1	2	3	4	5	
J. Housing Characteristics	1	2	3	4	5	
K. House Cleaning	1	2	3	4	5	
L. Pesticide Use	1	2	3	4	5	
M. Pets	1	2	3	4	5	
N. Household Members	1	2	3	4	5	
O. Medical Testing	1	2	3	4	5	
P. Other Exposures and Concerns	1	2	3	4	5	

APPENDICES

APPENDIX A: PREGNANCY HISTORY

	PREGNANCY	I. Ninth	J. Tenth	K. Eleventh
A1.	<p>Tell me what was the outcome of your <u>ninth</u> (tenth, etc.) pregnancy. Was it a...?</p> <p>Live born baby.....1</p> <p>Miscarriage/Spontaneous Abortion (< 20 weeks gestation).....2</p> <p>Induced Abortion.....3</p> <p>Stillbirth (≥ 20 weeks gestation)... ..4</p> <p>Ectopic (tubal) pregnancy.....5</p> <p>Molar Pregnancy.....6</p> <p>Don't know.....9</p>	<p>—</p> <p>[CODE 1 IF MULTIPLE BIRTH]</p> <p>↓</p>	<p>—</p> <p>[CODE 1 IF MULTIPLE BIRTH]</p> <p>↓</p>	<p>—</p> <p>[CODE 1 IF MULTIPLE BIRTH]</p> <p>↓</p>
A2.	<p>On what date (was this baby born) (did this pregnancy end)?</p> <p>[99/99/11=DK]</p>	<p>— / — / —</p> <p>MO/DAY/YR</p>	<p>— / — / —</p> <p>MO/DAY/YR</p>	<p>— / — / —</p> <p>MO/DAY/YR</p>
A3.	<p>How many weeks did this pregnancy last?</p> <p>[PROBE MO IF WK UNKNOWN]:</p> <p>[IF DK, ASK]: Was it full term, 37-40 weeks, or 9 months?</p> <p>[94=NOT FULL TERM] [95=FULL TERM]</p>	<p>— — WK</p> <p>MO</p>	<p>— — WK</p> <p>MO</p>	<p>— — WK</p> <p>MO</p>
A4.	<p>Did you work in agriculture during this pregnancy? By agriculture I mean...:</p> <p>[READ CARD 5]</p> <p>NO.....(A6)..... 0</p> <p>YES..... 1</p>	<p>—</p>	<p>—</p>	<p>—</p>
A5.	<p>Did you do farm/ field work during this pregnancy? By farm work I mean....</p> <p>[READ CARD 6]</p> <p>NO..... 0</p> <p>YES..... 1</p>	<p>—</p>	<p>—</p>	<p>—</p>
A6.	<p>[CONTINUE IF LIVE BIRTH (A1=1); SKIP TO NEXT COLUMN IF NOT LIVE BIRTH (A1=2-9)]</p> <p>Is this child a boy or a girl?</p> <p>GIRL..... 2</p>	<p>—</p>	<p>—</p>	<p>—</p>
A7.	<p>What is the child's name?</p>	<p>_____</p> <p>↓</p>	<p>_____</p> <p>↓</p>	<p>_____</p> <p>↓</p>

PREGNANCY HISTORY (CONT.)

L. Twelfth	M. Thirteenth	N. Fourteenth	O. Fifteenth	P. Sixteenth
—	—	—	—	—
[CODE 1 IF MULTIPLE BIRTH] ↓				
—/—/— MO/DAY/YR	—/—/— MO/DAY/YR	—/—/— MO/DAY/YR	—/—/— MO/DAY/YR	—/—/— MO/DAY/YR
— WK MO				
—	—	—	—	—
—	—	—	—	—
—	—	—	—	—
— ↓	— ↓	— ↓	— ↓	— ↓

PREGNANCY HISTORY (CONT.)

PREGNANCY		I. Ninth	J. Tenth	K. Eleventh
A8.	[LIVE BIRTHS ONLY CONTINUED] Did you deliver [NAME] by...: Vaginal delivery?..... 1 Caesarian section?..... 2	— ↓	— ↓	— ↓
A9.	How much did [NAME] weigh when s(he) was born? [IF DK] Did [NAME] weigh less than 2500g or 5 lbs 8 oz.? [CODE 9994 FOR <2500g, CODE 9995 FOR >2500g, ENTER IN G]	____G OR __ LBS __ OZ	____G OR __ LBS __ OZ	____G OR __ LBS __ OZ
A10	Did [NAME] have any birth defects or other diseases at birth? NO..... 0 YES.....(Specify)..... 1 DK..... 9 [CODE LATER]	1. ____ _____ _____ 2. ____ _____ _____	1. ____ _____ _____ 2. ____ _____ _____	1. ____ _____ _____ 2. ____ _____ _____
A11	During this pregnancy, did the doctor diagnose you with... [INSERT CONDITION] NO..... 0 YES..... 1 DK..... 9			
	A. High blood pressure, preeclampsia, toxemia, or eclampsia?	—	—	—
	B. Diabetes or high blood sugar?	—	—	—
	C. Premature labor?	—	—	—
	D. Some other pregnancy complication? (Specify) [CODE LATER]	_____ _____	_____ _____	_____ _____
A12	Did you breastfeed [NAME] ? NO.....(A14)..... 0 YES..... 1	—	—	—
A13	How many months old was [NAME] when you stopped breastfeeding? [96=CURRENTLY BREASTFEEDING] [98=<1 month old] [99=DK]	__MO	__MO	__MO
A14	Has [NAME] ever been diagnosed with psychological or learning problems, respiratory or breathing problems, including asthma, or any other chronic health problems? NO..... 0 YES.....(Specify)..... 1 DK..... 9 [CODE LATER]	1. ____ _____ _____ 2. ____ _____ _____	1. ____ _____ _____ 2. ____ _____ _____	1. ____ _____ _____ 2. ____ _____ _____

PREGNANCY HISTORY (CONT.)

L. Twelfth	M. Thirteenth	N. Fourteenth	O. Fifteenth	P. Sixteenth
— ↓	— ↓	— ↓	— ↓	— ↓
_____G OR ___ LBS ___ OZ				
1. _____ _____ _____ 2. _____ _____ _____				
—	—	—	—	—
—	—	—	—	—
— _____	— _____	— _____	— _____	— _____
—	—	—	—	—
— MO	— MO	— MO	— MO	— MO
1. _____ _____ _____ 2. _____ _____ _____				

APPENDIX B: OCCUPATIONAL INFORMATION/PHYSICAL EXERTION

		D. Job 4	E. Job 5	F. Job 6
B1.	When did you first start working at this job?	$\frac{\text{---}}{\text{MO}} / \frac{\text{---}}{\text{YR}}$ ↓	$\frac{\text{---}}{\text{MO}} / \frac{\text{---}}{\text{YR}}$ ↓	$\frac{\text{---}}{\text{MO}} / \frac{\text{---}}{\text{YR}}$ ↓
B2.	Are you currently working at this job?	NO.....0 YES.....(B4).....1	NO.....0 YES.....(B4).....1	NO.....0 YES.....(B4).....1
B3.	When did you last work at this job?	$\frac{\text{---}}{\text{MO}} / \frac{\text{---}}{\text{YR}}$ [GO TO QB5]	$\frac{\text{---}}{\text{MO}} / \frac{\text{---}}{\text{YR}}$ [GO TO QB5]	$\frac{\text{---}}{\text{MO}} / \frac{\text{---}}{\text{YR}}$ [GO TO QB5]
B4.	In what week of pregnancy do you plan to stop working? [PROBE months if weeks unknown] [CODE 95= WHEN DOCTOR SAYS I CAN QUIT] [CODE 96=WILL WORK AS LONG AS POSSIBLE/ UNTIL CHILDBIRTH]	$\frac{\text{---}}{\text{---}} \frac{\text{---}}{\text{---}}$ WKS MOS GESTATION	$\frac{\text{---}}{\text{---}} \frac{\text{---}}{\text{---}}$ WKS MOS GESTATION	$\frac{\text{---}}{\text{---}} \frac{\text{---}}{\text{---}}$ WKS MOS GESTATION
B5.	How many hours <u>per week</u> do (did) you work at this job?	$\frac{\text{---}}{\text{---}} \frac{\text{---}}{\text{---}}$ HOURS/WK	$\frac{\text{---}}{\text{---}} \frac{\text{---}}{\text{---}}$ HOURS/WK	$\frac{\text{---}}{\text{---}} \frac{\text{---}}{\text{---}}$ HOURS/WK

OCCUPATIONAL INFORMATION/PHYSICAL EXERTION (CONT.)

		D. Job 4	E. Job 5	F. Job 6
B6.	<u>Since you became pregnant</u> , at this job did you do...			
	A. Fertilizer handling and application?.....	NO.....0 YES.....1	NO.....0 YES.....1	NO.....0 YES.....1
	B. Agriculture pesticide handling?.	NO.....0 YES.....1	NO.....0 YES.....1	NO.....0 YES.....1
	C. Equipment or tractor operator?.	NO.....0 YES.....1	NO.....0 YES.....1	NO.....0 YES.....1
	D. Foreman of agriculture work?.	NO.....0 YES.....1	NO.....0 YES.....1	NO.....0 YES.....1
	E. Other farm fieldwork, such as harvesting, thinning, or weeding?.....	NO.....0 YES.....1	NO.....0 YES.....1	NO.....0 YES.....1
	F. Packing shed work with fruits, vegetables, or flowers ?.....	NO.....0 YES.....1	NO.....0 YES.....1	NO.....0 YES.....1
	G. Work in a nursery or greenhouse?.....	NO.....0 YES.....1	NO.....0 YES.....1	NO.....0 YES.....1
		[IF ALL = NO, SKIP TO B10]	[IF ALL = NO, SKIP TO B10]	[IF ALL = NO, SKIP TO B10]
B7.	Who do/did you work for at this job? [CODE LATER]	_____	_____	_____
B8.	Is this a farm labor contractor?	NO.....0 YES.....1	NO.....0 YES.....1	NO.....0 YES.....1

OCCUPATIONAL INFORMATION/PHYSICAL EXERTION (CONT.)

		D. Job 4	E. Job 5	F. Job 6
B9.	<p><u>During this pregnancy</u>, what crop(s) have you worked with at this job? [CODE ALL THAT APPLY]</p> <p>Lettuce.....01 Grapes/vineyards.....02 Broccoli.....03 Brussels sprouts.....04 Asparagus.....05 Strawberries.....06 Tomatoes.....07 Carrots.....08 Lemon trees.....09 Artichokes.....10 Cauliflower.....11 Flowers.....12 Onions.....13 Other....._ _ Specify _____ [CODE LATER]</p>	<p>1. ___</p> <p>2. ___</p> <p>3. ___</p> <p>4. ___</p>	<p>1. ___</p> <p>2. ___</p> <p>3. ___</p> <p>4. ___</p>	<p>1. ___</p> <p>2. ___</p> <p>3. ___</p> <p>4. ___</p>
B10.	<p><u>During this pregnancy</u>, at this job did you do...</p> <p>A. Golf course or other landscape maintenance?.....</p> <p>B. Control for termites or other pests in homes or other buildings?.....</p> <p>C. Work in a cannery, winery or food processing plant where you handle fruits or vegetables?.....</p>	<p>NO.....0 YES.....1</p> <p>NO.....0 YES.....1</p> <p>NO.....0 YES.....1</p>	<p>NO.....0 YES.....1</p> <p>NO.....0 YES.....1</p> <p>NO.....0 YES.....1</p>	<p>NO.....0 YES.....1</p> <p>NO.....0 YES.....1</p> <p>NO.....0 YES.....1</p>

OCCUPATIONAL INFORMATION/PHYSICAL EXERTION (CONT.)

		D. Job 4	E. Job 5	F. Job 6
B11.	<u>Since you became pregnant</u> , do/did you apply pesticides or insecticides at this job?	NO.....0 YES... (B14).....1	NO.....0 YES.....(B14).....1	NO.....0 YES.....(B14).....1
B12.	<u>Since you became pregnant</u> , do/did you ever handle containers of pesticides or insecticides at this job?	NO.....0 YES....(B14).....1	NO.....0 YES.....(B14).....1	NO.....0 YES.....(B14).....1
B13.	<u>Since you became pregnant</u> , are/were pesticides or insecticides used at this job?	NO..(B14 or B18)*.0 YES.....1 DK..(B14 or B18)*.9 *[SKIP TO B14 IF ANY IN B6 OR B10=YES] [SKIP TO B18 IF ALL IN B6 AND B10=NO]	NO..(B14 or B18)*.0 YES.....1 DK..(B14 or B18)*.9 *[SKIP TO B14 IF ANY IN B6 OR B10=YES] [SKIP TO B18 IF ALL IN B6 AND B10=NO]	NO..(B14 or B18)*.0 YES.....1 DK..(B14 or B18)*.9 *[SKIP TO B14 IF ANY IN B6 OR B10=YES] [SKIP TO B18 IF ALL IN B6 AND B10=NO]
B14.	<u>During this pregnancy</u> , have you usually worn at this job...			
	A. Long-sleeved shirt?.....	NO.....0 YES.....1	NO.....0 YES.....1	NO.....0 YES.....1
	B. Cotton gloves?.....	NO.....0 YES.....1	NO.....0 YES.....1	NO.....0 YES.....1
	C. Hat or something covering your head?.....	NO.....0 YES.....1	NO.....0 YES.....1	NO.....0 YES.....1
	D. Scarf/handkerchief to cover your face?.....	NO.....0 YES.....1	NO.....0 YES.....1	NO.....0 YES.....1
	E. Rubber boots?.....	NO.....0 YES.....1	NO.....0 YES.....1	NO.....0 YES.....1

OCCUPATIONAL INFORMATION/PHYSICAL EXERTION (CONT.)

		D. Job 4	E. Job 5	F. Job 6
B15.	<u>During this pregnancy</u> , have you been required to wear protective clothing to prevent pesticide exposure at this job, such as....			
	A. Coveralls?.....	NO.....0 YES.....1	NO.....0 YES.....1	NO.....0 YES.....1
	B. Rubber apron?.....	NO.....0 YES.....1	NO.....0 YES.....1	NO.....0 YES.....1
	C. Rubber gloves?.....	NO.....0 YES.....1	NO.....0 YES.....1	NO.....0 YES.....1
	D. Protective hood?.....	NO.....0 YES.....1	NO.....0 YES.....1	NO.....0 YES.....1
	E. Dust mask?.....	NO.....0 YES.....1	NO.....0 YES.....1	NO.....0 YES.....1
	F. Respirator?.....	NO.....0 YES.....1	NO.....0 YES.....1	NO.....0 YES.....1
	G. Eye protection (safety goggles)?.....	NO.....0 YES.....1	NO.....0 YES.....1	NO.....0 YES.....1
	H. Rubber boots?.....	NO.....0 YES.....1	NO.....0 YES.....1	NO.....0 YES.....1
	B16.	<u>During this pregnancy</u> when you are/were at this job, do/did you wash your hands before eating or smoking?		
Always.....1		—	—	—
Usually.....2				
Sometimes.....3				
Never.....4				

OCCUPATIONAL INFORMATION/PHYSICAL EXERTION (CONT.)

		D. Job 4	E. Job 5	F. Job 6
B17.	<p>During the time you worked at this job, did you usually bathe or shower...?</p> <p>Daily, before work.....1 Daily, immediately after arriving home from work.....2 Daily, more than 1 hour after arriving home3 Several times a week4 Once a week or less often5</p> <p>[CODE ALL THAT APPLY]</p>	<p>1. ____</p> <p>2. ____</p> <p>[SKIP TO B20]</p>	<p>1. ____</p> <p>2. ____</p> <p>[SKIP TO B20]</p>	<p>1. ____</p> <p>2. ____</p> <p>[SKIP TO B20]</p>
B18.	<p>What work do/did you do?</p> <p>[CODE LATER]</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>↓</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>↓</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>↓</p>
B19.	<p>In what industry is this job?</p> <p>[CODE LATER]</p>	<p>_____</p> <p>_____</p> <p>_____</p>	<p>_____</p> <p>_____</p> <p>_____</p>	<p>_____</p> <p>_____</p> <p>_____</p>
B20.	<p>How hard is/was the <u>physical</u> work of your job? Would you say it is/was:</p> <p>Very strenuous.....1 Somewhat strenuous.....2 Not very strenuous.....3 Not at all strenuous.....4 DK.....9</p>	<p>_____</p>	<p>_____</p>	<p>_____</p>
B21.	<p><u>During this pregnancy</u>, how many hours per day do/did you stand on your feet at this job?</p>	<p>___ HOURS/DAY</p>	<p>___ HOURS/DAY</p>	<p>___ HOURS/DAY</p>
B22.	<p>How many hours per day do/did you spend stooping or bending at this job?</p>	<p>___ HOURS/DAY</p>	<p>___ HOURS/DAY</p>	<p>___ HOURS/DAY</p>

OCCUPATIONAL INFORMATION/PHYSICAL EXERTION (CONT.)

		D. Job 4	E. Job 5	F. Job 6
B23.	<u>Since you became pregnant</u> , have you experienced any symptoms or illnesses that you associate with your job, such as....			
	A. Headache?.....	NO.....0 YES.....1	NO.....0 YES.....1	NO.....0 YES.....1
	B. Dizziness?.....	NO.....0 YES.....1	NO.....0 YES.....1	NO.....0 YES.....1
	C. Shortness of breath?.....	NO.....0 YES.....1	NO.....0 YES.....1	NO.....0 YES.....1
	D. Back pain?.....	NO.....0 YES.....1	NO.....0 YES.....1	NO.....0 YES.....1
				[CONTINUE WITH Q164]
B24.	Did you have another job since you became pregnant?	NO.....(164).....0 YES...(B1 col.2)...1 [IF YES] Now let's talk about your fifth job	NO.....(164).....0 YES...(B1 col.3)...1 [IF YES] Now let's talk about your sixth job	

APPENDIX C: HOUSING CHARACTERISTICS

		D. Home 4	E. Home 5	F. Home 6
C1.	In which city or town is this home? [CODE LATER]	_____ _____ _____↓	_____ _____ _____↓	_____ _____ _____↓
C2.	When did you begin living in this home?	___/___/___ to ___/___/___ MO/YR MO/YR	___/___/___ to ___/___/___ MO/YR MO/YR	___/___/___ to ___/___/___ MO/YR MO/YR
C3.	Which of these pictures <u>best</u> describes this home? [SHOW PICTURE: CARD 10] House.....01 House with 2 apartments.....02 Building with 3 or more apartments.....03 Trailer/ mobile home.....04 House in fields/ Migrant camp.....05 Garage.....06 Shelter or dormitory.....07 Hotel/Motel.....08 Other.....09 Specify _____	_____	_____	_____
C4.	How far is/was this home from the nearest field or orchard? [GIVE CLINIC REFERENCES] < 50 ft (15 meters).....1 50-200 ft (15-60 m).....2 >200 ft but < ¼ mile (60-400 m).....3 ¼ mile (400 m) or more...(C7)....4 DK.....9	_____	_____	_____

HOUSING CHARACTERISTICS (CONT.)

		D. Home 4	E. Home 5	F. Home 6
C5.	<p>How close is this home to a field that has been covered by a white or clear tarp <u>during your pregnancy</u>?</p> <p>[SHOW PICTURE: CARD 11] [GIVE CLINIC REFERENCES]</p> <p>< 50 ft (15 meters).....1 50-200 ft (15-60 m).....2 >200 ft but < ¼ mile (60-400 m).....3 ¼ mile (400 m) or more.....4 DK.....9</p>	<p>_____</p> <p>↓</p>	<p>_____</p> <p>↓</p>	<p>_____</p> <p>↓</p>
C6.	<p>How close is this home to a field where strawberries were grown <u>during this pregnancy</u>?</p> <p>[GIVE CLINIC REFERENCES]</p> <p>< 50 ft (15 meters).....1 50-200 ft (15-60 m).....2 >200 ft but < ¼ mile (60-400 m).....3 ¼ mile (400 m) or more.....4 DK.....9</p>	<p>_____</p>	<p>_____</p>	<p>_____</p>
C7.	<p>How close is this home to a golf course?</p> <p>[GIVE CLINIC REFERENCES CARD 20]</p> <p>< 50 ft (15 meters).....1 50-200 ft (15-60 m).....2 >200 ft but < ¼ mile (60-400 m).....3 ¼ mile (400 m) or more.....4 DK.....9</p>	<p>_____</p>	<p>_____</p>	<p>_____</p>
C8.	<p>Do you usually use tap water for <u>cooking</u> in this house?</p> <p>NO.....0 YES.....1</p>	<p>_____</p>	<p>_____</p>	<p>_____</p>

HOUSING CHARACTERISTICS (CONT.)

		D. Home 4	E. Home 5	F. Home 6
C9.	Do you usually use tap water for <u>drinking</u> in this house? NO.....0 YES.....1	_____	_____	_____
				[CONTINUE WITH Q175]
C10.	Have you lived in another home since you became pregnant?	NO.....(175).....0 YES...(C1 col.2)...1 [IF YES]: Now I would like to talk about the fifth place you lived.	NO.....(175).....0 YES...(C1 col.3)...1 [IF YES]: Now I would like to talk about the sixth place you lived.	

APPENDIX D: HOUSEHOLD MEMBERS

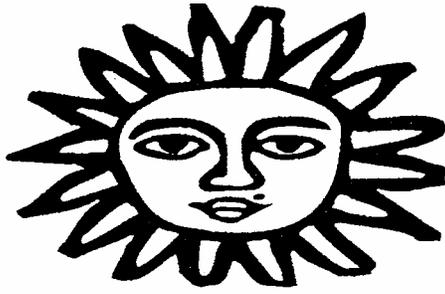
- D1. A. What are the first names of all of the people who have lived with you since you became pregnant, even people who do not currently live with you? **[AFTER EACH PERSON ASK]:** How is this person related to you? **[USE CODES BELOW]**
- B. Which of these people currently live with you?
- C. Since you became pregnant, has anyone you lived with worked in agriculture or any other job on this list?
[READ CARD 14]
 NO.....(BOTTOM)....0
 YES.....1
- D. **[IF YES]** Since you became pregnant, what jobs have they done?
[USE CODES ON CARD 14]
 ↓

[CODE 1 = CURRENTLY LIVING IN HOME]
[CODE 0 = OTHERWISE] [IF YES] Who?

NAME AND RELATIONSHIP	↓	[CODE 1 = AGRICULTURE] [CODE 0 = OTHERWISE]	↓	[CODE 1 = AGRICULTURE] [CODE 0 = OTHERWISE]	1. JOB CODE	2. JOB CODE
17. _____	---	---	---	---	---	---
18. _____	---	---	---	---	---	---
19. _____	---	---	---	---	---	---
20. _____	---	---	---	---	---	---
21. _____	---	---	---	---	---	---
22. _____	---	---	---	---	---	---
23. _____	---	---	---	---	---	---
24. _____	---	---	---	---	---	---
25. _____	---	---	---	---	---	---
26. _____	---	---	---	---	---	---
27. _____	---	---	---	---	---	---
28. _____	---	---	---	---	---	---
29. _____	---	---	---	---	---	---
30. _____	---	---	---	---	---	---

- | | | |
|---------------------|-------------------|---------------------------------|
| 01. HUSBAND/PARTNER | 08. FATHER | 15. BROTHER-IN-LAW |
| 02. YOUR SON | 09. FATHER-IN-LAW | 16. COUSIN |
| 03. YOUR DAUGHTER | 10. AUNT | 17. NIECE |
| 04. STEPSON | 11. UNCLE | 18. NEPHEW |
| 05. STEPDAUGHTER | 12. SISTER | 19. FRIEND/ROOMMATE/
BOARDER |
| 06. MOTHER | 13. SISTER-IN-LAW | 20. OTHER |
| 07. MOTHER-IN-LAW | 14. BROTHER | |

[IF NO HOUSEHOLD MEMBERS HAVE WORKED AT THESE JOBS (INCLUDING INTERVIEWEE: ALL Q141 and Q146=0), SKIP TO Q232]



QC Review:	Date	ID
Initial SI	__ / __ / __	__
Initial FC	__ / __ / __	__
Final SI	__ / __ / __	__
Final FC	__ / __ / __	__

CHAMACOS STUDY

24- Month Questionnaire

M1. Mom's Height:	_____ . __ cm
M2. Mom's Weight:	_____ . __ lbs

Language:
English.....1
Spanish.....
2

P1. Date of Interview: _____ / _____ / _____ [MARK CALENDAR]
MO DAY YR

P2. Location of Interview: _____ [CODE]

P3. Time interview began: _____ : _____ AM/PM

P4. Interviewer's name: _____ [CODE]

FILL IN ITEMS P5-P9 BEFORE BEGINNING THE QUESTIONNAIRE

P5. Child's name: _____

P6. Child's birth date: _____ / _____ / _____ [MARK CALENDAR]
MO DAY YR

P7. Date of last interview: _____ / _____ / _____ [MARK CALENDAR]
MO DAY YR

P8. Child's age at last interview: _____ COMPLETED MONTHS

P9. Child's age today: _____ COMPLETED MONTHS

Thank you for taking the time to meet with me today. I would like to ask you some questions about your child's health and development since the last time we spoke. I will also ask other questions about your child's environment, including your home, the people involved in your child's life, and other everyday habits. Please interrupt me if you don't understand the question or you need more information.

Your child is currently _____ months [INSERT COMPLETED MONTHS FROM P9] or _____ years and _____ months old. Is that correct?

This interview will be about the time since we last spoke with you until today, that is, the time since _____ / _____ / _____ [INSERT P7] [SHOW CALENDAR AND REPEAT DATE].
MO DAY YR

A. MEDICAL HISTORY

First I would like to ask you about your child's health since the last time we spoke.

- | | | | |
|--|--|-----------------|--------------|
| 1. | How many colds has your child had <u>since the last time we spoke</u> ? | | __ __ COLDS |
| 2. | Did he/she have a cough with (any of) the cold(s)? | NO..... | 0 |
| | | YES..... | 1 |
| 3. | Did he/she wheeze with (any of) the cold(s)? | NO..... | 0 |
| | | YES..... | 1 |
| | | DK..... | 9 |
| 4. | Did he/she have difficulty breathing with (any of) the cold(s)? I am referring only to difficulty breathing because of a chest problem and <u>not</u> because of nasal stuffiness. | NO..... | 0 |
| | | YES..... | 1 |
| SKIP TO Q6 IF NO TO Q3 AND Q4 | | | |
| 5. | Did he/she see a doctor or nurse for wheezing or difficulty breathing with (any of) the cold(s)? | NO..... | 0 |
| | | YES..... | 1 |
| 6. | Has he/she had wheezing when he/she <u>didn't</u> have a cold? | NO.....(8)..... | 0 |
| | | YES..... | 1 |
| | | DK.....(8)..... | 9 |
| 7. | Did he/she see a doctor or nurse for wheezing that was not with a cold? | NO..... | 0 |
| | | YES | 1 |
| SKIP TO Q9 IF NO WHEEZING [NO TO Q3 AND Q6] | | | |
| 8. | How old was your child when he/she had his/her first episode of wheezing with or without a cold? | | __ __ MONTHS |

MEDICAL HISTORY (CONT.)

10.	Since the last time we spoke, has the doctor or nurse given your child...		
	A. Albuterol or ventolin?	NO.....(C).....	0
		YES.....	1
		DK.....(C).....	9
	B. When was the last time your child took albuterol or ventolin?	Within the last week.....	1
		More than a week ago, but less than a month ago.....	2
		More than a month ago, but less than six months ago.....	3
		More than six months ago.....	4
		DK.....	9
	C. Prelone or pediaped?	NO.....(11).....	0
		YES.....	1
		DK.....(11).....	9
	D. When was the last time your child took prelong or pediaped?	Within the last week.....	1
		More than a week ago, but less than a month ago.....	2
		More than a month ago, but less than six months ago.....	3
		More than six months ago.....	4
		DK.....	9
11.	Since the last time we spoke, has the doctor or nurse given your child any medicine for asthma, wheezing, or difficulty breathing that you have not already told me about?	NO.....(14).....	0
		YES.....	1
		DK.....(14).....	9
12.	Was this medicine a ...		
	A. Syrup?	NO.....(14).....	0
		YES.....	1
	B. Solution to use in a nebulizer?	NO.....(14).....	0
	SHOW CARD 1	YES.....	1
13.	When was the last time your child took the syrup (and/or) nebulizer solution?	Within the last week.....	1
		More than a week ago, but less than a month ago.....	2
		More than a month ago, but less than six months ago.....	3
		More than six months ago.....	4
		DK.....	9

MEDICAL HISTORY (CONT.)

As we continue I would like to remind you that the questions refer to the time since the last time we spoke [SHOW CALENDAR AND REPEAT DATE].

14. Has a doctor or nurse told you that your child had eczema or an allergic skin rash? NO..... 0
 YES..... 1
 DK..... 9

15. Since the last time we spoke, has a doctor or nurse told you that your child had an ear infection? NO.....(16)..... 0
 YES..... 1
 DK..... 9

A. How many ear infections has he/she had? _____ INFECTIONS

16. Since the last time we spoke, has your child had a seizure? NO.....(17)..... 0
 YES..... 1

A. Was the seizure related to a high fever? NO..... 0
 YES..... 1

17. Since the last time we spoke, has your child been treated by a doctor or nurse for diarrhea? NO..... 0
 YES..... 1
 DK..... 9

18. Since the last time we spoke, has the doctor told you that your child has any birth defects? NO.....(19)..... 0
 YES..... 1

A. What birth defects did the doctor tell you your child has?
 1. _____
 2. _____
 [CODE LATER]
 [999.9 = DK]

MEDICAL HISTORY (CONT.)

As we continue I would like to remind you that the questions refer to the time since the last time we spoke [SHOW CALENDAR AND REPEAT DATE].

19. Since the last time we spoke, has your child been taken to the emergency room? NO.....(20)..... 0
 YES..... 1

A. Why was he/she taken to the emergency room? 1. _____
 2. _____ [CODE LATER]
 [999.9 = DK]

20. Since the last time we spoke, has your child had any surgeries or operations? NO.....(24)..... 0
 YES..... 1

A. How many surgeries or operations has he/she had? _____ SURGERIES

		A. First	B. Second	C. Third
21.	What was the (first, second, third) surgery that your child had?	_____._____ _____ _____ [CODE LATER] [99.99 = DK]	_____._____ _____ _____ [CODE LATER] [99.99 = DK]	_____._____ _____ _____ [CODE LATER] [99.99 = DK]
22.	Why did your child have the (first, second, third) surgery?	_____._____ _____ _____ [CODE LATER] [99.99 = DK]	_____._____ _____ _____ [CODE LATER] [99.99 = DK]	_____._____ _____ _____ [CODE LATER] [99.99 = DK]
23.	How old was your child when he/she had the (first, second, third) surgery?	____ MONTHS	____ MONTHS	____ MONTHS

MEDICAL HISTORY (CONT.)

24. Since the last time we spoke, has your child had to stay overnight in the hospital? NO.....(25)..... 0
 YES..... 1

A. How many times was he/she hospitalized? _____ TIMES

B. What was he/she hospitalized for? 1. _____

2. _____
 [CODE LATER]
 [999.9 = DK]

25. Since the last time we spoke has your child had any other illnesses or accidents that needed to be treated by a doctor that you have not told us about? NO.....(26)..... 0
 YES..... 1

A. What was your child treated for? 1. _____

2. _____
 [CODE LATER]
 [999.9 = DK]

MEDICAL HISTORY (CONT.)

26. Has your child gone to the doctor for at least one well child check-up since the last time we spoke? NO..... 0
 YES..... 1
27. Where does your child receive his/her regular well-child medical care?
 CLINICA CASTROVILLE..... 1
 CLINICA CIRCLE..... 2
 CLINICA GREENFIELD..... 3
 CLINICA SANBORN..... 4
 CLINICA SOLEDAD..... 5
 NATIVIDAD FAMILY PRACTICE CLINIC..... 6
 NATIVIDAD PEDIATRICS CLINIC..... 7
 DOES NOT RECEIVE WELL-CHILD CARE 8
 OTHER..... **
 Specify _____ [CODE LATER]

28.	A. <u>Since the last time we spoke</u> , has your child been seen by a doctor or nurse, (or hospitalized [IF YES TO Q19 OR Q24] or had a surgery [IF YES TO Q20]) at any facility other than Clinica de Salud del Valle de Salinas (CSVS), Natividad Medical Center, or the place you just told me about?	B. Where did your child see the doctor or nurse?	C. When did your child see the doctor or nurse?	D. What was the reason your child went to the doctor, nurse, or hospital?
	NO.....(29).....0 YES**.....(→).....1	1. Facility: ____ ** → _____ [CODE LATER]	1. ____ / ____ MO YR →	1. ____ . ____ _____ [CODE LATER]
		2. Facility: ____ ** → _____ [CODE LATER]	2. ____ / ____ MO YR →	2. ____ . ____ _____ [CODE LATER]
		3. Facility: ____ ** → _____ [CODE LATER]	3. ____ / ____ MO YR →	3. ____ . ____ _____ [CODE LATER]
		4. Facility: ____ ** → _____ [CODE LATER]	4. ____ / ____ MO YR →	4. ____ . ____ _____ [CODE LATER] [GO TO Q29]

**** IF SEEN SOMEWHERE OTHER THAN CLINICA DE SALUD DEL VALLE DE SALINAS (CSVS) OR NATIVIDAD MEDICAL CENTER, REQUEST MEDICAL RECORD RELEASE FOR EACH ADDITIONAL FACILITY.**

24- MONTH QUESTIONNAIRE
MEDICAL HISTORY (CONT.)

HSN: _____ - _____

As we continue I would like to remind you that the questions refer to the time since the last time we spoke
[SHOW CALENDAR AND REPEAT DATE].

- | | | | |
|-----|---|-----------------------------|---|
| 29. | Has your child had his/her teeth checked by a dentist? | NO..... | 0 |
| | | YES..... | 1 |
| 30. | Has your child taken any multivitamins, either as a tablet or liquid? | NO.....(34)..... | 0 |
| | | YES..... | 1 |
| 31. | Have these multivitamins contained iron? | NO..... | 0 |
| | | YES..... | 1 |
| | | DK | 9 |
| 32. | Have these multivitamins contained fluoride? | NO..... | 0 |
| | | YES..... | 1 |
| | | DK | 9 |
| 33. | How often has your child taken multivitamins? | Less than once a week | 1 |
| | | 1-3 times a week | 2 |
| | | 4-6 times a week | 3 |
| | | Every day | 4 |
| | | DK | 9 |
| 34. | Has your child taken fluoride in any form other than a multivitamin? | NO..... | 0 |
| | | YES..... | 1 |
| | | DK | 9 |

24- MONTH QUESTIONNAIRE
B. CHILD'S DIETARY INTAKE

HSN: _____ - _____

Now I would like to ask you some questions about what your child eats.

37. Since the last time we spoke, have you breastfed at all, even if only for a few days or weeks? NO.....(42)..... 0
 YES..... 1
38. Are you still breastfeeding? NO.....(40)..... 0
 YES..... 1
39. How many times per day do you currently breastfeed your child, on average? _____ TIMES/DAY
 [CODE 98 WKS IF<1/DAY]
 [SKIP TO 42]
40. How old was your child when you completely stopped breastfeeding? _____ WEEKS
 MONTHS
 [CODE 98 WKS IF<1 WEEK]
 [MARK CALENDAR]
41. Why did you stop breastfeeding? Tell me all that apply.
 [CODE ALL THAT APPLY]
- You did not want to anymore.....00
 Your child did not want to anymore.....01
 You did not have enough breast milk.....02
 You were concerned about your child's health03
 The doctor was concerned about your child's health04
 For work reasons.....05
- Specify _____
- Other reason _____
- Specify _____
 [CODE LATER]
1. _____
 2. _____
 3. _____
42. On average, how many meals per week does your child eat outside of your presence or that are not prepared by you? None..... 1
 Less than one a day..... 2
 One or more a day..... 3
 DK..... 9

24- MONTH QUESTIONNAIRE
CHILD DIETARY INTAKE (CONT.)

HSN: _____ - _____

Now I am going to ask you how often your child ate certain foods in the past seven days [CALENDAR]. Please answer: never, 1-2 times this week, 3-4 times this week, 5-6 times this week, once a day, twice a day, three or more times a day.

[READ AND SHOW CARD 2]

	Never	1-2 this week	3-4 this week	5-6 this week	1 per day	2 per day	3+ per day
43. <u>In the past seven days</u> , how often did your child drink:							
A. Cow's milk (including in cereal)?	1	2	3	4	5	6	7
B. Soymilk, rice milk or formula (including in cereal)?	1	2	3	4	5	6	7
C. Orange juice (not including Tampico or Sunny Delight)?	1	2	3	4	5	6	7
D. Apple juice or other 100% fruit juice?	1	2	3	4	5	6	7
E. Sodas, like Coca Cola or Sprite?	1	2	3	4	5	6	7
<u>In the past seven days</u> , how often did your child eat:	Never	1-2 this week	3-4 this week	5-6 this week	1 per day	2 per day	3+ per day
F. Beef?	1	2	3	4	5	6	7
G. Fish?	1	2	3	4	5	6	7
H. Chicken or any other meat?	1	2	3	4	5	6	7
I. Eggs?	1	2	3	4	5	6	7
J. Beans?	1	2	3	4	5	6	7
K. Yogurt, cream or cheese?	1	2	3	4	5	6	7
L. Cereal (hot or cold)?	1	2	3	4	5	6	7
M. Bread or tortillas?	1	2	3	4	5	6	7
N. Rice, pasta or potatoes?	1	2	3	4	5	6	7
O. Food from a fast food restaurant like McDonalds, Burger King or KFC?	1	2	3	4	5	6	7
P. Sweets, like candy, cookies, cake, ice cream, or pan dulce?	1	2	3	4	5	6	7
	Never	1-2 this week	3-4 this week	5-6 this week	1 per day	2 per day	3+ per day

	Never	1-2 this week	3-4 this week	5-6 this week	1 per day	2 per day	3+ per day
43. <u>In the past seven days</u> , how often did your child eat:							
Q. <u>Fresh</u> fruit (not jars of baby food or canned or frozen fruit)? This includes fruits that were mashed up or made into juice at home.	1	2	3	4	5	6	7
R. Fruit that was canned, frozen or in jars of baby food? [SHOW CARD 3]	1	2	3	4	5	6	7
S. <u>Fresh</u> vegetables (not jars of baby food or canned or frozen vegetables)? This includes vegetables that were mashed up or used in soups or other dishes.	1	2	3	4	5	6	7
T. Vegetables that were canned, frozen or in jars of baby food? [SHOW CARD 3]	1	2	3	4	5	6	7
	Never	1-2 this week	3-4 this week	5-6 this week	1 per day	2 per day	3+ per day

[IF NEVER TO FRESH FRUITS AND VEGETABLES ABOVE (Q43 Q, R, S, T ALL = NO), SKIP TO Q46]

44. Where did these fresh fruits and/or vegetables come from?

[CODE ALL THAT APPLY]

- | | | |
|---------------------------------------|---|--------|
| A store..... | 1 | 1. ___ |
| Vegetable or fruit stand..... | 2 | 2. ___ |
| Brought directly from the fields..... | 3 | 3. ___ |
| Home-grown fruits/vegetables..... | 4 | |
| DK..... | 9 | |

Tell me all that apply.

45. How much of these fresh fruits and/or vegetables were organic (grown without pesticides)?
- | | |
|--|---|
| All..... | 1 |
| More than half, but less than all..... | 2 |
| About half..... | 3 |
| Less than half, but more than none... | 4 |
| None..... | 5 |
| DK..... | 9 |

Now I would like to ask you a few more questions about your child's usual habits.

- | | | | |
|-----|---|---|---------------|
| 46. | When preparing fruits or vegetables with an inedible peel or rind, like oranges, bananas or melons, what do you usually do before feeding them to your child? | Peel only..... | 1 |
| | | Wash with water and then peel..... | 2 |
| | | Wash with soap and water and peel..... | 3 |
| | | CHILD DOES NOT EAT THIS KIND OF
FRUIT OR VEGETABLE | 4 |
| 47. | When preparing fruits or vegetables whose peel or skin could be eaten, like apples, peaches or pears, what do you usually do before feeding them to your child? | Peel only..... | 1 |
| | | Wash with water only..... | 2 |
| | | Wash with soap and water only..... | 3 |
| | | Wash and then peel..... | 4 |
| | | Do not peel or wash..... | 5 |
| | | CHILD DOES NOT EAT THIS KIND OF
FRUIT OR VEGETABLE | 6 |
| 48. | When preparing fruits or vegetables that are not peeled, like strawberries or grapes, what do you usually do before feeding them to your child? | Wash with water only..... | 1 |
| | | Wash with soap and water only..... | 2 |
| | | Do not wash..... | 3 |
| | | CHILD DOES NOT EAT THIS KIND OF
FRUIT OR VEGETABLE | 4 |
| 49. | When your child is given water to drink, or when foods such as formula or cereal are mixed with water, is... | A. Tap water used? | NO YES
0 1 |
| | | B. Bottled water used? | 0 1 |
| | | C. Filtered water used? | 0 1 |
| 50. | How many times are your child's hands usually washed or wiped off during the day? | 5 or more times..... | 1 |
| | | 3-4 times..... | 2 |
| | | 1-2 times..... | 3 |
| | | Never..... | 4 |
| | | DK..... | 9 |
| 51. | How often does your child usually place his/her fingers, thumb, hands, or feet in his/her mouth during a day? | Most of the time | 1 |
| | | Some of the time | 2 |
| | | Almost never | 3 |

24- MONTH QUESTIONNAIRE
CHILD DIETARY INTAKE (CONT.)

HSN: _____ - _____

52.	How often does your child suck on a pacifier?	Most of the time	1
		Some of the time	2
		Never	3
53.	How often does your child put toys or other objects in his/her mouth?	Most of the time	1
		Some of the time	2
		Almost never	3
54.	Does your child ever put dirt or sand in his/her mouth?	NO	0
		YES.....	1
55.	<u>Since the last time we spoke</u> , have you or anyone else used any ceramic pots, plates, or mortar and pestle from Mexico to prepare, store, or serve food for your child?	NO.....	0
		YES.....	1
		DK.....	9
56.	Has your child eaten any tamarind candies from Mexico?	NO.....	0
		YES.....	1
		DK.....	9

SMOKING EXPOSURE

Now I would like to ask you some questions about smoking. Remember I am referring to the time since we last spoke **[SHOW CALENDAR AND REPEAT DATE]**.

57. Have you smoked any cigarettes during this time? NO.....(61)..... 0
 YES..... 1
58. On average, how many cigarettes per day have you smoked? Include all smoking, even when you were not around your child. _____ CIGARETTES PER DAY
[CODE 98 IF < 1 CIG A DAY]
59. Do you still smoke? NO..... 0
 YES.....(61)..... 1
60. When did you stop smoking? _____ / _____
 MON YEAR
61. Since the last time we spoke, how many hours per day, on average, has your child been around someone (including yourself **[IF SHE IS A SMOKER]**) who is smoking? Please include time at home, childcare, away from home, and in the car. _____ HRS/DY
[00=NONE]
[98=< 1 HOUR]
[95 = YES TO AROUND SMOKE BUT DK HRS/DY]
62. How many people living in your home (including yourself **[IF SHE IS A SMOKER]**), have regularly smoked cigarettes inside the house? _____ MEMBERS
[00=NONE]

D. HOUSEHOLD INCOME

Now, I would like to ask you about your household income. I want to remind you that all of the information we receive from you is private and confidential. The clinic staff will not have access to this information. Please think about the time since the last time we spoke. **[SHOW CALENDAR AND REPEAT DATE]**

- | | | | |
|-----|---|---------------------------------|------------|
| 63. | How much money on average have you and other people who live with you <u>brought home</u> each month?
[READ CARD 4] | \$750 or less..... | 1 |
| | | \$751 to 1,500..... | 2 |
| | | \$1,501 to 2,000..... | 3 |
| | | \$2,001 to 2,500..... | 4 |
| | | \$2,501 to 3,000..... | 5 |
| | | \$3,001 and above..... | 6 |
| | | REFUSES TO ANSWER.....(65)..... | 7 |
| | | DK.....(65)..... | 9 |
| 64. | How many people including you and your child are supported by this income? This would include not only people in the home, but also anyone living somewhere else who receives some of this money. | | ___ PEOPLE |
| 65. | <u>Since the last time we spoke</u> , have you received... | | |
| | A. WIC? | NO..... | 0 |
| | | YES..... | 1 |
| | B. Food stamps? | NO..... | 0 |
| | | YES..... | 1 |
| | C. Other food assistance, such as emergency food or food from a food bank? | NO..... | 0 |
| | | YES..... | 1 |
| 66. | Do you ever feel like you do not have enough food to feed your child? | NO..... | 0 |
| | | YES..... | 1 |

E. MOTHER'S OCCUPATIONAL INFORMATION

Now I would like to ask you some questions about all of the jobs you have held since the last time we spoke [SHOW DATE]. **CALENDAR AND REPEAT**

67. Have you worked at a job, even if only for a brief time? NO..... 0
 YES.....(69)..... 1
68. Have you not worked because...
[CODE ALL THAT APPLY]
1. ____
 2. ____
 3. ____
 4. ____
- You were taking care of your child(ren)?.....01
 You got pregnant again?02
 You could not find work?03
 You did not want to?04
 Your husband did not want you to?05
 You couldn't find childcare?06
 Of another reason? __ __
 Specify _____
[CODE LATER]
- [SKIP TO Q90]**

Tell me all that apply.

69. How many different jobs have you worked at? _____ JOBS

Please only refer to the time period since the last time we spoke [SHOW CALENDAR AND REPEAT DATE].
[IF MORE THAN ONE JOB SAY:] Let's start with your current or most recent job.

		A. Job 1 or most recent job	B. Job 2	C. Job 3
70.	When did you first start working at this job? [CALENDAR]	____ / ____ MO / YR ↓	____ / ____ MO / YR ↓	____ / ____ MO / YR ↓
71.	Are you still working at this job?	NO.....0 YES.....(74).....1	NO.....0 YES.....(74).....1	NO.....0 YES.....(74).....1
72.	When did you last work at this job? [CALENDAR]	____ / ____ MO / YR	____ / ____ MO / YR	____ / ____ MO / YR
73.	Why did you stop working at this job? [CODE ALL THAT APPLY] To take care of your child(ren)...01 You got pregnant again.....02 You lost your job/Your work ended.....03 You did not want to work anymore.....04 Your husband did not want you to.....05 You couldn't find childcare.....06 Other reason..... __ __ Specify _____ [CODE LATER] <u>Tell me all that apply.</u>	1. ____ 2. ____ 3. ____ 4. ____	1. ____ 2. ____ 3. ____ 4. ____	1. ____ 2. ____ 3. ____ 4. ____

MOTHER'S OCCUPATIONAL INFORMATION (CONT.)

		A. Job 1 or most recent job	B. Job 2	C. Job 3
74.	On average, how many hours <u>per week</u> do/did you work at this job?	<u> </u> HOURS/WK	<u> </u> HOURS/WK	<u> </u> HOURS/WK
75.	At this job do/did you:			
	A. Do farm fieldwork, such as harvesting, thinning, or weeding?.....	NO.....0 YES.....1	NO.....0 YES.....1	NO.....0 YES.....1
	B. Pack vegetables, flowers, or other crops in the fields with a harvesting crew?.....	NO.....0 YES.....1	NO.....0 YES.....1	NO.....0 YES.....1
	C. Work in a packing shed away from the fields with fruits, vegetables, or flowers?.....	NO.....0 YES.....1	NO.....0 YES.....1	NO.....0 YES.....1
	D. Work in a nursery or greenhouse?.....	NO.....0 YES.....1	NO.....0 YES.....1	NO.....0 YES.....1
	E. Do any other work on a farm or in a field?.....	NO.....0 YES.....1 Specify: _____	NO.....0 YES.....1 Specify: _____	NO.....0 YES.....1 Specify: _____
		[CODE LATER] [IF ALL = NO, SKIP TO Q78]	[CODE LATER] [IF ALL = NO, SKIP TO Q78]	[CODE LATER] [IF ALL = NO, SKIP TO Q78]
76.	What crop(s) have you worked with at this job? [CODE ALL THAT APPLY] Lettuce.....01 Grapes/Vineyards.....02 Broccoli.....03 Strawberries.....06 Cauliflower.....11 Flowers.....12 Other..... Specify _____ [CODE LATER]	1. ___ 2. ___ 3. ___ 4. ___	1. ___ 2. ___ 3. ___ 4. ___	1. ___ 2. ___ 3. ___ 4. ___
77.	In the past week, which of these crops have you worked with? [USE THE CODES FROM Q76] [CODE 00 FOR NONE] [CODE 88 IF NOT WORKING]	1. ___ 2. ___ 3. ___		

MOTHER'S OCCUPATIONAL INFORMATION (CONT.)

		A. First Job	B. Second Job	C. Third Job
78.	At this job do/did you:			
	A. Work in landscape maintenance at a golf course or someplace else?.....	NO.....0 YES.....1	NO.....0 YES.....1	NO.....0 YES.....1
	B. Kill or exterminate termites or other pests in homes or buildings?.....	NO.....0 YES.....1	NO.....0 YES.....1	NO.....0 YES.....1
	C. Work in a cannery, winery or food processing plant where you handled fruits or vegetables?.....	NO.....0 YES.....1	NO.....0 YES.....1	NO.....0 YES.....1
79.	Have you applied pesticides or insecticides at this job?	NO.....(81).....0 YES.....1	NO.....(81).....0 YES.....(85).....1	NO.....(81).....0 YES.....(85).....1
80.	Have you applied pesticides or insecticides <u>in the past week</u> ? [CODE NA IF NOT WORKING]	NO.....0 YES.....1 NA.....8 [SKIP TO Q85]		
81.	Have you handled containers of pesticides or insecticides at this job?	NO.....(83).....0 YES.....1	NO.....(83).....0 YES.....(85).....1	NO.....(83).....0 YES.....(85).....1
82.	Have you handled containers of pesticides or insecticides <u>in the past week</u> ? [CODE NA IF NOT WORKING]	NO.....0 YES.....1 NA.....8 [SKIP TO Q85]		
83.	Have pesticides or insecticides been used at this job?	NO...(85 or 87)*...0 YES.....1 DK....(85 or 87)*...9 *[SKIP TO Q85 IF ANY IN Q75 OR ANY IN Q78=YES] [SKIP TO Q87 IF ALL IN Q75 AND ALL IN Q78=NO]	NO...(85 or 87)*...0 YES.....1 DK....(85 or 87)*...9 *[SKIP TO Q85 IF ANY IN Q75 OR ANY IN Q78=YES] [SKIP TO Q87 IF ALL IN Q75 AND ALL IN Q78=NO]	NO...(85 or 87)*...0 YES.....1 DK....(85 or 87)*...9 *[SKIP TO Q85 IF ANY IN Q75 OR ANY IN Q78=YES] [SKIP TO Q87 IF ALL IN Q75 AND ALL IN Q78=NO]
84.	Have they used pesticides or insecticides at your workplace <u>in the past week</u> ? [CODE NA IF NOT WORKING]	NO.....0 YES.....1 NA.....8 DK.....9		

MOTHER'S OCCUPATIONAL INFORMATION (CONT.)

		A. Job 1 or most recent job	B. Job 2	C. Job 3
85.	During the time you [have] worked at this job, do/did you usually bathe or shower... [CODE ALL THAT APPLY] Daily, before work?.....1 Daily, within one hour of arriving home from work?.....2 Daily, more than 1 hour after arriving home?3 Several times a week?.....4 Once a week or less often?.....5 <u>Tell me all that apply</u>	1. ____ 2. ____	1. ____ 2. ____	1. ____ 2. ____
86.	During the time you [have] worked at this job, after getting home from work have you usually held or hugged your child... A. Before changing out of work clothes? B. Before showering?	NO.....0 YES.....1 NO.....0 YES.....1	NO.....0 YES.....1 NO.....0 YES.....1	NO.....0 YES.....1 NO.....0 YES.....1
87.	What work do/did you do? [CODE LATER]	_____ _____ _____	_____ _____ _____	_____ _____ _____
88.	In what industry is this job? [CODE LATER]	_____ _____ _____	_____ _____ _____	_____ _____ _____
89.	Did you have another job <u>since the last time we spoke?</u>	NO.....(90).....0 YES...(70 col.B)...1 [IF YES] Now let's talk about your second job	NO.....(90).....0 YES...(70 col.C)...1 [IF YES] Now let's talk about your third job	NO.....(90).....0 YES...(APP A).....1 [IF YES GO TO APPENDIX A]

F. FATHER'S OCCUPATIONAL INFORMATION

90. What is your current marital status?
- Married to child's father..... 1
 - Married to someone other than child's father ... 2
 - Living as married with child's father 3
 - Living as married with someone other than
child's father 4
 - Separated 5
 - Divorced 6
 - Widowed 7
 - Single..... 8

Now I would like to ask you about the child's father. Remember I am referring to the time since the last time we spoke [SHOW CALENDAR AND REPEAT DATE].

91. Since the last time we spoke, has the child's biological father lived with you...
- All of the time?.....(93)..... 1
 - Most of the time?.....(A)..... 2
 - Some of the time?.....(A)..... 3
 - Not at all?.....(D)..... 4
 - REFUSES TO ANSWER.....(F)..... 7
- A. Has he not lived with you because...
- You are not together..... 1
 - He is away doing seasonal farm work 2
 - He is away doing other seasonal work..... 3
 - He is deceased.....(98)..... 4
 - Of some other reason..... —
 - Specify _____
[CODE LATER]
- B. Does he currently live with you?
- NO 0
 - YES(92)..... 1
- C. How old was your child when you stopped living with the child's father? _____ MONTHS
[CODE 88 IF NEVER LIVED WITH FATHER]

SKIP TO Q92

FATHER'S OCCUPATIONAL INFORMATION (CONT.)

- D. Has he not lived with you because...
 - You are not together..... 1
 - He is away doing seasonal farm work 2
 - He is away doing other seasonal work..... 3
 - He is deceased.....(98)..... 4
 - Of some other reason.....
 - Specify _____

[CODE LATER]

- E. How old was your child when you stopped living with the child's father? _____ MONTHS

[CODE 88 IF NEVER LIVED WITH FATHER]

- F. Have you had contact with the child's father?
 - NO.....(98)..... 0
 - YES.....(92)..... 1
 - REFUSES TO ANSWER.....(98)..... 7

92. What city and state has he lived in when not living with you?

— —

[IF NOT IN US, RECORD THE COUNTRY]

[CODE LATER]

FATHER'S OCCUPATIONAL INFORMATION (CONT.)

93. Is the child's father currently employed?
- | | |
|------------------------|---|
| NO..... | 0 |
| YES..... | 1 |
| REFUSES TO ANSWER..... | 7 |
| DK | 9 |

94. What work does he currently do?
 [IF Q93= NO OR DK ASK:] What was his longest job in the last twelve months?
- _____
-
- [CODE LATER]
- A. In what industry is his job?
- _____
-
- [CODE LATER]
-

95. In the last year, how many months of the year has he been employed? _____ MONTHS
 [99=DK]

96. Since the last time we spoke, has the child's father applied pesticides or insecticides at his jobs?
- | | |
|----------|---|
| NO..... | 0 |
| YES..... | 1 |
| DK | 9 |

97. Since the last time we spoke, has he smoked cigarettes?
- | | |
|----------|---|
| NO..... | 0 |
| YES..... | 1 |
| DK | 9 |

G. HOUSEHOLD MEMBERS

98. Have you had any other children since [INSERT NAME] was born?
- | | | |
|------------------|----|---|
| NO.....(99)..... | YE | 0 |
| S..... | | 1 |

- A. When were these children born?
- _____ / _____ / _____
 MO DAY YR
- _____ / _____ / _____
 MO DAY YR

99. Are you currently pregnant?
- | | |
|----------|---|
| NO..... | 0 |
| YES..... | 1 |

G. HOUSEHOLD MEMBERS (CONT.)

Now I would like to ask you about all of the people who have lived with your child since the last time we spoke, including people who are not related to you. Please remember that all of this information is confidential. **[SHOW CALENDAR AND REPEAT DATE]**

100. A. What are the first names of all of the people who have lived in your home, since the last time we spoke, not including yourself or your child even people who do not currently live there? **[AFTER EACH PERSON ASK]:** How is this person related to you? **[USE CODES BELOW]**
- B. Which of these people currently live in your home?
- C. Which of these people are 18 or younger? **[AFTER EACH CHILD ASK]:** How old is this child?
- D. Has anyone living in your home worked in agriculture or any other job on this list since the last time we spoke? **[READ CARD 5]**
 NO...(BOTTOM)...0
 YES.....1
- E. **[IF YES]** What jobs have they done? Tell me all that apply. **[USE CODES ON CARD 5]**
- F. Are they currently working in agriculture? **[IF YES]:** Who?

NAME	AND	RELATIONSHIP ↓	AGE, IF CHILD [98 = < 1 YEAR] [CODE 88 IF > 18 YEARS OLD]	[IF YES]: Who? [1=AGRICULTURE] [0 = OTHERWISE]	1. JOB	2. JOB	[1=YES] [0 = NO]
1. _____	---	---	___ YRS	---	---	---	---
2. _____	---	---	___ YRS	---	---	---	---
3. _____	---	---	___ YRS	---	---	---	---
4. _____	---	---	___ YRS	---	---	---	---
5. _____	---	---	___ YRS	---	---	---	---
6. _____	---	---	___ YRS	---	---	---	---
7. _____	---	---	___ YRS	---	---	---	---
8. _____	---	---	___ YRS	---	---	---	---
9. _____	---	---	___ YRS	---	---	---	---
10. _____	---	---	___ YRS	---	---	---	---
11. _____	---	---	___ YRS	---	---	---	---
12. _____	---	---	___ YRS	---	---	---	---
13. _____	---	---	___ YRS	---	---	---	---
14. _____	---	---	___ YRS	---	---	---	---
15. _____	---	---	___ YRS	---	---	---	---

- | | | |
|---------------------|-------------------|---------------------------------|
| 01. HUSBAND/PARTNER | 08. FATHER | 15. BROTHER-IN-LAW |
| 02. YOUR SON | 09. FATHER-IN-LAW | 16. COUSIN |
| 03. YOUR DAUGHTER | 10. AUNT | 17. NIECE |
| 04. STEPSON | 11. UNCLE | 18. NEPHEW |
| 05. STEPDAUGHTER | 12. SISTER | 19. FRIEND / ROOMMATE / BOARDER |
| 06. MOTHER | 13. SISTER-IN-LAW | 20. OTHER _____ |
| 07. MOTHER-IN-LAW | 14. BROTHER | |

[IF NO HOUSEHOLD MEMBERS HAVE WORKED AT THESE JOBS (INCLUDING INTERVIEWEE: ALL Q75 AND Q78=NO), SKIP TO Q106]

[IF THERE ARE MORE THAN 15 HOUSEHOLD MEMBERS, GO TO APPENDIX B]

24- MONTH QUESTIONNAIRE
HOUSEHOLD MEMBERS (CONT.)

HSN: _____ - _____

101. Do you or anyone else currently living with you own their own farm or landscape maintenance business?
- | | |
|----------|---|
| NO..... | 0 |
| YES..... | 1 |
| DK..... | 9 |

Now I would like you to think about all of the people who currently live in the same home as your child and who you told me currently work in agricultural jobs. I would like to ask you about their habits. Remember, these people are _____. **[REFER TO PEOPLE ON Q100 LIST WITH B=1 AND F=1; INCLUDE HER IF SHE IS CURRENTLY AN AGRICULTURAL WORKER. SKIP TO Q106 IF NO CURRENT AGRICULTURAL WORKER CURRENTLY LIVING IN SAME HOME AS CHILD.]**

102. How many of these people usually wear their regular work clothes inside your current home? _____ PEOPLE
 [00=NONE; 99=DK]

103. **[IF SHE IS THE ONLY AGRICULTURAL WORKER, SKIP TO Q104]**

- Do any of these people usually hug or hold your child before changing out of their work clothes?
- | | |
|----------|---|
| NO..... | 0 |
| YES..... | 1 |
| DK..... | 9 |

104. How many of these people usually wear their workshoes inside your current home? _____ PEOPLE
 [00=NONE; 99=DK]

105. How many of these have been required by their employer to wear protective clothing? _____ PEOPLE
 [00=NONE; 99=DK]
- Protective clothing is clothing required by an employer to prevent pesticide exposure at work. This is clothing worn in addition to regular work clothes.

106. Since the last time we spoke, has anyone taken your child with them to the fields?
- | | |
|-------------------|---|
| NO.....(108)..... | 0 |
| YES..... | 1 |
| DK.....(108)..... | 9 |

107. Did your child go with them to the fields...
- A. While they were working?
- | | |
|----------|---|
| NO..... | 0 |
| YES..... | 1 |
| DK..... | 9 |
- B. While they were picking fruits and/or vegetables to bring home to eat?
- | | |
|----------|---|
| NO..... | 0 |
| YES..... | 1 |
| DK..... | 9 |
- C. To play?
- | | |
|----------|---|
| NO..... | 0 |
| YES..... | 1 |
| DK..... | 9 |

H. HOUSING CHARACTERISTICS

108. Since the last time we spoke, has your child been outside NO.....(109)..... 0
of the US for more than a month? YES..... 1

A. What country was your child in?

[IF MEXICO, ASK AND RECORD WHICH STATE] _____

[CODE LATER]

Now I would like to ask you about all of the places that your child has lived since the last time we spoke [SHOW CALENDAR AND REPEAT DATE].

109. How many places or homes has your child lived in since _____ PLACES
the last time we spoke?

[IF MORE THAN ONE PLACE, SAY:] Starting with the place or home where your child currently lives:

		A. Home 1 or current home	B. Home 2	C. Home 3
110.	When did your child begin living in this home?	___/___ to present MO/YR	___/___ to ___/___ MO/YR MO/YR	___/___ to ___/___ MO/YR MO/YR
111.	Have we visited this home to collect dust samples?	NO.....0 YES.....1		
112.	How far is this home from the nearest agricultural field or orchard? [GIVE REFERENCES] < 50 ft (15 meters).....1 50-200 ft (15-60 m).....2 >200 ft but < ¼ mile (60-400 m)..3 ¼ mile (400 m) or more...(115)...4 DK.....9	_____ ↓	_____ ↓	_____ ↓
113.	A. Has there been a white or clear tarpred field within a quarter mile of this home <u>since the last time we spoke</u> ? [SHOW PICTURE: CARD 6] [GIVE REFERENCES]	NO.....(114).....0 YES.....1 DK.....(114).....9	NO.....(114).....0 YES.....1 DK.....(114).....9	NO.....(114).....0 YES.....1 DK.....(114).....9
	B. How close to this home was this tarpred field? [SHOW PICTURE: CARD 6] [GIVE REFERENCES] < 50 ft (15 meters).....1 50-200 ft (15-60 m).....2 >200 ft but < ¼ mile (60-400 m)..3 DK.....9	_____ ↓	_____ ↓	_____ ↓

24- MONTH QUESTIONNAIRE
HOUSING CHARACTERISTICS (CONT.)

HSN: _____ - _____

		A. Home 1 or current home	B. Home 2	C. Home 3
114.	A. Has there been a field where strawberries were growing within a quarter mile of this home <u>since the last time we spoke</u> ?	NO.....(115).....0 YES.....1 DK.....(115).....9	NO.....(115).....0 YES.....1 DK.....(115).....9	NO.....(115).....0 YES.....1 DK.....(115).....9
	B. How close to this home was this strawberry field? [GIVE REFERENCES] < 50 ft (15 meters).....1 50-200 ft (15-60 m).....2 >200 ft but < ¼ mile (60-400 m)..3 DK.....9	_____	_____	_____
115.	How close is this home to a golf course? [GIVE REFERENCES] < 50 ft (15 meters).....1 50-200 ft (15-60 m).....2 >200 ft but < ¼ mile (60-400 m)..3 ¼ mile (400 m) or more4 DK.....9	_____	_____	_____
116.	<u>Since the last time we spoke</u> , has your child lived in another home for more than one month?	NO.....(117).....0 YES..(110 col. B)...1 [IF YES]: Now I would like to talk about the second place your child lived.	NO.....(117).....0 YES..(110 col.C)...1 [IF YES]: Now I would like to talk about the third place your child lived.	NO.....(117).....0 YES...(App. C)...1 [IF YES: GO TO APPENDIX C]

24- MONTH QUESTIONNAIRE
HOUSING CHARACTERISTICS (CONT.)

HSN: _____ - ____

Now I would like you to think about (all of) the home(s) your child has lived in since the last time we spoke [SHOW CALENDAR AND REPEAT DATE].

- | | | | |
|------|---|----------------------------|---|
| 117. | Have you seen any water damage in any of the homes where your child has lived? By water damage I mean water stains on the ceiling or walls, rotting wood, flaking sheetrock or plaster. This damage may be from broken pipes, a leaky roof, or floods. Here is an example.
[SHOW PICTURE: CARD 7] | NO..... | 0 |
| | | YES..... | 1 |
| | | DK..... | 9 |
| 118. | Have you seen any mold or mildew on walls or other surfaces, other than food, inside any of the homes where your child has lived? Here is an example.
[SHOW PICTURE: CARD 8] | NO..... | 0 |
| | | YES..... | 1 |
| | | DK..... | 9 |
| 119. | Have any of the homes your child has lived in used gas for heating? | NO..... | 0 |
| | | YES..... | 1 |
| | | DK..... | 9 |
| 120. | Has there been a wood stove or fireplace in any of the homes where your child has lived? | NO.....(122)..... | 0 |
| | | YES..... | 1 |
| | | DK.....(122)..... | 9 |
| 121. | During the winter, how often has the wood stove or fireplace been used to heat the home? | Never..... | 0 |
| | | A few times per month..... | 1 |
| | | A few times per week..... | 2 |
| | | Daily..... | 3 |
| | | DK..... | 9 |
| 122. | Have there been any portable kerosene or gas heaters in any of the homes where your child has lived? | NO.....(124)..... | 0 |
| | | YES..... | 1 |
| | | DK.....(124)..... | 9 |
| 123. | During the winter, how often has the portable kerosene or gas heater been used to heat the home? | Never..... | 0 |
| | | A few times per month..... | 1 |
| | | A few times per week..... | 2 |
| | | Daily..... | 3 |
| | | DK..... | 9 |

24- MONTH QUESTIONNAIRE
HOUSING CHARACTERISTICS (CON'T.)

HSN: _____ - _____

124. Since the last time we spoke, has your child lived in a home where a gas cooking stove was used...
- | | | |
|--|----------------------------|---|
| A. to cook food? | NO..... | 0 |
| | YES..... | 1 |
| | DK..... | 9 |
| | | |
| B. to heat the home? | NO..... | 0 |
| | YES..... | 1 |
| | DK..... | 9 |
| | | |
| 125. How often have candles or votives been burned in your home? | Daily or more often..... | 1 |
| | A few times a week..... | 2 |
| | Once a week..... | 3 |
| | Less than once a week..... | 4 |
| | Never..... | 5 |
| | DK..... | 9 |
| | | |
| 126. Has anyone done any painting or home renovations inside your home <u>since the last time we spoke</u> ? | NO..... | 0 |
| | YES..... | 1 |
| | DK..... | 9 |
| | | |
| 127. Have any of the homes your child has lived in since the last time we spoke had trucks or buses pass by next to the home more than 10 times per day? | NO..... | 0 |
| | YES..... | 1 |
| | DK..... | 9 |

24- MONTH QUESTIONNAIRE
HOUSING CHARACTERISTICS (CON'T.)

HSN: _____ - ____

Now I would like to ask you some questions about your current home.

128. In your current home do you have...

- | | | |
|--------------------|----------|---|
| A. A freezer? | NO..... | 0 |
| | YES..... | 1 |
| B. A telephone? | NO..... | 0 |
| | YES..... | 1 |
| C. A radio/stereo? | NO..... | 0 |
| | YES..... | 1 |
| D. A television? | NO..... | 0 |
| | YES..... | 1 |
| E. A VCR? | NO..... | 0 |
| | YES..... | 1 |
| F. A computer? | NO..... | 0 |
| | YES..... | 1 |
| G. A car? | NO..... | 0 |
| | YES..... | 1 |

I. HOUSE CLEANING

129. Is there a working vacuum cleaner that you can use? NO..... 0
 YES..... 1

130.	A. In the home where your child <u>currently</u> lives, do you have wall-to-wall carpeting or large area rugs in the [INSERT ROOM]:	B. How often do you mop the floor in the [INSERT ROOM]?	C. How often do you vacuum the carpets or rugs in the [INSERT ROOM]?
			[IF NO TO Q129, SKIP TO Q131]
1.	Room where your child sleeps? NO.....(B).....0 YES....(C).....1	Daily or more often0 A few times a week1 Once a week2 Less than once a week.....3 Never4 DK9	Daily or more often0 A few times a week1 Once a week2 Less than once a week.....3 Never4 DK9
2.	Living room? NO.....(B).....0 YES....(C).....1 NO LIVING ROOM...(3).....8	Daily or more often0 A few times a week1 Once a week2 Less than once a week.....3 Never4 DK9	Daily or more often0 A few times a week1 Once a week2 Less than once a week.....3 Never4 DK9
3.	Kitchen? NO.....(B).....0 YES....(C).....1 NO KITCHEN...(131)...8	Daily or more often0 A few times a week1 Once a week2 Less than once a week.....3 Never4 DK9 [GO TO Q131]	Daily or more often0 A few times a week1 Once a week2 Less than once a week.....3 Never4 DK9 [GO TO Q131]

[IF NO CARPETS OR RUGS IN Q130, SKIP TO Q133]

131. Do you ever mop your carpets? NO.....(133)..... 0
 YES..... 1

132. How often do you mop your carpets?
 Daily or more often 1
 A few times a week 2
 Once a week 3
 Less than once a week..... 4
 Never 5
 DK 9

J. PETS

133. Since the last time we spoke, have any dogs or cats lived inside your home? NO.....(135)..... 0
 YES..... 1
 DK.....(135)..... 9

134.	A. Which of the following animals have lived inside your home?	B. Do any <u>currently</u> live inside your home?	C. How many <u>currently</u> live inside your home?
1.	Dogs?..... NO.....(next pet).....0 YES.....(→).....1	NO.....(next pet).....0 YES.....(→).....1	___
2.	Cats?..... NO.....(135).....0 YES.....(→).....1	NO.....(135).....0 YES.....(→).....1	___ [GO TO Q135]

K. PESTICIDE USE

Now I would like to ask you some questions about pests in and around the home(s) your child has lived in since the last time we spoke [SHOW CALENDAR AND REPEAT DATE].

135. Have you seen signs of mice, rats, or other rodents inside (any of) the home(s) that your child has lived in? NO..... 0
 YES..... 1
 DK..... 9
136. Have you seen cockroaches inside (any of) the home(s) that your child has lived in? NO.....(138)..... 0
 YES..... 1
 DK.....(138)..... 9
137. Have you seen live roaches... NO YES
 At night?..... 0 1
 During the day?..... 0 1

24- MONTH QUESTIONNAIRE
PESTICIDE USE (CONT.)

HSN: _____ - _____

I would like to ask you some questions about pesticides or insecticides that have been used in and around the home(s) your child has lived in since the last time we spoke **[SHOW CALENDAR AND REPEAT DATE]**. Please include pesticides or insecticides used in your yard or garden. These might have been applied by you or someone else, including a professional pesticide applicator. Pesticides can come in the form of sprays, bombs, poison pellets or bait, powder, chalk, roach motels, traps, or ant stakes.

138.	A. Have pesticides or insecticides been used in or around your home to kill [INSERT PEST] :	B. Was this pesticide in the form of ... NO0 YES.....1 DK.....9	C. Was/were [INSERT B] used inside or outside the home? INSIDE.....1 OUTSIDE...2 BOTH.....3 DK.....9	D. Was/ were [INSERT B] applied in the last week? NO0 YES....1 DK.....9	E. Since the last time we spoke, how many times total has/have [INSERT B] been applied?
1	Rodents? NO..(next pest)...0 YES....(→).....1 DK..(next pest)...9	Poison pellets or baits?...____ Poison powder?.....____ Other?.....____ Specify: _____ [CODE LATER]	_____ _____ _____	_____ _____ _____	_____ _____ _____
2	Fleas, including treatments to pets? NO.(next pest)...0 YES...(→).....1 DK..(next pest)...9	Sprays?.....____ Bombs?.....____ Powder?.....____ Other?.....____ Specify: _____ [CODE LATER]	_____ _____ _____	_____ _____ _____	_____ _____ _____
3	Termites? NO..(next pest)...0 YES.....(→).....1 DK..(next pest)...9	Sprays?.....____ Bombs?.....____ Powder?.....____ Other?.....____ Specify: _____ [CODE LATER]	_____ _____ _____	_____ _____ _____	_____ _____ _____

PESTICIDE USE (CONT.)

138.	A. Have pesticides or insecticides been used in or around your home to kill [INSERT PEST] :	B. Was this pesticide in the form of ... NO0 YES.....1 DK.....9	C. Was/were [INSERT B] used inside or outside the home? INSIDE.....1 OUTSIDE...2 BOTH.....3 DK.....9	D. Was/ were [INSERT B] applied in the last week? NO0 YES....1 DK.....9	E. <u>Since the last time we spoke,</u> how many times total has/have [INSERT B] been applied?
4.	Flying insects, ants, roaches or other crawling insects? NO..(next pest)..0 YES...(→).....1 DK..(next pest)..9	Sprays?..... Bombs?..... Powder/chalk?..... Roach motels/ traps/ antstakes?..... Pest strip?..... Other?..... Specify: _____ [CODE LATER]	_____	_____	_____
5.	Fungus, weeds, snails, or slugs? NO.....(138).....0 YES...(→).....1 DK....(138).....9	Sprays?..... Pellets?..... Other?..... Specify: _____ [CODE LATER]	_____	_____	_____

139. **[IF NO SPRAYS OR BOMBS USED IN Q138 SKIP TO Q140]** Was your child inside the house exactly when pesticide sprays or bombs were being used? NO..... 0
YES..... 1
DK..... 9
140. Have you had a professional exterminator use chemicals or any other material in or around your home to get rid of insects or animal pests? NO.....(141)..... 0
YES..... 1
DK.....(141)..... 9
- A. Did the exterminator use chemicals inside or outside of the home? INSIDE 1
OUTSIDE 2
BOTH 3
DK 9
141. Since the last time we spoke, has your child been treated for lice or scabies? NO.....(143)..... 0
YES..... 1
DK..... 9
142. What were the names of the products that were used? 1. _____
2. _____

[99 = DK]
[CODE LATER]

L. CHILDCARE/OTHER HOMES

143. At any time since your child was born has he/she been in NO.....(144)..... 0
 daycare/childcare outside of home? YES..... 1

A. At what age did he/she first start? _____ WEEKS
 _____ MONTHS

Now I would like to ask about any places other than your own home where your child has regularly spent time since the last time we spoke. This might be the home of a friend or relative, child care, or some other place.

144. *Have there been any places, other than your home, where your child has regularly spent more than 15 hours each week?* NO.....(157)..... 0
 YES..... 1

145. *How many different places?* _____ PLACES

		A. Place 1	B. Place 2	C. Place 3
146.	When did your child spend time in this place?	___/___ to ___/___ MO/YR MO/YR	___/___ to ___/___ MO/YR MO/YR	___/___ to ___/___ MO/YR MO/YR
147.	How many hours per week has your child spent in the [first, second, etc.] place?	___ HRS/WEEK	___ HRS/WEEK	___ HRS/WEEK
	A. Has your child spent time there in the last week?	NO.....0 YES.....1	NO.....0 YES.....1	NO.....0 YES.....1
148.	Is someone other than you taking care of your child when he/she is at this place?	NO.....(151).....0 YES.....1	NO.....(151).....0 YES.....1	NO.....(151).....0 YES.....1
149.	Is this: Childcare at the home of a relative?1 Childcare provided in someone else's home?.....2 A childcare center?.....3 Some other place?.....__ __ Specify _____ [CODE LATER]	_____	_____	_____
150.	Have you paid for this childcare?	NO.....0 YES.....1	NO.....0 YES.....1	NO.....0 YES.....1
151.	How many other children, under two years of age, have usually been in this place while your child spends time there?	___ CHILDREN	___ CHILDREN	___ CHILDREN

L. CHILDCARE/OTHER HOMES

		A. Place 1	B. Place 2	C. Place 3
152.	How many other children, between two and 18 years of age, have usually been in this place while your child spends time there?	___ CHILDREN	___ CHILDREN	___ CHILDREN
153.	<u>During the time your child spent in this place</u> , has there been an agricultural field closer than 200ft (60m)? [GIVE REFERENCES]	NO.....0 YES.....1 DK.....9	NO.....0 YES.....1 DK.....9	NO.....0 YES.....1 DK.....9
154.	Does this place have wall-to-wall carpeting or room sized area rugs in any of the rooms where your child regularly spends time?	NO.....0 YES.....1 DK.....9	NO.....0 YES.....1 DK.....9	NO.....0 YES.....1 DK.....9
155.	Do any dogs or cats live <u>inside</u> this place?	NO.....0 YES.....1 DK.....9	NO.....0 YES.....1 DK.....9	NO.....0 YES.....1 DK.....9
156.	Have there been any other places where your child regularly has spent more than 15 hours each week <u>since the last time we spoke</u> ?	NO.....(157).....0 YES...(146 col. B)..1 [IF YES]: Now I would like to talk about that place.	NO.....(157).....0 YES..(146 col. C)..1 [IF YES]: Now I would like to talk about that place.	NO.....(157).....0 YES...(APP D)..1 [IF YES GO TO APPENDIX D]

M. H.O.M.E

Now I would like to ask you some questions about your child's activities including any toys he/she might play with. There are no correct answers, please be as honest as you can.

157. Does your child have any of the following toys to play with at home or any other place:
- | | | |
|--|----------|---|
| A. A ball, or a rocking horse?
[REFER TO GLOSSARY] | NO..... | 0 |
| | YES..... | 1 |
| B. Any toys he/she can push or pull, like a toy lawnmower or vacuum?
[REFER TO GLOSSARY] | NO..... | 0 |
| | YES..... | 1 |
| C. Any stuffed animals, or dolls? | NO..... | 0 |
| | YES..... | 1 |
| D. A high chair, play pen, or child sized table and chair? | NO..... | 0 |
| | YES..... | 1 |
| E. Any blocks, stacking toys, or building toys?
[REFER TO GLOSSARY] | NO..... | 0 |
| | YES..... | 1 |
| F. Any pounding toys, fit-together toys, or a shape sorting box?
[REFER TO GLOSSARY] | NO..... | 0 |
| | YES..... | 1 |
| G. Any books or musical toys? | NO..... | 0 |
| | YES..... | 1 |
158. How many books does your child have of his/her own?
- | | | |
|--|-------------------------|---|
| | Greater than three..... | 1 |
| | About three..... | 2 |
| | Less than three..... | 3 |
159. Do you have a play car, tricycle, or anything your child can ride on or in?
- | | | |
|--|----------|---|
| | NO..... | 0 |
| | YES..... | 1 |
160. How many times a week do you read or look at a book with your child? _____ TIMES
161. How often do you let your baby get messy while playing, such as letting him/her play in water or with his/her food?
- | | | |
|--|-----------------------|---|
| | Frequently..... | 1 |
| | Some of the time..... | 2 |
| | Hardly ever..... | 3 |
| | Never..... | 4 |

H.O.M.E (CONT.)

162. On average, how many hours per day does your child spend watching television or videos?
- None(164)..... 1
 Less than one 2
 One to two 3
 Two to three..... 6
 Three to four 4
 More than four 5
 DK 9
163. When your child watches television or videos, is it usually in....
- Spanish only? 1
 More Spanish than English?..... 2
 Both equally?..... 3
 More English than Spanish?..... 4
 Only English?..... 5
 Another Language? 6
 Specify _____
164. Does anyone usually sleep in the same room as your child, such as yourself or a brother or sister?
- NO.....(166)..... 0
 YES..... 1
- A. How many other children? _____ CHILDREN
- B. How many other adults? _____ ADULTS
165. Does anyone usually sleep in the same bed as your child, such as yourself or a brother or sister?
- NO.....(166)..... 0
 YES..... 1
- A. How many other children? _____ CHILDREN
- B. How many other adults? _____ ADULTS
166. In the past seven days, how many hours per day on average has your child spent playing outside?
- Less than one 1
 One to two 2
 Three to four 3
 Five to six 4
 More than six 5
 DK..... 9
167. In the past seven days, how many hours per day on average has your child spent inside your home when he/she is awake?
- Less than one 1
 One to two 2
 Three to four 3
 Five to six 4
 More than six 5
 DK..... 9

N. DEVELOPMENTAL MILESTONES

Now I would like to ask you some questions about your child's development. Please answer as best you can. It is okay if your child cannot do some of these things yet. Children develop at different paces. **[SHOW CALENDAR AND REPEAT DATE]**

168. How many months old was your child when she/he was first able to stand alone without holding on to anything? _____ MONTHS
 [CODE 99 FOR DK]
 [CODE 88 FOR NOT ACHIEVED]
169. How many months old was your child when she/he was first able to walk by herself/himself? _____ MONTHS
 [CODE 99 FOR DK]
 [CODE 88 FOR NOT ACHIEVED]
170. How many months old was your child when she/he first said mama or dada? _____ MONTHS
 [CODE 99 FOR DK]
 [CODE 88 FOR NOT ACHIEVED]
171. How many months old was your child when she/he was first able to feed herself/himself with a spoon or fork? _____ MONTHS
 [CODE 99 FOR DK]
 [CODE 88 FOR NOT ACHIEVED]
172. How many months old was your child when she/he was first able to run by herself/himself? _____ MONTHS
 [CODE 99 FOR DK]
 [CODE 88 FOR NOT ACHIEVED]
173. How many months old was your child when she/he was first able to walk up steps by herself/himself?
 I mean walking up one step at a time, standing, and not holding on to anything. _____ MONTHS
 [CODE 99 FOR DK]
 [CODE 88 FOR NOT ACHIEVED]
174. How many months old was your child when she/he was first able to combine 2-3 words into a phrase? _____ MONTHS
 [CODE 99 FOR DK]
 [CODE 88 FOR NOT ACHIEVED]
175. Do you think your child has developed:
- | | | |
|--|---|---|
| | Slower than other children? | 1 |
| | At the same pace as other children? | 2 |
| | Faster than other children? | 3 |

DEVELOPMENTAL MILESTONES (CONT.)

176. Has the doctor ever said there might be a problem with the child's hearing, vision, or development?
- NO.....(178)..... 0
 YES..... 1
 DK.....(178)..... 9

177.	A. Did they ever refer you to a specialist for an evaluation?	B. Where did your child go to see a specialist for an evaluation?	C. When did your child see the specialist?	D. What was the reason your child went to the specialist?
	NO.....(178).....0 YES**.....(→).....1	1. Facility: ____ ** → _____ [CODE LATER]	1. ____ / ____ MO YR →	1. _____ _____ [CODE LATER]
		2. Facility: ____ ** → _____ [CODE LATER]	2. ____ / ____ MO YR →	2. _____ _____ [CODE LATER]

**** IF SEEN SOMEWHERE OTHER THAN CLINICA DE SALUD DEL VALLE DE SALINAS (CSVS) OR NATIVIDAD MEDICAL CENTER, REQUEST MEDICAL RECORD RELEASE FOR EACH ADDITIONAL FACILITY.**

O. OTHER EXPOSURES AND CONCERNS

Before we end I would like to find out if there is anything we may have missed that you would like to tell us about.

178. Are you aware of any pesticides or herbicides that your child may have had contact with since the last time we spoke which you have not already told me about?
- NO.....(179)..... 0
 YES..... 1
 DK.....(179)..... 9

Please explain:

179. Are there any concerns about your or your child's health or about any environmental exposures that you would like us to know about?

P. STUDY RESULTS AND FUTURE PARTICIPATION

Thank you for your participation in the CHAMACOS study up until now. We are very grateful for all of the time and information that you have shared with us, and hope that you have enjoyed being a part of CHAMACOS.

We will be presenting the results of the study to the community in the future. It will take some time for us to summarize all of the information that you and the other CHAMACOS participants have provided. What would be the best way to let you know about results from the study? Would it be best to let you know by radio, television, newspaper, community meetings, or some other way?

180.	A. Format		B. What is the best [INSERT FORMAT]?	C. Are there any other [INSERT FORMAT]s?
1.	Radio Stations	NO..... 0 YES..... 1	_____ _____ [CODE LATER]	_____ _____
2.	Television stations	NO..... 0 YES..... 1	_____ _____ [CODE LATER]	_____ _____
3.	Newspapers	NO..... 0 YES..... 1	_____ _____ [CODE LATER]	_____ _____
4.	Community meetings	NO..... 0 YES..... 1	_____ _____ [CODE LATER]	_____ _____
5.	Other methods	NO..... 0 YES..... 1	_____ _____ [CODE LATER]	_____ _____

We hope to be continuing the study in the future.

181.	Do you think you might be interested in participating in CHAMACOS after today?	NO 0 YES..... 1 DK..... 9
182.	Are you planning on moving out of the Salinas Valley in the next year?	NO 0 YES..... 1 DK..... 9 [IF NO, GO TO CONTACT SECTION]
183.	When are you planning on moving?	____/____/____ MO DAY YR
184.	Where are you planning on moving to?	_____ _____
185.	Do you have a phone number and/or address for where you are planning on moving to?	Address: _____ Phone #: _____

P11. TIME ENDED: ____:____ AM/PM

P12. INTERVIEW DURATION: ____:____

SUPPLEMENT A: COMPLETE IF SOMEONE OTHER THAN MOTHER COMPLETED QUESTIONNAIRE

- P14. WHO COMPLETED QUESTIONNAIRE?
- FATHER..... 1
 - GRANDPARENT..... 2
 - AUNT/UNCLE..... 3
 - OTHER..... -
 - SPECIFY:_____ -
 - [CODE LATER]**
- P15. WHY DID SOMEONE OTHER THAN MOTHER COMPLETE QUESTIONNAIRE?
- MOTHER WORKING..... 1
 - MOTHER IN MEXICO..... 2
 - MOTHER DECEASED..... 3
 - MOTHER DOES NOT HAVE CUSTODY... 4
 - OTHER..... -
 - SPECIFY:_____ -
 - [CODE LATER]**

INTERVIEWER REMARKS

PLEASE ANSWER THE FOLLOWING QUESTIONS IMMEDIATELY AFTER COMPLETING THE INTERVIEW..

Overall, respondent's cooperation was: Excellent..... 1
 Good..... 2
 Fair..... 3
 Poor..... 4

Circle the code that best describes the quality of information provided by the subject for each section of the interview. If Code 3 or 4 are circled, please specify the reason.

	High Quality	Generally Reliable	Questionable	Unsatisfactory	Not Applicable	Reason
A. Medical History	1	2	3	4	5	
B. Child's Dietary Intake	1	2	3	4	5	
C. Personal Habits and Smoking	1	2	3	4	5	
D. Household income	1	2	3	4	5	
E. Mother's Occupational Information	1	2	3	4	5	
F. Father's Occupational Information	1	2	3	4	5	
G. Household Members	1	2	3	4	5	
H. Housing Characteristics	1	2	3	4	5	
I. House Cleaning	1	2	3	4	5	
J. Pets	1	2	3	4	5	
K. Pesticide Use	1	2	3	4	5	
L. Other Homes/ Childcare	1	2	3	4	5	
M. H.O.M.E. Inventory	1	2	3	4	5	
N. Developmental Milestones	1	2	3	4	5	
O. Other Exposures and Concerns	1	2	3	4	5	
P. Study Results and Future Participation	1	2	3	4	5	

VISIT WRAP-UP

I just want to quickly review the questionnaire and forms to make sure that I haven't skipped anything.

[IF NO CHILD URINE SAMPLE YET]: Do you have time to stay here for another hour to see if we can get a sample from the baby?

[IF YES, MAKE EVERY EFFORT TO MAKE THE WOMAN AND BABY COMFORTABLE.]

[IF NO, OR IF BABY STILL HAS NOT VOIDED AFTER THE ADDITIONAL HOUR]: Can you take the baby home with the bag still on and I will show you how to collect the sample from the baby?

[IF YES, GIVE INSTRUCTIONS, SUPPLIES, AND HANDOUT SHEET ON HOW TO COLLECT AND STORE THE SAMPLE AND ARRANGE TO PICK UP OR DROP OFF THE SAMPLE THE NEXT DAY].

[IF NO MEDICAL RECORDS RELEASE FORMS SIGNED YET, AND MOM OR BABY SEEN SOMEWHERE OTHER THAN NATIVIDAD OR CLINICA] I need you to sign these forms so that we can look at your baby's medical records.

I need to get some information on how to contact you. **[COMPLETE BOTH SIDES OF THE ATTACHED CONTACTS SHEET]**

Here are the coupons to thank you for your participation today.

You are eligible to enter the CHAMACOS raffle! **[FILL OUT RAFFLE ENTRY FORM AND GIVE THE WOMAN THE LEFT HALF].**

The visit is complete. Thank you for your time today, and for your participation in the CHAMACOS study. **END**

24 - MONTH VISIT – CONTACTS

ALL SECTIONS MUST BE COMPLETED

Date: ___ / ___ / ___

CURRENT CONTACT INFORMATION FOR MOTHER

First Name Last

Street

City

State

Zip Code

HOME PHONE: _____

WORK PHONE: _____

LANGUAGE: ENGLISH SPANISH

BEST TIMES: _____

BEST DAYS: Su M T W Th F Sa

HUSBAND / PARTNER:

First Name Last

Street

City

State

Zip Code

HOME PHONE: _____

WORK PHONE: _____

LANGUAGE: ENGLISH SPANISH

BEST TIMES: _____

BEST DAYS: Su M T W Th F Sa

MOTHER / CLOSEST RELATIVE:

First Name Last

Any Other Names She Uses

Street Address (if has one)

City (or closest town)

State

Zip Code

Country

Can she be reached by phone?	What kind of phone?
<input type="checkbox"/> Yes	<input type="checkbox"/> Private Phone
<input type="checkbox"/> No	<input type="checkbox"/> Public Phone
	<input type="checkbox"/> Neighbor/Friend's Phone

PHONE NUMBER: _____

ALTERNATE PHONE NUMBER: _____

LANGUAGE: ENGLISH SPANISH

BEST TIMES: _____

BEST DAYS: Su M T W Th F Sa

NEXT OF KIN / BEST FRIEND:

First Name Last

Street

City

State

Zip Code

HOME PHONE: _____

WORK PHONE: _____

LANGUAGE: ENGLISH SPANISH

BEST TIMES: _____

BEST DAYS: Su M T W Th F Sa

NEIGHBOR CONTACT:

First Name

Last

Street

City

State

Zip Code

HOME PHONE:

WORK PHONE:

LANGUAGE:

ENGLISH

SPANISH

BEST TIMES:

BEST DAYS:

Su M T W Th F Sa

SUPERVISOR / EMPLOYER:

First Name

Last

Street

City

State

Zip Code

HOME PHONE:

WORK PHONE:

LANGUAGE:

ENGLISH

SPANISH

BEST TIMES:

BEST DAYS:

Su M T W Th F Sa

OTHER:

First Name

Last

Street

City

State

Zip Code

HOME PHONE:

WORK PHONE:

LANGUAGE:

ENGLISH

SPANISH

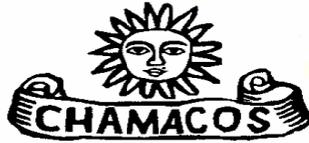
BEST TIMES:

BEST DAYS:

Su M T W Th F Sa

Which of these people will always know how to get in touch with you? [OK TO CIRCLE MORE THAN ONE]	Husband/Partner	1
	Mother/Closest relative.....	2
	Next of kin/Best friend.....	3
	Neighbor.....	4
	Supervisor.....	5
	Other.....	6

Please tell this person that we may be contacting them in order to get in touch with you and that it is okay for them to let us know how to reach you.



CONGRATULATIONS!

You have completed your 24-month visit with CHAMACOS. All of us at CHAMACOS would like to thank you for your time and commitment to this important study.

You are now eligible to entered into the

CHAMACOS RAFFLE

The raffle will be held in **August 2003**, when all CHAMACOS participants have completed their 24-month visits.

Raffle prizes will include:

1st prize – computer and printer
2
nd prize - camera and film
3
rd prize - tricycle and helmet



If you want to be entered into the raffle, please sign this form and give it to a study worker. We'll be in touch with more details about the raffle drawing in the summer of 2003.

VERY IMPORTANT

If your phone or address have changed or you are planning to move before the raffle, **PLEASE CALL OUR OFFICE AS SOON AS POSSIBLE AT (831) 759-6548** (you may call collect).

RAFFLE ENTRY #: _ _ _ _

STAFF ID #: _ _

RAFFLE ENTRY FORM

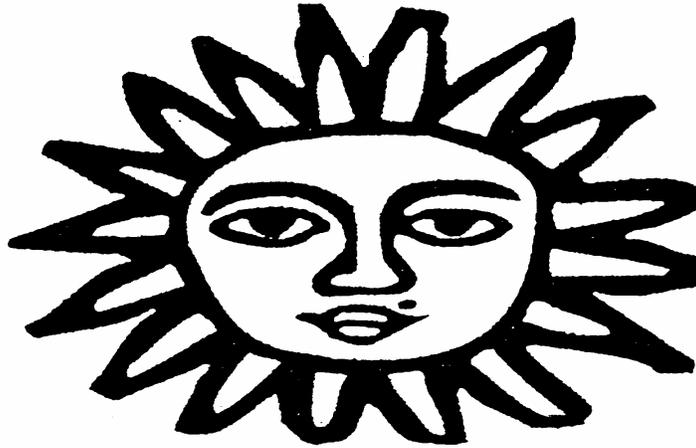
Name: _____

Phone Number: (____) ____ - _____

Address: _____

RAFFLE ENTRY #: _ _ _ _

STAFF ID #: _ _



QC	Date	ID
Review:		
Initial EST	__/__/__	__
Initial FC	__/__/__	__
Final EST	__/__/__	__

CHAMACOS

Twenty-Four Month Home Visit Form

P1. Date of Home Visit: ___/___/___
MO DAY YR

P2. Time Visit began: ___:___ AM/PM

P3. Time Home Visit ended: ___:___ AM/PM

P4. Collector who Completed Survey/Interviewed: a.) _____ CODE
b.) _____ CODE

NOTE: FOR ALL OBSERVATION BASED QUESTIONS, INSPECT THOROUGHLY AND RECORD FINDINGS. IF IN DOUBT AFTER INSPECTING, ASK RESPONDENT.

THE FOLLOWING EQUIPMENT WILL BE NECESSARY TO COMPLETE THE HOME INSPECTION: FLASHLIGHT, COMPASS; GLOVES; ROLLING TAPE MEASURE; STREET MAP; CLIP BOARD; BLUE WATERPROOF PEN.

ALL QUESTIONS THAT ARE *ITALICIZED* SHOULD BE ASKED TO THE PARTICIPANT.

BRING PARTICIPANT'S ADDRESS AND PHONE NUMBER (KEEP SEPARATE FROM DOCUMENTS WITH HSN).

HOME AND SURROUNDINGS

NOTE: Please sketch the interior layout of the home on graph paper and label all rooms. Use a compass to denote direction of home orientation.

Make a sketch of the interior layout of the home on attached graph paper. Use codes below to indicate where environmental samples were collected. Label rooms and note where child usually sleeps. Also note location of the television, if applicable. If the participant lives in a garage – also draw the main house if she and her child spend time in it.

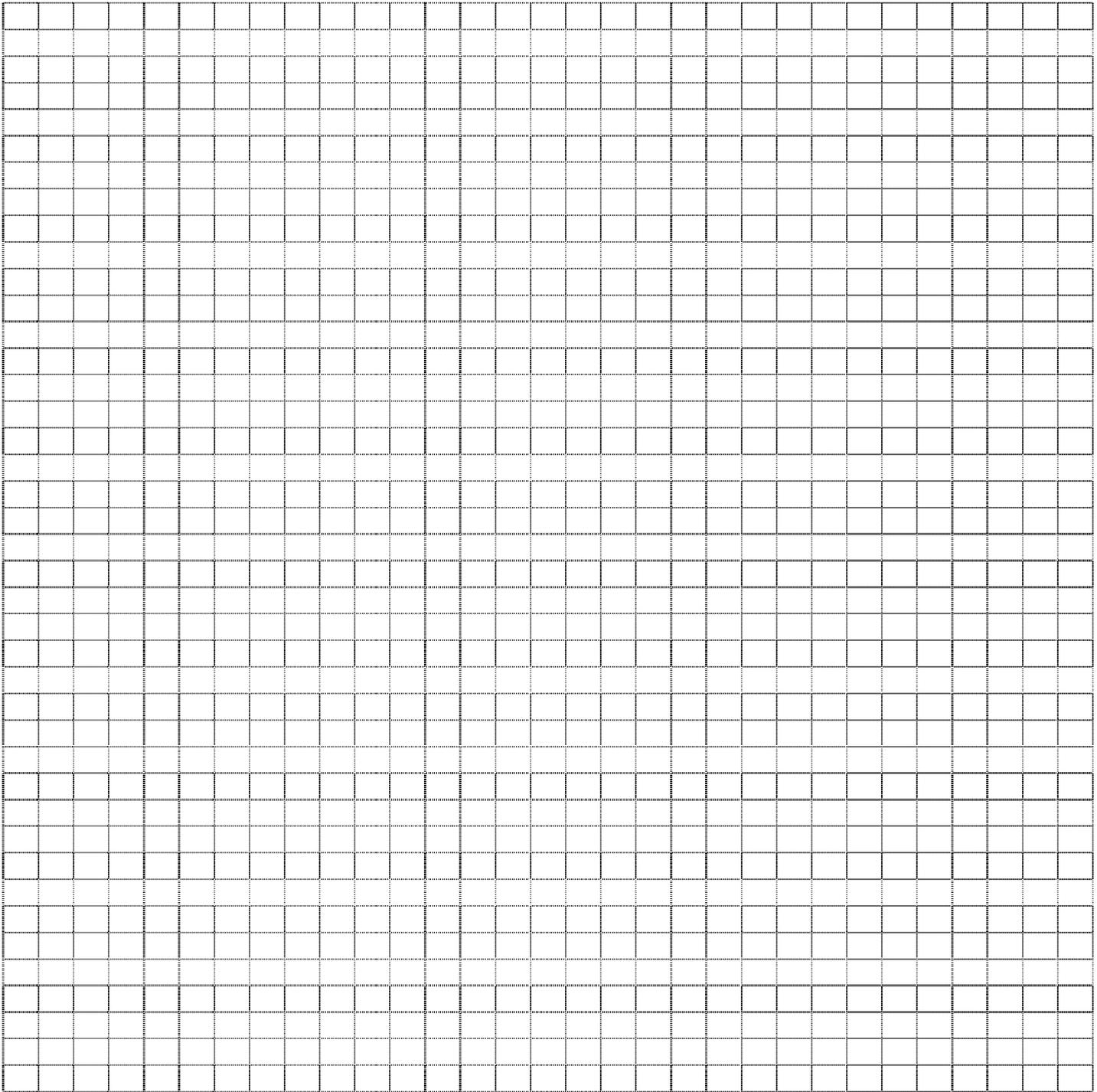
Use the codes below to note the location of the following: agricultural fields, golf courses, and tarped fields; where protective clothing is stored; where farmworker clothes is stored; bags/containers of pesticides brought home from work; any caged animals; presence of moderate or extensive mold; and any water damage.

If the home has two stories, use one piece of graph paper to sketch each level.

Map Codes

Other features	Map code
Agricultural field	1
Golf course	2
Tarped field	3
Protective clothing storage location	4
Farmworker clothing storage location	5
Bags/Containers of pesticides brought home from work	6
Caged animals	7
Moderate or extensive mold	8
Water damage	9
Discharge into yard	10
Work shoe storage location	11
Excessive garbage in yard	12

P6. SKETCH OF HOME (level 1)



a. ↓ Record direction relative to front of home _____

P6. SKETCH OF HOME (level 2)

A large grid of graph paper, consisting of 20 columns and 20 rows of small squares, intended for sketching a home.

a. ↓ Record direction relative to front of home _____

Instructions: Check date of scheduled 24-month office assessment before visit: __/__/__. This form is to be used for new homes as well as homes that have been previously inspected at the prenatal, six-month, or twelve-month home visit. Always review the introductory script with the participant before proceeding.

HOME AND SURROUNDINGS

Specify (N/Y)
whether
answered by
respondent

1. GPS coordinates of this home: **Latitude** a.) N _____ . _____ . _____
Longitude b.) W _____ . _____ . _____

**[WAIT 5 MINUTES BEFORE
TAKING SECOND READING.
DO NOT COPY COORDINATES
FROM ABOVE.]**

2. GPS coordinates of this home: **Latitude** a.) N _____ . _____ . _____
Longitude b.) W _____ . _____ . _____

3.	<i>Has a 24-month office assessment already been completed?</i>	No(5)..... 0 [Remind participant of date of 24-month office assessment – see date in instructions above.] Yes 1
4.	<i>Do you and your baby currently live in the same home that we discussed during the 24-month office assessment?</i>	No(GO TO APPENDIX A)..... 0 Yes 1
5.	A. <i>Which housing situation best describes you: Do you...</i>	<i>Rent your home from a landlord?..(5C)..... 1</i> <i>Live in the home of a family member?..... 2</i> <i>Own your own home?.....(5C)..... 3</i> <i>Other?..... 4</i> <i>Specify_____</i>
6.	B. <i>Do you pay rent for your home?</i>	No 0 Yes 1
7.	C. <i>Is this the same home that we visited when your baby was 12-months old?</i>	No 0 Yes(12)..... 1 DK..... 9

HOME AND SURROUNDINGS (CONT.)

Instructions: Perform the following assessment based on visual inspection and by asking the participant. If participant does not know where the closest facility is, drive through the neighborhood and investigate. **Always confirm participant's response by inspection.** Measure distances from the edge of respondent's property if within 200 feet.

			Specify (N/Y) whether answered by respondent
How far is the closest...? [MEASURE DISTANCE IF LESS THAN OR EQUAL TO 200 FEET]			
8. Major road or highway with 4 or more lanes of traffic? 1.) What is the name of this road? _____	Less than 50 ft 50 – 200 ft Greater than 200 ft- ¼ mile ... Greater than ¼ mile ... (7)	1 2 3 4	
9. Busy road or highway with 2-3 lanes of traffic? 1.) What is the name of this road? _____	Less than 50 ft 50 – 200 ft Greater than 200 ft- ¼ mile ... Greater than ¼ mile ... (8)	1 2 3 4	
10. Warehouse, factory or parking lot with diesel truck or bus traffic?	Less than 50 ft 50 – 200 ft Greater than 200 ft- ¼ mile Greater than ¼ mile	1 2 3 4	
11. Golf course? 1.) What is the name of this golf course? _____ 2.) Was this golf course constructed after the last visit?	Less than 50 ft 50 – 200 ft Greater than 200 ft- ¼ mile Greater than ¼ mile (10) No..... Yes.....	1 2 3 4 0 1	
[INDICATE ON MAP IF ≤200 FEET]			

HOME AND SURROUNDINGS (CONT.)

<p style="text-align: center;">A.</p> <p>How far is the closest...?</p> <p>[MEASURE DISTANCE IF LESS THAN OR EQUAL TO 200 FEET]</p>	<p style="text-align: center;">B.</p> <p>Indicate direction relative to home (N=01, S=02, E=03, W=04, SW=05, NW=06, NE=07, SE=08, DK=09, Surrounded=10)</p>
---	--

<p>12. Agricultural field or orchard</p> <p style="margin-left: 40px;">Less than 50 ft 1</p> <p style="margin-left: 40px;">50 – 200 ft 2</p> <p style="margin-left: 40px;">Greater than 200 ft- ¼ mile ... 3</p> <p style="margin-left: 40px;">Greater than ¼ mile ... (11A)... 4</p> <p>[INDICATE ON MAP IF ≤200 FEET]</p> <p>FOR FIELDS ≤ 200 FEET, SPECIFY THE CROP AND DISTANCE:</p> <p>1a.) Crop _____</p> <p style="margin-left: 20px;">b.) Distance _____ ft</p> <p>2a.) Crop _____</p> <p style="margin-left: 20px;">b.) Distance _____ ft</p> <p>3a.) Crop _____</p> <p style="margin-left: 20px;">b.) Distance _____ ft</p> <p>[CODE CROP(S) LATER]</p>	<p style="text-align: center; margin-top: 100px;">____, ____</p>
<p>13. Field that is currently covered by a white or clear plastic tarp</p> <p style="margin-left: 40px;">Less than 50 ft 1</p> <p style="margin-left: 40px;">50 – 200 ft 2</p> <p style="margin-left: 40px;">Greater than 200 ft- ¼ mile 3</p> <p style="margin-left: 40px;">Greater than ¼ mile (12)... 4</p> <p>[INDICATE ON MAP IF ≤200 FEET]</p>	<p style="text-align: center; margin-top: 100px;">____, ____</p>

HOME AND SURROUNDINGS (CONT.)

14.	Which best describes the structure of the home?	Detached home 01 Duplex (two apartment)..... 02 Building with three or more apartments... 03 Trailer or mobile home 04 House in fields/camp 05 Garage converted to residence (finished) 06 Garage (unfinished) 07 Hotel or motel 08 Other 09 Specify: _____																	
15.	Entire living area (kitchen, living room, sleeping room) in one space?	No 0 Yes 1																	
16.	How many rooms are in the home?	1..... 1 2..... 2 3..... 3 4..... 4 More than 5..... 5																	
17.	Farm animals living in the yard?	No(17)..... 0 Yes 1																	
18.	Type: [CIRCLE "1" FOR YES AND "0" FOR NO]	<table border="0"> <tr> <td></td> <td style="text-align: center;"><u>N</u> <u>Y</u></td> </tr> <tr> <td>Chickens, ducks, turkeys.....</td> <td style="text-align: right;">0 1</td> </tr> <tr> <td>Cow</td> <td style="text-align: right;">0 1</td> </tr> <tr> <td>Goat</td> <td style="text-align: right;">0 1</td> </tr> <tr> <td>Pig</td> <td style="text-align: right;">0 1</td> </tr> <tr> <td>Rabbits.....</td> <td style="text-align: right;">0 1</td> </tr> <tr> <td>Other.....</td> <td style="text-align: right;">0 1</td> </tr> <tr> <td>Specify_____</td> <td></td> </tr> </table>		<u>N</u> <u>Y</u>	Chickens, ducks, turkeys.....	0 1	Cow	0 1	Goat	0 1	Pig	0 1	Rabbits.....	0 1	Other.....	0 1	Specify_____		
	<u>N</u> <u>Y</u>																		
Chickens, ducks, turkeys.....	0 1																		
Cow	0 1																		
Goat	0 1																		
Pig	0 1																		
Rabbits.....	0 1																		
Other.....	0 1																		
Specify_____																			

ROOM BY ROOM ASSESSMENT

Instructions: Perform the following room-by-room assessment, beginning with the kitchen. Ask for permission before entering each room.

KITCHEN

19.	Does this home have a kitchen?	No(23).....	0
		Yes	1
		Yes, but no access ... (23).....	2
20.	Type of stove? [CODE 1 IF ANY GAS COOKING STOVE IS PRESENT]	None.....(20).....	0
		Gas	1
		Electric range or hot plate.....(20).....	2
21.	Stove pilot burning?	No	0
		Yes	1
22.	Is there a portable gas (camping) stove?	No	0
		Yes	1
23.	Type of oven?	None(37A).....	0
		Gas	1
		Electric(37A).....	2
24.	Oven pilot burning?	No(37A).....	0
		Yes (37A).....	1

⇒37A in the room-by-room grid (Page 13).

INDOOR AIR			Specify (N/Y) whether answered by respondent
25.	<i>Does this home have a hot water heater located inside the home?</i> PLEASE SHOW ME.	No(25).....	0
		Yes	1
26.	EST's, is it a gas water heater?	No	0
		Yes	1
		DK	9
27.	<i>Is there a clothes dryer in this home?</i> PLEASE SHOW ME.	No(28).....	0
		Yes	1
28.	EST's, is it a gas clothes dryer?	No	0
		Yes	1
29.	Dryer vented to outside of home?	No	0
		Yes	1

WORK CLOTHING

Specify (N/Y) whether answered by respondent

30.	In the last 12 months, has anyone living in this home worked in agriculture or any other job on this list? [READ CARD 1]	No(32)..... Yes	0 1	
31.	A. Are work clothes from these agricultural workers stored inside your home? PLEASE SHOW ME.	No	0	_____
		Yes	1	_____
32.	B. EST's, are these work clothes kept in sealed bags or sealed containers?	No	0	
		Yes	1	
		DK	9	
33.	Some employers require workers to wear special clothing or equipment to prevent pesticide exposure. Is any protective clothing or equipment stored in or around the home? PLEASE SHOW ME.	No(32).....	0	
		Yes	1	
		DK(32).....	9	
34.	Where is protective clothing or equipment kept? [CIRCLE "1" FOR "YES" AND "0" FOR "NO"] [INDICATE ON MAP]	Laundry room	N Y 0 1	
		Child's bedroom or sleeping area.....	0 1	
		Other bedroom or sleeping area.....	0 1	
		Bedroom closet	0 1	
		Kitchen	0 1	
		Bathroom.....	0 1	
		Hallway.....	0 1	
		Hall closet	0 1	
		Living room.....	0 1	
		Outside.....	0 1	
		Garage.....	0 1	
		Car.....	0 1	
		Other.....	0 1	
		Specify_____		
DK.....	0 1			

CHILD'S SLEEPING AREA

	Child's
--	----------------

		Sleeping Area	
35.	Is a mite impermeable or plastic cover on the mattress?	No mattress.....	0
		No mite cover	1
		Yes mite cover.....	2
36.	Is a mite impermeable or plastic cover on all the pillows?	No pillows..... (35)	0
		No mite covers.....	1
		Yes.....	2
37.	No. of synthetic pillows on child's bed?	Number.....	—
	No. of down pillows on child's bed?	Number.....	—
38.	Down comforter on the bed?	No	0
		Yes	1
39.	How many stuffed animals on the child's bed?	None.....	0
		1-5.....	1
		6-10.....	2
		Greater than 10.....	3

⇒37B in the room-by-room grid (Page 13).

Room-by-room Grid: Always ask for permission before entering room.

If more than one bathroom is used, fill out responses for bathroom used by mother and child most often.

		A. Kitchen	B. Child Sleeping Area	C. Mother Sleeping Area	D. Living Room	E. Bathroom
40. Does this home have a _____ ?	0- No / No access 1- Yes	_____	_____	_____	_____	_____
41. Type of floor covering:(Hard=linoleum, tile, wood, etc)	0- Hard floor 1- Wall to wall 2- Area rug 3- Many area rugs 4- WW+Area rug	_____ _____	_____ _____	_____ _____	_____ _____	_____ _____
42. Mold present:	0- None 1- Minimal 2- Moderate 3- Extensive	_____	_____	_____	_____	_____
43. Windows in room:	0- No, Skip to 46 1- Yes	_____	_____	_____	_____	_____
44. Windows openable:	0- No 1- Yes	_____	_____	_____	_____	_____
45. Window condensation:	0- No 1- Yes	_____	_____	_____	_____	_____
46. Water pooled @ bottom of the window:	0- No 1- Yes	_____	_____	_____	_____	_____
47. Any windows with coverings:	0- No, Skip to 46 1- Yes	_____	_____	_____	_____	_____
48. What type of covering:	0- Shades 1- Curtains 2- Drapes 3- Heavy Drapes 4- Blinds	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____
49. Water damage or rotting wood in room:	0- No 1- Yes	_____	_____	_____	_____	_____
50. Peeling paint in room:	0- No 1- Yes	_____	_____	_____	_____	_____
51. Musty odor:	0- No 1- Yes	_____	_____	_____	_____	_____
52. Evidence of mice, rats, or rodents:	0- No 1- Yes	_____	_____	_____	_____	_____
53. Evidence of cockroaches:	0- No 1- Yes	_____	_____	_____	_____	_____
54. Does the mother usually sleep in the child's sleeping area?	0- No 1- Yes		0 ⇒ 37C 1 ⇒ 37D			
		⇒ 23 Page 10		⇒ 37D	⇒ 37E	⇒ 52

PESTICIDES IN THE HOME OR YARD

Specify (N/Y)
whether
answered by
respondent

55.	Are there any roach motels or traps inside the home?	No 0 Yes 1
56.	Are there any ant stakes inside the home?	No 0 Yes 1
57.	Is there evidence of Chinese chalk application inside the home?	No 0 Yes 1
58.	Is there any rodent poison inside the home?	No 0 Yes 1
59.	<p><i>Does anyone store pesticide containers or bags from work in or around the home?</i></p> <p>PLEASE SHOW ME.</p> <p>[INDICATE ON MAP]</p>	<p>No.....(58)..... 0</p> <p>Yes..... 1</p> <p>a.) SPECIFY LOCATION: [CODE LATER]</p> <p>_____</p>
	A. Were these pesticides purchased by a household member?	No 0 Yes 1 DK..... 9
	B. Do you or anyone else currently living with you own their own farm or landscape maintenance business?	No 0 Yes 1 DK..... 9
60.	<p>Are there <u>any</u> pesticides or insecticides stored anywhere in or around your home? Include insect sprays, ant and roach motels, flea powder or sprays for your pet, Chinese chalk, etc.</p> <p>PLEASE SHOW ME.</p>	<p>No ...(60 – unless observed)..... 0</p> <p>Yes(59)..... 1</p> <p>Yes, but no access.....(60)..... 2</p> <p>[IF PESTICIDES WERE OBSERVED DURING INSPECTION, COMPLETE TABLE]</p>

PESTICIDES IN THE HOME

Instructions: Perform this section last and be sure to use gloves when handling pesticide containers. DO NOT handle any open or leaking containers. Make sure to list all pesticides found in home or yard. If more than 3 pesticides are present, complete Appendix B.

		Pesticide 1	Pesticide 2	Pesticide 3
61.	a. Brand name of pesticide	_____	_____	_____
	b. Target pest Ants.....01 Roaches02 Ants and roaches03 Fleas04 Flying insects05 Other insects06 Snails/ slugs07 Termites08 Aphid09 Fungus10 Weeds11 Rodents12	_____	_____	_____
	c. EPA Registration #	_____ _____	_____ _____	_____ _____
	d. Active ingredient(s) [CODE LATER] [CONFIRM CAS# WHEN CODING]	Name _____ _____ Code ____ _ Name _____ _____ Code ____ _ Name _____ _____ Code ____ _ Name _____ _____ Code ____ _	Name _____ _____ Code ____ _ Name _____ _____ Code ____ _ Name _____ _____ Code ____ _ Name _____ _____ Code ____ _	Name _____ _____ Code ____ _ Name _____ _____ Code ____ _ Name _____ _____ Code ____ _ Name _____ _____ Code ____ _

PESTICIDES IN THE HOME (CONT.)

62.	e. <i>Where was pesticide applied/used since we last visited your home or since your baby has lived here?</i> [READ CHOICES] Bathroom01 Kitchen02 Utility room/closet.....03 Other indoor04 Around outside edge of home05 Garage06 Shed (detached from house)07 Lawn08 Garden09	_____ _____ _____	_____ _____ _____	_____ _____ _____
	f. <i>When was the last time the pesticide was applied?</i> [IF DK MONTH, ASCERTAIN SEASON]	_____ / _____ MO YR [DK = 99/11]	_____ / _____ MO YR [DK = 99/11]	_____ / _____ MO YR [DK = 99/11]
63.	<i>Were any other pesticides used other than by professional applicators or the ones found here?</i>	No..... 0 Yes (59 or Appendix B) 1		

HOME OBSERVATION

64.	Are there any candles or votives currently burning in any room of the home?	No 0 Yes 1
65.	Are there any signs of smoking in the home? (cigarette or cigar butts, pipes, ash-trays)	No 0 Yes 1
66.	Are at least 10 books present and visible?	No 0 Yes 1

HOME OBSERVATION (CONT.)

67.	In the area(s) where the child spends time is (are) there...?	N	Y
	Broken glass present?.....	0	1
	Furniture with obvious wood splinters?.....	0	1
	Uncovered rotary fan less than 3 ft from ground?.....	0	1
	Boards with nails sticking out?.....	0	1
	Unprotected stairs?.....	0	1
	Curtains/blinds with string that could strangle child?.....	0	1
	Medicine, cleansers, other toxics in reach?.....	0	1
	Pot handles sticking over stove?.....	0	1
	House with play area too close to street?.....	0	1
	Electrical wires exposed and in reach of child?.....	0	1
	Wall heater unprotected?.....	0	1
	Garbage/debris in yard?.....	0	1
	Choking hazards present (i.e. marbles)?.....	0	1
	Crib with dangerous spacing between bars?.....	0	1
	Other..... Specify _____ [CODE LATER]		
	Overall, does the environment seem dangerous?.....	0	1

68. Are there any concerns you have about hazards or exposures you have seen that you would like to report?

OVERALL CONDITION OF THE HOME (HOUSEKEEPING)

NOTE: Question 64 is to be completed after leaving the home, at the end of the survey.

69.	Describe the quality of the housekeeping.	Extremely poor housekeeping, no recent cleaning, lack of organization, greasy cooking area, clutter throughout 1
		The "average" level of housekeeping. Regular cleaning occurs 2
		Excellent housekeeping. Organized, nothing out of place 3

INTERVIEWER REMARKS

PLEASE ANSWER THE FOLLOWING QUESTIONS IMMEDIATELY AFTER COMPLETING THE HOME VISIT.

70.	Who was the main respondent during the home visit?	Mother of baby..... 1 Father of baby or current partner..... 2 Other household member 3 SPECIFY _____ Other non-household member..... 4 SPECIFY _____
71.	Overall, the main respondent's cooperation was:	Excellent 1 Good 2 Fair 3 Poor 4

72. Circle the code that best describes the quality of information provided by the subject during the home visit. If Code 3 is circled, please specify the reason.

	Excellent / More than Adequate	Adequate	Poor / Inadequate	Not Applicable	Reason
A. Ability of main respondent to answer questions	1	2	3	4	
B. Access to rooms in home	1	2	3	4	
C. Access to areas within rooms	1	2	3	4	
D. Time to complete inspection	1	2	3	4	
E. Cooperation of other household members	1	2	3	4	

NOTE: Please respond to the following question or write "N/A".

73. List below any questions asked by respondent that you were not able to answer:

APPENDIX A: GENERAL INFORMATION / PESTICIDE EXPOSURE

NOTE: The following questions should be asked only of study participants who have changed homes since the date of their Twenty-four Month Office Assessment.

A1.	<i>When did you move to this home?</i>	_____ / _____ / _____ MO DAY YR [DK=99/99/11]
-----	--	---

PETS

A2.	<i>Are there any pets living inside this home?</i>	No(A4)..... 0 Yes 1
A3.	<i>Do any of the following animals live in this home?</i>	<i>IF YES, HOW MANY?</i>
	<i>a. Cats?.....</i>	N Y _____
	<i>b. Dogs?.....</i>	0 1 _____

HOUSEHOLD MEMBERS

- A4 A. What are the first names of all of the people who have lived in your home, since the last time we spoke, not including yourself or your child even people who do not currently live there? **[AFTER EACH PERSON ASK]:** How is this person related to you? **[USE CODES BELOW]**
- B. Which of these people currently live in your home?
- C. Which of these people are 18 or younger? **[AFTER EACH CHILD ASK]:** How old is this child?
- D. Has anyone living in your home worked in agriculture or any other job on this list since the last time we spoke? **[READ CARD 1]**
 NO...(BOTTOM)...0
 YES.....1
- E. **[IF YES]** What jobs have they done? Tell me all that apply. **[USE CODES ON CARD 1]**
- F. Are they currently working in agriculture? **[IF YES]:** Who?

1.	NAME	AND	RELATIONSHIP ↓	AGE, IF CHILD	↓	1. JOB	2. JOB	[1=YES] [0 = NO]
				[CODE 0 = OTHERWISE] [CODE 88 IF > 18 YEARS OLD]				
1.	_____	_____	_____	_____ YRS	_____	_____	_____	_____
2.	_____	_____	_____	_____ YRS	_____	_____	_____	_____
3.	_____	_____	_____	_____ YRS	_____	_____	_____	_____
4.	_____	_____	_____	_____ YRS	_____	_____	_____	_____
5.	_____	_____	_____	_____ YRS	_____	_____	_____	_____
6.	_____	_____	_____	_____ YRS	_____	_____	_____	_____
7.	_____	_____	_____	_____ YRS	_____	_____	_____	_____
8.	_____	_____	_____	_____ YRS	_____	_____	_____	_____
9.	_____	_____	_____	_____ YRS	_____	_____	_____	_____
10.	_____	_____	_____	_____ YRS	_____	_____	_____	_____
11.	_____	_____	_____	_____ YRS	_____	_____	_____	_____
12.	_____	_____	_____	_____ YRS	_____	_____	_____	_____
13.	_____	_____	_____	_____ YRS	_____	_____	_____	_____
14.	_____	_____	_____	_____ YRS	_____	_____	_____	_____
15.	_____	_____	_____	_____ YRS	_____	_____	_____	_____

- | | | |
|---------------------|-------------------|-------------------------|
| 21. HUSBAND/PARTNER | 28. FATHER | 35. BROTHER-IN-LAW |
| 22. YOUR SON | 29. FATHER-IN-LAW | 36. COUSIN |
| 23. YOUR DAUGHTER | 30. AUNT | 37. NIECE |
| 24. STEPSON | 31. UNCLE | 38. NEPHEW |
| 25. STEPDAUGHTER | 32. SISTER | 39. FRIEND / ROOMMATE / |
| 26. MOTHER | 33. SISTER-IN-LAW | BOARDER |
| 27. MOTHER-IN-LAW | 34. BROTHER | 40. OTHER _____ |

[IF NO HOUSEHOLD MEMBERS HAVE WORKED AT THESE JOBS (INCLUDING INTERVIEWEE, SKIP TO Q4)]

APPENDIX A: GENERAL INFORMATION / PESTICIDE EXPOSURE (CONT.)

A5.	<i>How many of the people you currently live with, including yourself, usually wear their regular work clothes inside your <u>current</u> home?</i>	<p style="text-align: right;">__ __ PEOPLE</p> <p style="text-align: right;">[00=NONE; 99=DK]</p>
A6.	<i>How many of these people usually wear their workshoes inside your <u>current</u> home?</i>	<p style="text-align: right;">__ __ PEOPLE</p> <p style="text-align: right;">[00=NONE; 99=DK]</p>
A7.	<p><i>How many of these have been required by their employer to wear protective clothing?</i></p> <p><i>Protective clothing is clothing required by an employer to prevent pesticide exposure at work. This is clothing worn in addition to regular work clothes.</i></p>	<p style="text-align: right;">__ __ PEOPLE</p> <p style="text-align: right;">[00=NONE; 99=DK]</p>

[RETURN TO QUESTION 4 AND COMPLETE HOME VISIT FORM]

APPENDIX B. PESTICIDES IN THE HOME

Instructions: Perform this section last and be sure to use gloves when handling pesticide containers. DO NOT handle any open or leaking containers. Make sure to list all pesticides found in home or yard.

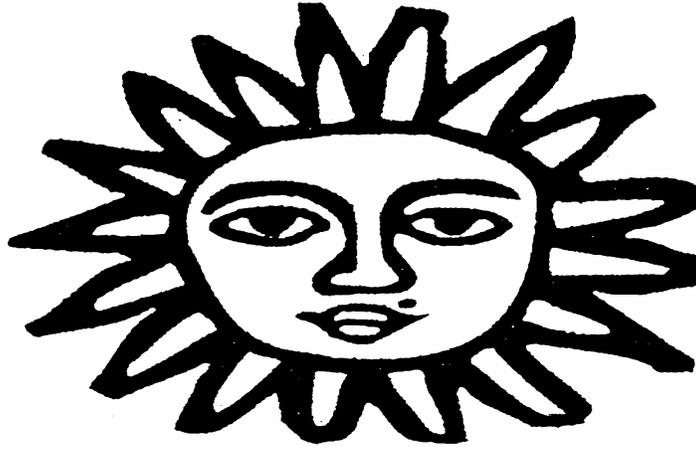
		Pesticide 4	Pesticide 5	Pesticide 6
B1.	a. Brand name of pesticide	_____	_____	_____
	b. Target pest Ants.....01 Roaches02 Ants and roaches03 Fleas04 Flying insects05 Other insects06 Snails/ slugs07 Termites08 Aphid09 Fungus10 Weeds11 Rodents12	_____ _____	_____ _____	_____ _____
	c. EPA Registration #	_____ _____	_____ _____	_____ _____
	d. Active ingredient(s) [CODE LATER] [CONFIRM CAS# WHEN CODING]	Name _____ _____ Code ____ ____ Name _____ _____ Code ____ ____ Name _____ _____ Code ____ ____ Name _____ _____ Code ____ ____	Name _____ _____ Code ____ ____ Name _____ _____ Code ____ ____ Name _____ _____ Code ____ ____ Name _____ _____ Code ____ ____	Name _____ _____ Code ____ ____ Name _____ _____ Code ____ ____ Name _____ _____ Code ____ ____ Name _____ _____ Code ____ ____

APPENDIX B. PESTICIDES IN THE HOME (CONT.)

B1.		Pesticide 4	Pesticide 5	Pesticide 6
	<p>e. <i>Where was pesticide applied/used since the 12-month home visit or since your baby has lived here?</i> [READ CHOICES] Bathroom01 Kitchen02 Utility room/closet.....03 Other indoor04 Around outside edge of home05 Garage06 Shed (detached from house)07 Lawn08 Garden09</p>	<p>____ _</p> <p>____ _</p> <p>____ _</p>	<p>____ _</p> <p>____ _</p> <p>____ _</p>	<p>____ _</p> <p>____ _</p> <p>____ _</p>
	<p>f. <i>When was the last time the pesticide was applied?</i> [IF DK MONTH, ASCERTAIN SEASON]</p>	<p>____ / ____</p> <p>MO YR</p> <p>[DK = 99/11]</p>	<p>____ / ____</p> <p>MO YR</p> <p>[DK = 99/11]</p>	<p>____ / ____</p> <p>MO YR</p> <p>[DK = 99/11]</p>

Card 1:

- Done farm fieldwork such as harvesting, thinning or weeding 01
- Handled or applied fertilizers 02
- Applied agricultural pesticides or insecticides 03
- Handled containers of agricultural pesticides or insecticides 04
- Operated farm equipment or driven a tractor 05
- Worked as a foreman of agriculture work 06
- Laid irrigation pipe, sprinklers, or hoses or other irrigation work 07
- Worked in a packing shed with fruits, vegetables, or flowers 08
- Worked in a nursery or greenhouse 09
- Worked in landscape maintenance at a golf course or someplace else 10
- Killed or exterminated termites or other pests in homes or buildings 11
- Worked in a cannery, winery or other food processing plant where fruits and vegetables are handled 12
- Other work where pesticides are handled 13



QC	Date	ID
Review:		
Initial EST	__/__/__	__
Initial FC	__/__/__	__
Final EST	__/__/__	__

CHAMACOS

Twelve Month Home Visit Form

P1. Date of Home Visit: ___/___/___
MO DAY YR

P2. Time Visit began: ___:___ AM/PM

P3. Time Home Visit ended: ___:___ AM/PM

P4. Collector who Completed Survey/Interviewed: a.) _____ CODE
b.) _____ CODE

NOTE: THERE WILL BE A SEPARATE FORM TO DOCUMENT SAMPLE COLLECTION INFORMATION (DUST, MOLDS, GPS AND WEATHER CONDITIONS).

FOR ALL OBSERVATION BASED QUESTIONS, INSPECT THOROUGHLY AND RECORD FINDINGS. IF IN DOUBT AFTER INSPECTING, ASK RESPONDENT.

THE FOLLOWING EQUIPMENT WILL BE NECESSARY TO COMPLETE THE HOME INSPECTION: FLASHLIGHT, COMPASS; SCREW DRIVER; GLOVES; ROLLING TAPE MEASURE; STREET MAP; CLIP BOARD; BLUE WATERPROOF PEN.

ALL QUESTIONS THAT ARE *ITALICIZED* SHOULD BE ASKED TO THE PARTICIPANT.

BRING PARTICIPANT'S ADDRESS AND PHONE NUMBER (KEEP SEPARATE FROM DOCUMENTS WITH HSN).

Instructions: This form is to be used for new homes as well as homes that have been previously inspected at the prenatal or six-month home visit. Always review the introductory script with the participant before proceeding.

Specify (N/Y)
whether
answered by
respondent

HOME AND SURROUNDINGS

1.	<i>Do you and your baby currently live in the same home that we discussed during the 12-month interview?</i>	No (GO TO APPENDIX A) 0 Yes 1	
2.	<i>In general, how often do trucks or buses pass through on the road next to your home?</i>	Never..... 0 1 or fewer than 1 time per day 1 2-10 times per day 2 More than 10 times per day 3 DK 9	
	[READ CHOICES]		
3.	<i>Is daytime traffic noise so loud that you cannot carry a conversation?</i>	No 0 Yes 1	
4.	<i>Have you seen any mice, rats or other rodents in this home?</i>	No (6) 0 Yes 1	
5.	<i>In which room(s) have you seen mice, rats or other rodents?</i>		<u>N</u> <u>Y</u>
	[READ CHOICES]	Kitchen..... 0 1 Living room..... 0 1 Mother's sleeping area..... 0 1 Child's sleeping area..... 0 1 Bathroom..... 0 1 Other room..... 0 1	
6.	<i>Have you seen any cockroaches in this home?</i>	No (8) 0 Yes 1	
7.	<i>In which room(s) have you seen cockroaches?</i>		<u>N</u> <u>Y</u>
	[READ CHOICES]	Kitchen..... 0 1 Living room..... 0 1 Mother's sleeping area..... 0 1 Child's sleeping area..... 0 1 Bathroom..... 0 1 Other room..... 0 1	

HOME AND SURROUNDINGS (CONT.)

Specify (N/Y)
whether
answered
by respondent

8.	Are there any cats living in the yard that are <u>not</u> allowed inside your home?	No(9)..... 0 1 Yes a.) HOW MANY CATS ARE THERE? ____	_____																											
9.	Are there any pets living in cages inside your home? PLEASE SHOW ME.	No(12)..... 0 Yes 1	_____																											
10.	Type of animal(s) in cage(s): [CODE LATER]	1. _____ 2. _____ 3. _____	_____ _____ _____ _____																											
11.	Where are the caged animals located in the home? [CIRCLE "1" FOR "YES" AND "0" FOR "NO"] [INDICATE LOCATION ON MAP]	Kitchen Bathroom Living room Child's bedroom or sleeping area... Mother's bedroom or sleeping area... Hallway..... Basement Other Specify _____	<table border="0"> <tr> <td></td> <td style="text-align: center;"><u>N</u></td> <td style="text-align: center;"><u>Y</u></td> </tr> <tr> <td>Kitchen</td> <td style="text-align: center;">0</td> <td style="text-align: center;">1</td> </tr> <tr> <td>Bathroom</td> <td style="text-align: center;">0</td> <td style="text-align: center;">1</td> </tr> <tr> <td>Living room</td> <td style="text-align: center;">0</td> <td style="text-align: center;">1</td> </tr> <tr> <td>Child's bedroom or sleeping area...</td> <td style="text-align: center;">0</td> <td style="text-align: center;">1</td> </tr> <tr> <td>Mother's bedroom or sleeping area...</td> <td style="text-align: center;">0</td> <td style="text-align: center;">1</td> </tr> <tr> <td>Hallway</td> <td style="text-align: center;">0</td> <td style="text-align: center;">1</td> </tr> <tr> <td>Basement</td> <td style="text-align: center;">0</td> <td style="text-align: center;">1</td> </tr> <tr> <td>Other</td> <td style="text-align: center;">0</td> <td style="text-align: center;">1</td> </tr> </table>		<u>N</u>	<u>Y</u>	Kitchen	0	1	Bathroom	0	1	Living room	0	1	Child's bedroom or sleeping area...	0	1	Mother's bedroom or sleeping area...	0	1	Hallway	0	1	Basement	0	1	Other	0	1
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Basement	0	1																												
Other	0	1																												

HOME AND SURROUNDINGS (CONT.)

Specify (N/Y) whether answered by respondent

12.	<i>Do you and your baby currently live in the same home that we visited when your baby was six-months old?</i>	No(Columns B and C only).....	0
		Yes(Start with Column A).....	1
		DK.....(Columns B and C only).....	9

Instructions: Perform the following assessment based on visual inspection and by asking the participant. If participant does not know where the closest facility is, drive through the neighborhood and investigate. **Always confirm participant's response by inspection.** Measure distances from the edge of respondent's property if within 200 feet. Record direction of facility or road if less than ¼ mile away.

	A. <i>Since the last time we visited the home have there been any....?</i>	B. <i>How far is the closest...?</i> [MEASURE DISTANCE IF LESS THAN OR EQUAL TO 200 FEET]	C. Indicate direction relative to home (N=1, S=2, E=3, W=4, SW=5, NW=6, NE=7, SE=8, DK=9)
13.	<i>major roads or highways with 4 or more lanes of traffic constructed or closed?</i> No..... (14) 0 Yes(□)..... 1 DK..... (□)..... 9	<i>Major road or highway with 4 or more lanes of traffic</i> Less than 50 ft 1 50 – 200 ft 2 Greater than 200 ft- ¼ mile ... 3 Greater than ¼ mile ... (14) 4 2.) <i>What is the name of this road?</i> _____	_____
14.	<i>busy roads or highways with 2-3 lanes of traffic constructed or closed?</i> No..... (15) 0 Yes(□)..... 1 DK..... (□)..... 9	<i>Busy road or highway with 2-3 lanes of traffic</i> Less than 50 ft 1 50 – 200 ft 2 Greater than 200 ft- ¼ mile ... 3 Greater than ¼ mile ... (15) 4 1.) <i>What is the name of this road?</i> _____	_____
15.	<i>unpaved roads constructed or closed?</i> No..... (16) 0 Yes(□)..... 1 DK..... (□)..... 9	<i>Unpaved road</i> Less than 50 ft 1 50 – 200 ft 2 Greater than 200 ft- ¼ mile ... 3 Greater than ¼ mile ... (16) 4	_____

HOME AND SURROUNDINGS (CONT.)

	<p>A. Since the last time we visited the home have there been any.....?</p>	<p>B. How far is the closest...? [MEASURE DISTANCE IF LESS THAN OR EQUAL TO 200 FEET]</p>	<p>C. Indicate direction relative to home (N=1, S=2, E=3, W=4, SW=5, NW=6, NE=7, SE=8, DK=9)</p>	<p>Specify (N/Y) Whether answered by respondent</p>
<p>16.</p>	<p><i>manufacturing or food processing factories constructed or closed?</i> No..... (17)..... 0 Yes(□).... 1 DK.....(□)..... 9</p>	<p><i>Manufacturing or food processing factory</i> Less than 50 ft 1 50 – 200 ft 2 Greater than 200 ft- ¼ mile ... 3 Greater than ¼ mile ...(17).... 4 1.) What is the name of this factory? _____</p>	<p>_____</p>	<p>_____</p>
<p>17.</p>	<p><i>parks or schools constructed or closed?</i> No..... (18)..... 0 Yes(□)..... 1 DK..... (□).... 9</p>	<p><i>Park or school</i> Less than 50 ft 1 50 – 200 ft 2 Greater than 200 ft- ¼ mile ... 3 Greater than ¼ mile(18).... 4</p>	<p>_____</p>	<p>_____</p>
<p>18.</p>	<p><i>gas stations or autobody/repair shops constructed or closed?</i> No..... (19)..... 0 Yes(□).... 1 DK..... (□).... 9</p>	<p><i>Gas station or autobody / repair shop</i> Less than 50 ft 1 50 – 200 ft 2 Greater than 200 ft- ¼ mile ... 3 Greater than ¼ mile(19).... 4</p>	<p>_____</p>	<p>_____</p>
<p>19.</p>	<p><i>large parking lots for stores constructed or closed?</i> No..... (20)..... 0 Yes(□).... 1 DK..... (□).... 9</p>	<p><i>Large parking lot for stores</i> Less than 50 ft 1 50 – 200 ft 2 Greater than 200 ft- ¼ mile ... 3 Greater than ¼ mile(20).... 4 [INCLUDE PARKING FOR SHOPPING CENTERS AND MALLS WITH MORE THAN 100 STALLS]</p>	<p>_____</p>	<p>_____</p>

HOME AND SURROUNDINGS (CONT.)

	<p>A. <i>Since the last time we visited the home have there been any....?</i></p>	<p>B. <i>How far is the closest...?</i> [MEASURE DISTANCE IF LESS THAN OR EQUAL TO 200 FEET]</p>	<p>C. Indicate direction relative to home (N=1, S=2, E=3, W=4, SW=5, NW=6, NE=7, SE=8, DK=9)</p>	<p>Specify (N/Y) whether answered by respondent</p>
<p>20.</p>	<p><i>warehouses, factories or parking lots with diesel truck or bus traffic constructed or closed?</i></p> <p>No..... (21)..... 0</p> <p>Yes(<input type="checkbox"/>)..... 1</p> <p>DK..... (<input type="checkbox"/>)..... 9</p>	<p><i>Warehouse, factory or parking lot with diesel truck or bus traffic</i></p> <p><i>Less than 50 ft 1</i></p> <p><i>50 – 200 ft 2</i></p> <p><i>Greater than 200 ft- ¼ mile 3</i></p> <p><i>Greater than ¼ mile(21). 4</i></p>	<p>_____</p>	<p>_____</p>
<p>21.</p>	<p><i>golf courses constructed or closed?</i></p> <p>No..... (22)..... 0</p> <p>Yes(<input type="checkbox"/>)..... 1</p> <p>DK..... (<input type="checkbox"/>)..... 9</p>	<p><i>Golf course</i></p> <p><i>Less than 50 ft 1</i></p> <p><i>50 – 200 ft 2</i></p> <p><i>Greater than 200 ft- ¼ mile 3</i></p> <p><i>Greater than ¼ mile(22). 4</i></p> <p><i>What is the name?</i></p> <p>1.) _____</p> <p>[INDICATE ON MAP IF ≤200 FEET]</p>	<p>_____</p>	<p>_____</p>
<p>22.</p>	<p><i>new streams from agricultural run-off?</i></p> <p>No..... (23B)..... 0</p> <p>Yes(<input type="checkbox"/>)..... 1</p> <p>DK..... (<input type="checkbox"/>)..... 9</p>	<p><i>Stream from agricultural run-off</i></p> <p><i>Less than 50 ft 1</i></p> <p><i>50 – 200 ft 2</i></p> <p><i>Greater than 200 ft- ¼ mile 3</i></p> <p><i>Greater than ¼ mile ...(23B) 4</i></p>	<p>_____</p>	<p>_____</p>

HOME AND SURROUNDINGS (CONT.)

	<p>A. Since the last time we visited the home have there been any.....?</p>	<p>B. How far is the closest...? [MEASURE DISTANCE IF LESS THAN OR EQUAL TO 200 FEET]</p>	<p>C. Indicate direction relative to home (N=01, S=02, E=03, W=04, SW=05, NW=06, NE=07, SE=08, DK=09, Surrounded=10)</p>	<p>Specify (N/Y) whether answered by respondent</p>
<p>23.</p>	<p>[SKIP TO 23B]</p>	<p><i>Agricultural field or orchard</i></p> <p>Less than 50 ft(1a.)..... 1</p> <p>50 – 200 ft(1a.)..... 2</p> <p>Greater than 200 ft- ¼ mile ... 3</p> <p>Greater than ¼ mile ...(24B)... 4</p> <p>[INDICATE ON MAP IF ≤200 FEET]</p> <p>FOR FIELDS ≤ 200 FEET, SPECIFY THE CROP AND DISTANCE:</p> <p>1a.) Crop _____</p> <p>b.) Distance _____ ft</p> <p>2a.) Crop _____</p> <p>b.) Distance _____ ft</p> <p>3a.) Crop _____</p> <p>b.) Distance _____ ft</p> <p>[CODE CROP(S) LATER]</p>	<p>_____, ____</p> <p>_____, ____</p> <p>_____, ____</p> <p>_____, ____</p>	<p>_____</p>
<p>24.</p>	<p>[SKIP TO 24B]</p>	<p><i>Field that is <u>currently</u> covered by a white or clear plastic tarp</i></p> <p>Less than 50 ft 1</p> <p>50 – 200 ft 2</p> <p>Greater than 200 ft- ¼ mile ... 3</p> <p>Greater than ¼ mile(25)... 4</p> <p>[INDICATE ON MAP IF ≤200 FEET]</p>	<p>_____</p>	<p>_____</p>

HOME AND SURROUNDINGS (CONT.)

Specify (N/Y)
whether
answered by
respondent

25.	<p><i>Is there a space under the house between the floor and the ground large enough for a person to crawl in? This space is known as a "crawl space".</i> PLEASE SHOW ME.</p> <p>[CONFIRM RESPONDENT HAS CORRECTLY IDENTIFIED A CRAWL SPACE]</p>	<p>No 0</p> <p>Yes 1</p>
26.	<p><i>Which door is <u>most frequently</u> used to enter this home?</i></p>	<p>Front 1</p> <p>Back 2</p> <p>Side 3</p> <p>Garage 4</p> <p>DK 9</p>
27.	<p>Which best describes the area that people walk over to get to the <u>front</u> entrance:</p>	<p>Grass, well-maintained 1</p> <p>Mixed grass, dirt or sand 2</p> <p>All dirt, sand or gravel 3</p> <p>Asphalt, concrete and/or wood 4</p> <p>Wood or cement deck/patio with dirt or mixed grass path 5</p> <p>Wood or cement deck/patio with all grass path 6</p>
28.	<p>Is there a doormat next to the <u>front</u> door?</p>	<p>No mat..... 0</p> <p>Yes-indoor 1</p> <p>Yes-outdoor 2</p> <p>Both indoor and outdoor 3</p>

HOME AND SURROUNDINGS (CONT.)

29.	Which best describes the area that people walk over to get to the <u>back</u> entrance?	No back entrance (31) 0 Grass, well-maintained 1 Mixed grass, dirt or sand 2 All dirt, sand or gravel 3 Asphalt, concrete and/or wood 4 Wood or cement deck/patio with dirt or mixed grass path 5 Wood or cement deck/patio with all grass path 6
30.	Is there a doormat next to the <u>back</u> door?	No mat 0 Yes-indoor 1 Yes-outdoor 2 Both indoor and outdoor 3
31.	Which best describes the area that people walk over to get to the <u>side</u> entrance:	No side entrance (33) 0 Grass, well-maintained 1 Mixed grass, dirt or sand 2 All dirt, sand or gravel 3 Asphalt, concrete and/or wood 4 Wood or cement deck/patio with dirt or mixed grass path 5 Wood or cement deck/patio with all grass path 6
32.	Is there a doormat next to the <u>side</u> door?	No mat 0 Yes-indoor 1 Yes-outdoor 2 Both indoor and outdoor 3

HOME AND SURROUNDINGS (CONT.)

33.	What is the condition of the mat(s) next to the door <u>most frequently</u> used to enter the home?	No doormat 0 Not extremely dirty 1 Extremely dirty 2
34.	Which best describes the structure of the home?	Detached home 01 Duplex (two apartment)..... 02 Building with three or more apartments... 03 Trailer or mobile home 04 House in fields/camp 05 Garage converted to residence (finished) 06 Garage (unfinished) 07 Hotel or motel 08 Other 09 Specify: _____
35.	Is this a studio apartment?	<p style="text-align: right;">N Y</p> <p style="text-align: right;">0 1</p>
36.	Is there evidence of rubbish burning on the property?	No 0 Yes 1
37.	Is there any discharge into the yard (such as, discolored water/mud etc. from sewage, household waste, etc.)? [EXAMINE YARD THOROUGHLY] [INDICATE ON MAP]	No 0 Yes _____ a.) Specify type _____ <p style="text-align: center;">[CODE LATER]</p>
38.	Are there any bad or unpleasant odors outside?	No (39) 0 Yes 1

HOME AND SURROUNDINGS (CONT.)

Specify (N/Y)
whether
answered by
respondent

39.	Specify type of odor. [CIRCLE "1" FOR "YES" AND "0" FOR "NO"]	<table border="0"> <thead> <tr> <th></th> <th style="text-align: center;"><u>N</u></th> <th style="text-align: center;"><u>Y</u></th> </tr> </thead> <tbody> <tr> <td>Garbage.....</td> <td style="text-align: center;">0</td> <td style="text-align: center;">1</td> </tr> <tr> <td>Sewage.....</td> <td style="text-align: center;">0</td> <td style="text-align: center;">1</td> </tr> <tr> <td>Chemical.....</td> <td style="text-align: center;">0</td> <td style="text-align: center;">1</td> </tr> <tr> <td>Diesel.....</td> <td style="text-align: center;">0</td> <td style="text-align: center;">1</td> </tr> <tr> <td>Smoke.....</td> <td style="text-align: center;">0</td> <td style="text-align: center;">1</td> </tr> <tr> <td>Pesticides.....</td> <td style="text-align: center;">0</td> <td style="text-align: center;">1</td> </tr> <tr> <td>Other.....</td> <td style="text-align: center;">0</td> <td style="text-align: center;">1</td> </tr> <tr> <td>Specify _____</td> <td></td> <td></td> </tr> <tr> <td>DK.....</td> <td style="text-align: center;">0</td> <td style="text-align: center;">1</td> </tr> </tbody> </table>		<u>N</u>	<u>Y</u>	Garbage.....	0	1	Sewage.....	0	1	Chemical.....	0	1	Diesel.....	0	1	Smoke.....	0	1	Pesticides.....	0	1	Other.....	0	1	Specify _____			DK.....	0	1
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DK.....	0	1																														
40.	Are there farm animals living in the yard?	<table border="0"> <tbody> <tr> <td>No(41).....</td> <td style="text-align: center;">0</td> </tr> <tr> <td>Yes</td> <td style="text-align: center;">1</td> </tr> </tbody> </table>	No(41).....	0	Yes	1																										
No(41).....	0																															
Yes	1																															
41.	Specify the type of farm animal(s) living in the yard. [CIRCLE "1" FOR YES AND "0" FOR NO]	<table border="0"> <thead> <tr> <th></th> <th style="text-align: center;"><u>N</u></th> <th style="text-align: center;"><u>Y</u></th> </tr> </thead> <tbody> <tr> <td>Chickens, ducks, turkeys.....</td> <td style="text-align: center;">0</td> <td style="text-align: center;">1</td> </tr> <tr> <td>Cow</td> <td style="text-align: center;">0</td> <td style="text-align: center;">1</td> </tr> <tr> <td>Goat</td> <td style="text-align: center;">0</td> <td style="text-align: center;">1</td> </tr> <tr> <td>Pig</td> <td style="text-align: center;">0</td> <td style="text-align: center;">1</td> </tr> <tr> <td>Rabbits.....</td> <td style="text-align: center;">0</td> <td style="text-align: center;">1</td> </tr> <tr> <td>Other.....</td> <td style="text-align: center;">0</td> <td style="text-align: center;">1</td> </tr> <tr> <td>Specify _____</td> <td></td> <td></td> </tr> </tbody> </table>		<u>N</u>	<u>Y</u>	Chickens, ducks, turkeys.....	0	1	Cow	0	1	Goat	0	1	Pig	0	1	Rabbits.....	0	1	Other.....	0	1	Specify _____								
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Rabbits.....	0	1																														
Other.....	0	1																														
Specify _____																																

ROOM BY ROOM ASSESSMENT

Instructions: Perform the following room-by-room assessment, beginning with the kitchen. Ask for permission before entering each room.

KITCHEN

		Kitchen Area																								
42.	Does this home have a kitchen?	No(72)..... 0 Yes 1 Yes, but no access ...(72)..... 2																								
43.	What type of floor covering is in the kitchen? (hard = tile, linoleum, or slate) [CIRCLE "1" FOR "YES" AND "0" FOR "NO"]	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 85%;"></th> <th style="width: 5%;"></th> <th style="width: 5%; text-align: center;"><u>N</u></th> <th style="width: 5%; text-align: center;"><u>Y</u></th> </tr> </thead> <tbody> <tr> <td>Wood</td> <td style="text-align: center;">0</td> <td style="text-align: center;">1</td> <td></td> </tr> <tr> <td>Hard Surface</td> <td style="text-align: center;">0</td> <td style="text-align: center;">1</td> <td></td> </tr> <tr> <td>Carpet or Rug...(IF NO, <input type="checkbox"/>44).....</td> <td style="text-align: center;">0</td> <td style="text-align: center;">1</td> <td></td> </tr> <tr> <td>Other</td> <td style="text-align: center;">0</td> <td style="text-align: center;">1</td> <td></td> </tr> <tr> <td style="text-align: right;">Specify: _____</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			<u>N</u>	<u>Y</u>	Wood	0	1		Hard Surface	0	1		Carpet or Rug...(IF NO, <input type="checkbox"/> 44).....	0	1		Other	0	1		Specify: _____			
		<u>N</u>	<u>Y</u>																							
Wood	0	1																								
Hard Surface	0	1																								
Carpet or Rug...(IF NO, <input type="checkbox"/> 44).....	0	1																								
Other	0	1																								
Specify: _____																										

Instructions: Use this grid if the room has carpeting. If there are two area rugs, complete the grid for the largest area rug. If there is more than one wall-to-wall carpet present, complete the grid for the carpet on top.

44.	A. Type of carpet present?											
	<u>N</u> <u>Y</u>	<u>N</u>	<u>Y</u>	<u>DK</u>	Level loop (office type)/ <u>tight weave</u>	Shag/ <u>other</u>	<u>N</u> <u>Y</u>	<u>N</u> <u>Y</u>				
	1.) Area rug	0	1	0	1	9	1	2	0	1	0	1
	[IF NO AREA RUG <input type="checkbox"/>											
	2.) Wall-to-wall	0	1	0	1	9	1	2	0	1	0	1
	[IF NO WALL-TO-WALL SKIP TO 44]											

KITCHEN (CONT.)

		Kitchen Area	Specify (N/Y) whether answered by respondent
45.	Is there any evidence (such as droppings) of mice, rats or other rodents in the kitchen? [INSPECT THOROUGHLY]	No 0 Yes 1	
46.	Is there any evidence of cockroaches (such as living or dead roaches, stains) in the kitchen? [INSPECT THOROUGHLY]	No 0 Yes 1	
47.	Is there a <u>room</u> air conditioner in the kitchen? [LOOK FOR ROOM AIR CONDITIONER, NOT CENTRAL AIR CONDITIONER]	No (49) 0 Yes 1	
48.	<i>Is the air conditioner used in this room?</i>	No (49) 0 Yes 1 DK 9	—
49.	Is it a swamp cooler?	No 0 Yes 1 DK 9	
50.	Is there a fan in the kitchen? [NOT STOVE FAN] [INCLUDE PORTABLE, CEILING AND WINDOW MOUNTED FANS]	No (52) 0 Yes 1	
51.	<i>Is the fan used in this room?</i>	No (52) 0 Yes 1	—
52.	Type of fan?	Portable 1 Ceiling 2 Window Mounted 3	

KITCHEN (CONT.)

		Kitchen Area	Specify (N/Y) whether answered by respondent
53.	<p><i>How many hours per day is the stove or oven usually on for cooking? (Including use by you and other members of your household?)</i></p> <p>[READ CHOICES]</p>	<p><i>Never.....</i> 0</p> <p><i>Less than one hour.....</i> 1</p> <p><i>1 to 3 hours.....</i> 2</p> <p><i>Greater than three hours.....</i> 3</p> <p><i>Don't know.....</i> 9</p>	<p>_____</p>
	<p><i>Is the kitchen oven used to cook food?</i></p>	<p>No..... 0</p> <p>Yes..... 1</p>	<p>_____</p>
	<p>Is there a fan over the stove?</p>	<p>No(58)..... 0</p> <p>Yes 1</p>	
	<p>Does the stove fan work properly?</p> <p>[ATTEMPT TO TURN ON STOVE FAN]</p>	<p>No(58)..... 0</p> <p>Yes 1</p>	
	<p><i>How often do you use the fan over the stove when you cook?</i></p> <p>[READ CHOICES]</p>	<p><i>Never(58).....</i> 0</p> <p><i>Sometimes </i> 1</p> <p><i>Most of the time </i> 2</p> <p><i>Always </i> 3</p> <p><i>DK </i> 9</p>	<p>_____</p>
	<p>Is the stove fan vented to the outside?</p> <p>[CHECK CABINET FOR VENT]</p>	<p>No 0</p> <p>Yes 1</p>	
	<p>Is there a musty odor in the kitchen?</p>	<p>No 0</p> <p>Yes 1</p>	

KITCHEN (CONT.)

NOTE: The remaining questions about the kitchen should be answered by visual inspection.

54.	Is there mold present on: [SEE TRAINING MANUAL FOR CRITERIA] [INDICATE MODERATE OR EXTENSIVE MOLD ON MAP]	<u>None</u>	<u>Minimal</u>	<u>Moderate</u>	<u>Extensive</u>	<u>No Window/Sink Not Applicable</u>
a.	Walls	0	1	2	3	
b.	Ceiling	0	1	2	3	
c.	Window frame or coverings	0	1	2	3	4
d.	<u>Top</u> of Sink [SEE TRAINING MANUAL FOR CRITERIA]	0	1	2	3	4
e.	<u>Under</u> Sink	0	1	2	3	4

COMMENTS ON PRESENCE OF MOLD, MILDEW, DAMPNESS (KITCHEN) – If moderate or extensive mold present, describe condition. Note impressions and any unusual circumstances. Take extensive notes.

KITCHEN (CONT.)

55.	Is there condensation on the windows of the kitchen ?	No 0
		Yes 1
		No Window(65)..... 2
56.	Is there water pooled on the bottom of the window frame?	No 0
		Yes 1
57.	Are there any windows that can be opened?	No 0
		Yes 1
58.	Are there any windows with coverings in the kitchen?	No coverings(65)..... 1
		Yes coverings 2
59.	What types of window coverings are in the kitchen? (drapes = heavier fabric or floor-length coverings) [CIRCLE "1" FOR "YES" AND "0" FOR "NO"]	Shades N Y 0 1
		Curtains 0 1
		Drapes 0 1
		Blinds 0 1
60.	Is there evidence of water damage such as water stains on the ceiling or walls, flaking sheet rock or plaster? [INDICATE WATER DAMAGE ON MAP]	No 0
		Yes 1
61.	Is there rotting wood anywhere in the room such as <u>inside</u> the window frames or on the baseboards?	No 0
		Yes 1
62.	Is there peeling paint anywhere in the room such as <u>inside</u> the window frames or on the baseboards?	No 0
		Yes 1

KITCHEN (CONT.)

		Kitchen Area
63.	Are any of the following present in the <u>kitchen</u> ?	
	a. Plumbing leaks under the sink	No 0 Yes 1 No Sink..... 8
	b. Overflowing trash	No 0 Yes 1
	c. Dirty dishes in or around sink	No 0 Yes 1
	d. Excessively greasy stovetop	No 0 Yes 1 No stove.....(71)..... 8
64.	Type of stove? [CODE 1 IF ANY GAS COOKING STOVE IS PRESENT]	Gas 1 Electric range or hot plate.....(71)..... 2
65.	Is there a stove pilot burning?	No 0 Yes 1
66.	Is there a portable gas (camping) stove?	No 0 Yes 1
67.	Type of oven?	None(74)..... 0 Gas 1 Electric(74)..... 2
68.	Is there an oven pilot burning?	No 0 Yes 1

LIVING AREA

69.	Does this house have a living room?	No(95).....	0
		Yes	1
		Yes, but no access ... (95).....	2
70.	What type of floor covering is in the living area? (hard = tile, linoleum, or slate) [CIRCLE "1" FOR "YES" AND "0" FOR "NO"]	Wood	<u>N</u> <u>Y</u> 0 1
		Hard Surface	0 1
		Carpet or Rug.....(IF NO, □77).....	0 1
		Other	0 1
		Specify: _____	

Instructions: Use this grid if the room has carpeting. If there are two area rugs, complete the grid for the largest area rug. If there is more than one wall-to-wall carpet present, complete the grid for the carpet on top.

71.	A. Type of carpet present?	B. <i>Is this carpet less than one year old?</i>	C. Carpet thickness?		D. Is the carpet dirty?	E. Is the carpet worn?	F. Was this carpet sampled?
			Level loop (office type)/ tight weave	Shag/ other			
	<u>N</u> <u>Y</u>	<u>N</u> <u>Y</u> <u>DK</u>			<u>N</u> <u>Y</u>	<u>N</u> <u>Y</u>	<u>N</u> <u>Y</u>
	1.) Area rug 0 1 [IF NO AREA RUG □]	0 1 9	1	2	0 1	0 1	0 1
	2.) Wall-to-wall 0 1 [IF NO WALL-TO-WALL SKIP TO 77]	0 1 9	1	2	0 1	0 1	0 1

LIVING AREA (CONT.)

		Living Area	Specify (N/Y) whether answered by respondent
72.	Is there any evidence (such as droppings) of mice, rats or other rodents in the living area? [INSPECT THOROUGHLY]	No 0 Yes 1	
73.	Is there any evidence of cockroaches (such as living or dead roaches, stains) in this room? [INSPECT THOROUGHLY]	No 0 Yes 1	
74.	Is there a <u>room</u> air conditioner in the living area? [LOOK FOR ROOM AIR CONDITIONER, NOT CENTRAL AIR CONDITIONER]	No (82) 0 Yes 1	
75.	<i>Is the air conditioner used in this room?</i>	No (82) 0 Yes 1 DK 9	_____
76.	Is it a swamp cooler?	No 0 Yes 1 DK 9	
77.	Is there a fan? [INCLUDE PORTABLE, CEILING AND WINDOW MOUNTED FANS]	No (85) 0 Yes 1	
78.	<i>Is the fan used in this room?</i>	No (85) 0 Yes 1 DK 9	_____
79.	Type of fan?	Portable 1 Ceiling 2 Window mounted 3	
80.	Is there a musty odor in the living area?	No 0 Yes 1	

LIVING AREA (CONT.)

NOTE: The remaining questions about the living area should be answered by visual inspection.

81.	Is there mold present on: [SEE TRAINING MANUAL FOR CRITERIA] [INDICATE MODERATE OR EXTENSIVE MOLD ON MAP]					
		<u>None</u>	<u>Minimal</u>	<u>Moderate</u>	<u>Extensive</u>	<u>No Window</u>
	a. Walls	0	1	2	3	
	b. Ceiling	0	1	2	3	
	c. Window frame or coverings	0	1	2	3	4

COMMENTS ON PRESENCE OF MOLD, MILDEW, DAMPNESS (LIVING AREA) -- If moderate or extensive mold present, describe condition. Note impressions and any unusual circumstances. Take extensive notes.

LIVING AREA (CONT.)

82.	Is there condensation on the windows of the living area?	No	0
		Yes	1
83.	Is there water pooled on the bottom of the window frame?	No	0
		Yes	1
84.	Are there any windows that can be opened?	No	0
		Yes	1
85.	Are there any windows with coverings in the living area?	No window(92).....	0
		No coverings(92).....	1
		Yes	2
86.	What types of window coverings are in the living area? (drapes = heavier fabric or floor-length coverings) [CIRCLE "1" FOR "YES" AND "0" FOR "NO"]		N Y
		Shades	0 1
		Curtains	0 1
		Drapes	0 1
	Blinds	0 1	
87.	Is there water damage such as water stains on the ceiling or walls, flaking sheet rock or plaster? [INDICATE WATER DAMAGE ON MAP]	No	0
		Yes	1
88.	Is there rotting wood anywhere in the room such as <u>inside</u> the window frames or on the baseboards?	No	0
		Yes	1
89.	Is there peeling paint anywhere in the room such as <u>inside</u> the window frames or on the baseboards?	No	0
		Yes	1

MOTHER'S SLEEPING AREA

		Mother's Sleeping Area	Specify (N/Y) whether answered by respondent
90.	<p>Where do you (does the mother of the baby) usually sleep?</p> <p>PLEASE SHOW ME.</p>	<p>Living room(116)..... 1</p> <p>Bedroom 2</p> <p>Bedroom, but no access.....(120)... 3</p> <p>Other _____</p> <p style="text-align: center;">SPECIFY _____ [CODE LATER]</p>	_____
91.	<p>What type of floor covering is in the bedroom? (hard = tile, linoleum, or slate)</p> <p>[CIRCLE "1" FOR "YES" AND "0" FOR "NO"]</p>	<p style="text-align: right;"><u>N</u> <u>Y</u></p> <p>Wood 0 1</p> <p>Hard Surface 0 1</p> <p>Carpet or Rug....(IF NO, <input type="checkbox"/> 98)..... 0 1</p> <p>Other 0 1</p> <p style="text-align: center;">Specify: _____</p>	

Instructions: Use this grid if the room has carpeting. If there are two area rugs, complete the grid for the largest area rug. If there is more than one wall-to-wall carpet present, complete the grid for the carpet on top.

92.	A. Type of carpet present?	B. <i>Is this carpet less than one year old?</i>			C. Carpet thickness?		D. Is the carpet dirty?	E. Is the carpet worn?	F. Was this carpet sampled?
		<u>N</u> <u>Y</u>	<u>N</u> <u>Y</u> <u>DK</u>	Level loop (office type)/ <u>tight weave</u>	Shag/ <u>other</u>	<u>N</u> <u>Y</u>	<u>N</u> <u>Y</u>	<u>N</u> <u>Y</u>	
	1.) Area rug 0 1 [IF NO AREA RUG <input type="checkbox"/>	0 1 9	1 2	0 1	0 1	0 1	0 1		
	2.) Wall-to-wall 0 1 [IF NO WALL-TO-WALL SKIP TO 98]	0 1 9	1 2	0 1	0 1	0 1	0 1		

MOTHER'S SLEEPING AREA (CONT.)

		Mother's Sleeping Area	Specify (N/Y) whether answered by respondent
93.	Is there any evidence (such as droppings) of mice, rats or other rodents in the room where the mother sleeps? [INSPECT THOROUGHLY]	No 0 Yes 1	
94.	Is there any evidence of cockroaches (such as living or dead roaches, stains) in this room? [INSPECT THOROUGHLY]	No 0 Yes 1	
95.	Is there a <u>room</u> air conditioner in the mother's sleeping area?	No..... (103) 0 Yes 1	
96.	<i>Is the air conditioner used in this room?</i>	No (103) 0 Yes 1 DK 9	_____
97.	Is it a swamp cooler?	No 0 Yes 1	
98.	Is there a fan? [INCLUDE PORTABLE, CEILING AND WINDOW MOUNTED FANS]	No (106) 0 Yes 1	
99.	<i>Is the fan used in this room?</i>	No (106) 0 Yes 1 DK 9	_____
100.	Type of fan?	Portable 1 Ceiling 2 Window mounted 3	
101.	Is there a musty odor in the room where the mother sleeps?	No 0 Yes..... 1	

MOTHER'S SLEEPING AREA (CONT.)

NOTE: The remaining questions about the mother's sleeping area should be answered by visual inspection.

102.	Is there mold present on:					
	[SEE TRAINING MANUAL FOR CRITERIA]					
	[INDICATE MODERATE OR EXTENSIVE MOLD ON MAP]	None	Minimal	Moderate	Extensive	No Window
	a. Walls	0	1	2	3	
	b. Ceiling	0	1	2	3	
	c. Window frame or coverings	0	1	2	3	4

COMMENTS ON PRESENCE OF MOLD, MILDEW, DAMPNESS (MOTHER'S SLEEPING AREA) -- If moderate or extensive mold present, describe condition. Note impressions and any unusual circumstances. Take extensive notes.

		Mother's Sleeping Area	
103.	Is there condensation on the windows of the mother's sleeping area?	No	0
		Yes	1
104.	Is there water pooled on the bottom of the window frame?	No	0
		Yes	1
105.	Are there any windows that can be opened? [ATTEMPT TO OPEN WINDOWS]	No	0
		Yes	1

MOTHER'S SLEEPING AREA (CONT.)

		Mother's Sleeping Area	
106.	Are there windows with coverings in the mother's sleeping area?	No window(113).....	0
		No coverings(113).....	1
		Yes coverings	2
107.	What types of window coverings are in the mother's sleeping area? (drapes = heavier fabric or floor-length coverings) [CIRCLE "1" FOR "YES" AND "0" FOR "NO"]		N Y
		Shades	0 1
		Curtains	0 1
		Drapes	0 1
108.	Is there water damage, such as water stains on the ceiling or walls, flaking sheet rock or plaster? [INDICATE WATER DAMAGE ON MAP]	No	0
		Yes	1
109.	Is there rotting wood anywhere in the room such as <u>inside</u> the window frames or on the baseboards?	No	0
		Yes	1
110.	Is there peeling paint anywhere in the room such as <u>inside</u> the window frames or on the baseboards?	No	0
		Yes	1
111.	Is there a mite impermeable or plastic cover on the mattress?	No mattress.....	0
		No mite cover	1
		Yes mite cover.....	2
112.	Is there a mite impermeable or plastic cover on all the pillows?	No pillows.....(119).....	0
		No mite covers.....	1
		Yes mite covers on <u>some</u> of the pillows.....	2
		Yes mite covers on <u>all</u> of the pillows...	3
113.	Are there any pillows filled with down on the bed?	No	0
		Yes	1
114.	Is there a down comforter on the bed?	No	0
		Yes	1

CHILD'S SLEEPING AREA

		Child's Sleeping Area	Specify (N/Y) whether answered by respondent														
115.	<p><i>In which room does the baby usually sleep at night?</i></p> <p>PLEASE SHOW ME.</p> <p>[IF C IS NO, SKIP TO 142] [IF SPECIFIED ROOM IS KITCHEN, SKIP TO 142]</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"></td> <td style="text-align: center;"><u>N</u> <u>Y</u></td> </tr> <tr> <td>A. Living Area.....</td> <td style="text-align: center;">0 1</td> </tr> <tr> <td>B. Mother's Sleeping Area.....</td> <td style="text-align: center;">0 1</td> </tr> <tr> <td>C. Room other than A and B.....</td> <td style="text-align: center;">0 1</td> </tr> <tr> <td style="padding-left: 40px;">1. Specify Room</td> <td></td> </tr> <tr> <td style="text-align: center;">_____ - ____</td> <td></td> </tr> <tr> <td style="text-align: center;">[CODE LATER]</td> <td></td> </tr> </table>		<u>N</u> <u>Y</u>	A. Living Area.....	0 1	B. Mother's Sleeping Area.....	0 1	C. Room other than A and B.....	0 1	1. Specify Room		_____ - ____		[CODE LATER]		<p>_____</p>
	<u>N</u> <u>Y</u>																
A. Living Area.....	0 1																
B. Mother's Sleeping Area.....	0 1																
C. Room other than A and B.....	0 1																
1. Specify Room																	
_____ - ____																	
[CODE LATER]																	
116.	EST's, do you have access to the baby's sleeping area?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">No.....(142).....</td> <td style="text-align: center;">0</td> </tr> <tr> <td>Yes.....</td> <td style="text-align: center;">1</td> </tr> </table>	No.....(142).....	0	Yes.....	1											
No.....(142).....	0																
Yes.....	1																
117.	<p>What type of floor covering is in the baby's sleeping area? (hard = tile, linoleum, or slate)</p> <p>[CIRCLE "1" FOR "YES" AND "0" FOR "NO"]</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"></td> <td style="text-align: center;"><u>N</u> <u>Y</u></td> </tr> <tr> <td>Wood</td> <td style="text-align: center;">0 1</td> </tr> <tr> <td>Hard Surface</td> <td style="text-align: center;">0 1</td> </tr> <tr> <td>Carpet or rugs...(IF NO, □124)...</td> <td style="text-align: center;">0 1</td> </tr> <tr> <td>Other</td> <td style="text-align: center;">0 1</td> </tr> <tr> <td style="padding-left: 40px;">Specify: _____</td> <td></td> </tr> </table>		<u>N</u> <u>Y</u>	Wood	0 1	Hard Surface	0 1	Carpet or rugs...(IF NO, □124)...	0 1	Other	0 1	Specify: _____				
	<u>N</u> <u>Y</u>																
Wood	0 1																
Hard Surface	0 1																
Carpet or rugs...(IF NO, □124)...	0 1																
Other	0 1																
Specify: _____																	

CHILD'S SLEEPING AREA (CONT.)

Instructions: Use this grid if the room has carpeting. If there are two area rugs, complete the grid for the largest area rug. If there is more than one wall-to-wall carpet present, complete the grid for the carpet on top.

118.	A. Type of carpet present?	B. <i>Is this carpet less than one year old?</i>	C. Carpet thickness?		D. Is the carpet dirty?	E. Is the carpet worn?	F. Was this carpet sampled?
	N Y	N Y DK	Level loop (office type)/ tight weave	Shag/ other	N Y	N Y	N Y
	1.) Area rug 0 1 [IF NO AREA RUG □]	0 1 9	1	2	0 1	0 1	0 1
	2.) Wall-to-wall 0 1 [IF NO WALL-TO-WALL SKIP TO 124]	0 1 9	1	2	0 1	0 1	0 1

		Child's Sleeping Area	Specify (N/Y) whether answered by respondent
119.	Is there any evidence (such as droppings) of mice, rats or other rodents in the room where the child sleeps? [INSPECT THOROUGHLY]	No 0 Yes 1	
120.	Is there any evidence of cockroaches (such as living or dead roaches, stains) in this room? [INSPECT THOROUGHLY]	No 0 Yes 1	
121.	Is there a <u>room</u> air conditioner in the child's sleeping area?	No.....(129)..... 0 Yes 1	
122.	<i>Is the air conditioner used in this room?</i>	No(129)..... 0 Yes 1 DK 9	_____

CHILD'S SLEEPING AREA (CONT.)

		Child's Sleeping Area	Specify (N/Y) whether answered by respondent
123.	Is it a swamp cooler?	No 0 Yes 1	
124.	Is there a fan? [INCLUDE PORTABLE, CEILING AND WINDOW MOUNTED FANS]	No(132)..... 0 Yes 1	
125.	Is the fan used in this room?	No(132)..... 0 Yes 1 DK 9	_____
126.	Type of fan?	Portable 1 Ceiling 2 Window mounted 3	
127.	Is there a musty odor in the room where the child sleeps?	No 0 Yes..... 1	

CHILD'S SLEEPING AREA (CONT.)

128.	Is there mold present on: [SEE TRAINING MANUAL FOR CRITERIA] [INDICATE MODERATE OR EXTENSIVE MOLD ON MAP]	<u>None</u>	<u>Minimal</u>	<u>Moderate</u>	<u>Extensive</u>	<u>No Window</u>
a.	Walls	0	1	2	3	
b.	Ceiling	0	1	2	3	
c.	Window frame or coverings	0	1	2	3	4

CHILD'S SLEEPING AREA (CONT.)

COMMENTS ON PRESENCE OF MOLD, MILDEW, DAMPNES (CHILD’S SLEEPING AREA) -- If moderate or extensive mold present, describe condition. Note impressions and any unusual circumstances. Take extensive notes.

		Child’s Sleeping Area	
129.	Is there condensation on the windows of the child’s sleeping area ?	No 0	
		Yes 1	
130.	Is there water pooled on the bottom of the window frame?	No 0	
		Yes 1	
131.	Are there any windows that can be opened? [ATTEMPT TO OPEN WINDOWS]	No 0	
		Yes 1	
132.	Are there any windows with coverings in the baby’s sleeping area?	No window(139)..... 0	
		No coverings(139)..... 1	
		Yes coverings 2	
133.	What types of window coverings are in the child’s sleeping area? (drapes = heavier fabric or floor-length coverings) [CIRCLE “1” FOR “YES” AND “0” FOR “NO”]		<u>N</u> <u>Y</u>
		Shades 0	1
		Curtains 0	1
		Drapes 0	1
		Blinds 0	1
134.	Is there water damage, such as water stains on the ceiling or walls, flaking sheet rock or plaster? [INDICATE WATER DAMAGE ON MAP]	No 0	
		Yes 1	
135.	Is there rotting wood anywhere in the room such as <u>inside</u> the window frames or on the baseboards?	No 0	
		Yes 1	

CHILD'S SLEEPING AREA (CONT.)

		Child's Sleeping Area		Specify (N/Y) whether answered by respondent.
136.	Is there peeling paint anywhere in the room such as <u>inside</u> the window frames or on the baseboards?	No	0	
		Yes	1	
137.	Does anyone usually sleep in the same room as the child, such as yourself or a brother or sister?	No.....(143).....	0	_____
		Yes.....	1	
		a.) IF YES, How many other children? _____		
		b.) How many other adults? _____		_____

		A. Regular Bed	B. Crib	C. Play Pen	D. Couch	E. Other
138.	At night, does the baby sleep in/on a...?	$\frac{N}{0} \frac{Y}{1}$ If NO → If Yes <input type="checkbox"/>	$\frac{N}{0} \frac{Y}{1}$ Specify: _____ _____ [code later] If NO →(146) If Yes <input type="checkbox"/>			
a.)	How many nights a week? (total= 7 days)	_____	_____	_____	_____	_____
139.	Does anyone else sleep in the same bed?	$\frac{N}{0} \frac{Y}{1}$ If NO, 145 A	$\frac{N}{0} \frac{Y}{1}$ If NO, 145 B	$\frac{N}{0} \frac{Y}{1}$ If NO, 145 C	$\frac{N}{0} \frac{Y}{1}$ If NO, 145 D	$\frac{N}{0} \frac{Y}{1}$ If NO, 145 E
a.)	If yes, how many other children?	_____	_____	_____	_____	_____
b.)	If yes, how many adults	_____	_____	_____	_____	_____
140.	Is there a mite impermeable plastic covering on the bed?	$\frac{N}{0} \frac{Y}{1} \frac{N/A}{2}$ Go to 143B	$\frac{N}{0} \frac{Y}{1} \frac{N/A}{2}$ Go to 143C	$\frac{N}{0} \frac{Y}{1} \frac{N/A}{2}$ Go to 143D	$\frac{N}{0} \frac{Y}{1} \frac{N/A}{2}$ Go to 143E	$\frac{N}{0} \frac{Y}{1} \frac{N/A}{2}$ Go to 146

CHILD'S SLEEPING AREA (CONT.)

Instructions: Ask the participant if you may look at the bedding where the baby sleeps most of the time. Blankets are any comforters, quilts, bedspreads, or other blankets besides sheets on the bed where the baby sleeps.

Specify (N/Y) whether answered by respondent

		A. Sheets		B. Blankets	
141.	<i>On the bed where your baby usually sleeps, are there...?</i>	No.....(→)..... 0	Yes.....(□)..... 1	No.....(156)..... 0	Yes.....(□)..... 1
142.	<i>How often are the _____ washed?</i> [READ CHOICES]	<i>Daily or more often</i> 1	<i>A few times a week</i> 2	<i>Daily or more often</i> 1	<i>A few times a week</i> 2
		<i>Once a week</i> 3	<i>Once every couple of weeks</i> 4	<i>Once a week</i> 3	<i>Once every couple of weeks</i> 4
		<i>Once a month or less often</i> 5	<i>DK</i> 9	<i>Once a month or less often</i> 5	<i>DK</i> 9
143.	<i>Are the _____ washed in hot, warm, or cold water?</i>	Hot..... 1	Warm..... 2	Hot..... 1	Warm..... 2
		Cold..... 3	DK..... 9	Cold..... 3	DK..... 9
		[GO TO Q 145 COL. B]		[GO TO Q 148]	

144.	<i>Is there a mite impermeable or plastic cover on all the pillows?</i>	No pillows.....(151)..... 0	No mite covers..... 1	Yes mite covers on <u>some</u> of the pillows..... 2	Yes mite covers on <u>all</u> of the pillows..... 3
------	---	-----------------------------	-----------------------	--	---

CHILD'S SLEEPING AREA (CONT.)

		Child's Sleeping Area	
145.	Are there any pillows filled with down on the bed?	No	0
		Yes	1
146.	Is there a down comforter on the bed?	No	0
		Yes	1
147.	How many stuffed animals or pillows are on the child's bed?	None.....	0
		1-5.....	1
		6-10.....	2
		Greater than 10.....	3

BATHROOM(S)

Specify (N/Y)
whether
answered by
respondent

		Bathroom Number 1	Bathroom Number 2
148.	Does this house have a bathroom? PLEASE SHOW ME THE MAIN BATHROOM USED BY PARTICIPANT.	No(166)..... 0 Yes 1 Yes, but no access(165)..... 2	
149.	Is this a full or half-bath? (Full = toilet, sink and shower or tub Half = only toilet and sink)	Full 1 Half(159)..... 2	Full 1 Half(159)..... 2
150.	Is there a ceiling fan?	No(159)..... 0 Yes 1	No.....(159)..... 0 Yes 1
151.	<i>Does the fan work properly?</i> [ATTEMPT TO TURN ON THE FAN]	No.....(159)..... 0 Yes..... 1	No.....(159)..... 0 Yes..... 1
152.	<i>How often do you use the fan?</i> [READ CHOICES]	Never(159)..... 0 Sometimes 1 Most of the time 2 Always 3 DK 9	Never(159)..... 0 Sometimes 1 Most of the time 2 Always 3 DK 9
153.	Is it vented to the outside?	No..... 0 Yes 1	No 0 Yes 1
154.	Is there a musty odor in the bathroom?	No 0 Yes 1	No 0 Yes 1
155.	Are there any windows that can be opened?	No 0 Yes 1	No 0 Yes 1

BATHROOM(S) (CONT.)

NOTE: The remaining questions about the bathroom(s) should be answered by visual inspection.

156.	Is there mold present on:	Bathroom 1		Bathroom 2	
	a. Walls	None 0	None 0	Minimal 1	Minimal 1
		Moderate 2	Moderate 2	Extensive 3	Extensive 3
	b. Ceiling	None 0	None 0	Minimal 1	Minimal 1
		Moderate 2	Moderate 2	Extensive 3	Extensive 3
	c. Window frame or coverings	None 0	None 0	Minimal 1	Minimal 1
		Moderate 2	Moderate 2	Extensive 3	Extensive 3
		No window 4	No window 4		
	d. Top of Sink	None 0	None 0	Minimal 1	Minimal 1
		Moderate 2	Moderate 2	Extensive 3	Extensive 3
		No sink..... (161f) 4	No sink..... (161f) 4		
	e. Under Sink	None 0	None 0	Minimal 1	Minimal 1
		Moderate 2	Moderate 2	Extensive 3	Extensive 3

BATHROOM(S) (CONT.)

157.	Is there mold present on:	Bathroom Number1		Bathroom Number 2	
	f. Tub/shower	None 0	None 0	Minimal 1	Minimal 1
		Moderate 2	Moderate 2	Extensive 3	Extensive 3
		Extensive 3	Extensive 3	No tub/shower..... 4	No tub/shower..... 4
	COMMENTS ON PRESENCE OF MOLD, MILDEW, DAMPNESS (BATHROOM) – If moderate or extensive mold present describe condition. Note impressions and any unusual circumstances. Take extensive notes.	_____	_____	_____	_____
		_____	_____	_____	_____
		_____	_____	_____	_____
		_____	_____	_____	_____
		_____	_____	_____	_____
158.	Is there evidence of rats, mice or other rodents?	No..... 0	No 0	Yes 1	Yes 1
159.	Is there evidence of cockroaches?	No..... 0	No 0	Yes 1	Yes 1
160.	Is there water damage such as rotting wood, flaking sheet rock or plaster, etc., anywhere in the bathroom?	No..... 0	No..... 0	Yes..... 1	Yes..... 2
161.	Is there another bathroom in this house?	No 0		Yes..(154 Column 2).. 1	
		Yes, but no access...(166).. 2			

OVERALL INTERIOR OF THE HOME

Specify (N/Y)
whether
answered by
respondent

162.	<i>Do you use bleach or any other products to remove mold or mildew from your home?</i>	No..... 0 Yes..... 1	_____
163.	<i>How often do you use a humidifier or vaporizer in the room where the baby sleeps?</i> [READ CHOICES]	Never..... 0 Only when the child is sick..... 1 Regularly..... 2	_____
164.	<i>Do you have/use any type of air cleaning devices, such as an air purifier?</i> PLEASE SHOW ME.	No(173)..... 0 Yes 1 a.) SPECIFY ROOM: _____ - [CODE LATER] DK 9	_____
165.	<i>How often is the air-cleaning device used?</i> [READ CHOICES]	Never(173)..... 0 A few times per month 1 A few times per week 2 Daily 3 DK 9	_____
166.	What is the Brand of the air-cleaning device?	_____ [CODE LATER] [DK=99]	_____
167.	What is the Model Number?	_____ CODE LATER] [DK=99]	_____
168.	Does it have a HEPA filter?	No 0 Yes 1	_____

OVERALL INTERIOR OF THE HOME (CONT.)

Specify (N/Y)
whether
answered by
respondent

VACUUM

169.	<i>Is there a functioning vacuum cleaner in the home?</i> PLEASE SHOW ME.	No(177)..... Yes	0 1	_____
170.	Does the vacuum have a powered brush?	No Yes	0 1	
171.	Does the vacuum have a HEPA filter?	No(177)..... Yes	0 1	
172.	[IF WRITTEN ON THE FILTER] What is the HEPA filter rating?	Rating: _____ [CODE LATER] [DK=999]		

BASEMENT

173.	<i>Is there a basement in the home?</i> PLEASE SHOW ME.	No(181)..... Yes	0 1	_____
174.	<i>Does this basement get damp during the winter?</i>	No Yes DK.....	0 1 9	_____
175.	Are there signs of dampness in the basement (musty odor, visible water, mold or mildew, discoloration on walls, damp carpets or furniture)?	No(181)..... Yes No access to basement ...(181).....	0 1 2	
176.	What types of dampness are in the basement? [CIRCLE "1" FOR "YES" AND "0" FOR "NO"]	Musty odor Visible water Mold or mildew Discoloration on walls, etc.	<u>N</u> <u>Y</u> 0 1 0 1 0 1 0 1	

INDOOR AIR

Specify (N/Y)
whether
answered by
respondent

177.	<i>Does this home have a hot water heater?</i> PLEASE SHOW ME.	No(184).....	0	_____
		Yes	1	
178.	EST's, is it a gas water heater?	No(184).....	0	_____
		Yes	1	
		DK	9	
179.	Where is the water heater located?	Kitchen	01	
		Bathroom	02	
		Other main part of home.....	03	
		Separate room for laundry	04	
		Hallway	05	
		Garage	06	
		Basement	07	
		Outside	08	
		Other	09	
			SPECIFY _____	
180.	<i>Does the home have heat?</i>	No	0	_____
		Yes	1	
181.	<i>What is the main fuel you use to heat your home when it is cold?</i>	Do not use heat(196).....	00	_____
		Gas	01	
		Electric(189).....	02	
		Other.....	03	
		Specify _____	--	
		[CODE LATER]		
	DK	99		

INDOOR AIR (CONT.)

Specify (N/Y)
whether
answered by
respondent

Please show me the furnaces or heaters used to heat your home.

	Is there a...?	a.) Location		b.) Gas fuel?	c.) Pilot Light On?		
			N Y				
182.	Wall heater	Kitchen.....	0 1				
		Living area.....	0 1				
		Child's sleeping area...	0 1			No...(187).....0	No.....0
		Hallway.....	0 1			Yes.....1	Yes.....1
		Other.....	0 1			DK..... 9	DK..... 9
		Specify_____					
183.	Floor heater	Kitchen.....	0 1				
		Living area.....	0 1				
		Child's sleeping area...	0 1			No...(188).....0	No.....0
		Hallway.....	0 1			Yes.....1	Yes.....1
		Other.....	0 1			DK..... 9	DK..... 9
		Specify_____					
184.	Central heat			No...(189).....0	No.....0		
				Yes.....1	Yes.....1		
				DK 9	DK..... 9		

INDOOR AIR (CONT.)

185.	<i>Is the stove or oven used to heat the house?</i>	No..... 0 Yes..... 1 a.) IF YES, <i>How many hours?</i> ___ ___	_____
186.	<i>Do you have any portable kerosene heaters?</i> PLEASE SHOW ME. [CONFIRM RESPONDENT HAS CORRECTLY IDENTIFIED ANY KEROSENE OR GAS HEATERS]	No(193)..... 0 Yes 1 DK 9	_____
187.	<i>Has this portable kerosene or gas heater been used in the last week?</i>	No 0 Yes 1	_____

INDOOR AIR (CONT.)

Specify (N/Y)
whether
answered by
respondent

188.	<p><i>How often is the portable kerosene or heater used during the winter?</i></p> <p>[READ CHOICES]</p>	<p>Never 0</p> <p>A few times per month 1</p> <p>A few times per week 2</p> <p>Daily 3</p> <p>DK 9</p>	_____
189.	<p><i>Is there a wood stove or fireplace in this home?</i></p> <p>PLEASE SHOW ME</p>	<p>No(196)..... 0</p> <p>Yes 1</p>	_____
190.	<p><i>Has the wood stove or fireplace been used in the last week?</i></p>	<p>No 0</p> <p>Yes 1</p>	_____
191.	<p><i>How often is the wood stove or fireplace used during the winter?</i></p> <p>[READ CHOICES]</p>	<p>Never 0</p> <p>A few times per month 1</p> <p>A few times per week 2</p> <p>Daily 3</p> <p>DK 9</p>	_____
192.	<p><i>Is there central air conditioning in the home?</i></p> <p>PLEASE SHOW ME.</p>	<p>No(199)..... 0</p> <p>Yes 1</p>	_____
193.	<p><i>Is the central air conditioner used?</i></p>	<p>No(199)..... 0</p> <p>Yes 1</p> <p>DK 9</p>	_____
194.	<p><i>Is the central air conditioner a swamp cooler?</i></p>	<p>No 0</p> <p>Yes 1</p> <p>DK 9</p>	_____

INDOOR AIR (CONT.)

Specify (N/Y)
whether
answered by
respondent

195.	<p><i>Is there a clothes dryer in this home?</i></p> <p>PLEASE SHOW ME.</p>	<p>No(203)..... 0</p> <p>Yes 1</p>	<p>_____</p>
196.	<p>Where is the dryer located in the home?</p>	<p>In kitchen 1</p> <p>In bathroom 2</p> <p>In main part of home..... 3</p> <p>Separate room/area for laundry in home 4</p> <p>In garage..... 5</p> <p>Laundry area in building 6</p> <p>Other 7</p> <p>Specify _____</p>	
197.	<p>Is the dryer vented to the outside?</p>	<p>No 0</p> <p>Yes 1</p> <p>DK 9</p>	
198.	<p>Is it a gas dryer?</p>	<p>No 0</p> <p>Yes 1</p> <p>DK 9</p>	

INDOOR AIR (CONT.)

Specify (N/Y)
whether
answered by
respondent

199.	<i>Since your baby was born, has anyone living in this home worked in agriculture or any other job on this list?</i> [READ CARD 1]	No (212) 0 Yes 1																															
200.	<i>Where are the work clothes of these household members kept before they are washed?</i> PLEASE SHOW ME. [CIRCLE "1" FOR "YES" AND "0" FOR "NO"] [INDICATE ON MAP]	<table border="0"> <tr> <td></td> <td style="text-align: right;">N Y</td> </tr> <tr> <td>Laundry room</td> <td style="text-align: right;">0 1</td> </tr> <tr> <td>Bedroom or sleeping area.....</td> <td style="text-align: right;">0 1</td> </tr> <tr> <td>Bedroom closet</td> <td style="text-align: right;">0 1</td> </tr> <tr> <td>Kitchen</td> <td style="text-align: right;">0 1</td> </tr> <tr> <td>Bathroom.....</td> <td style="text-align: right;">0 1</td> </tr> <tr> <td>Hallway.....</td> <td style="text-align: right;">0 1</td> </tr> <tr> <td>Hall closet</td> <td style="text-align: right;">0 1</td> </tr> <tr> <td>Living room.....</td> <td style="text-align: right;">0 1</td> </tr> <tr> <td>Outside.....</td> <td style="text-align: right;">0 1</td> </tr> <tr> <td>Garage.....</td> <td style="text-align: right;">0 1</td> </tr> <tr> <td>Car.....</td> <td style="text-align: right;">0 1</td> </tr> <tr> <td>Other.....</td> <td style="text-align: right;">0 1</td> </tr> <tr> <td style="padding-left: 20px;">Specify _____</td> <td></td> </tr> <tr> <td>DK.....</td> <td style="text-align: right;">0 1</td> </tr> </table>		N Y	Laundry room	0 1	Bedroom or sleeping area.....	0 1	Bedroom closet	0 1	Kitchen	0 1	Bathroom.....	0 1	Hallway.....	0 1	Hall closet	0 1	Living room.....	0 1	Outside.....	0 1	Garage.....	0 1	Car.....	0 1	Other.....	0 1	Specify _____		DK.....	0 1	
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DK.....	0 1																																
201.	<i>Are these work clothes kept in sealed bags or sealed containers?</i>	No 0 Yes 1 DK 9																															
202.	<i>Are these work clothes kept separately from the baby's clothes?</i>	No 0 Yes 1 DK 9																															
203.	<i>Are these work clothes washed at home, at work, at a laundromat, or by a laundry service?</i>	At home..... 1 At work..... (209) 2 At laundromat..... 3 At laundry service..... (209) 4 DK..... 9																															

INDOOR AIR (CONT.)

Specify (N/Y)
whether
answered by
respondent

204.	<i>Are these work clothes washed separately from the baby's clothes?</i>	No 0 Yes 1 DK 9																															
205.	<i>Where are work shoes kept?</i> [CIRCLE "1" FOR "YES" AND "0" FOR "NO"] [INDICATE ON MAP]	<table border="0"> <tr> <td></td> <td style="text-align: center;"><u>N</u> <u>Y</u></td> </tr> <tr> <td>Laundry room</td> <td>0 1</td> </tr> <tr> <td>Bedroom or sleeping area.....</td> <td>0 1</td> </tr> <tr> <td>Bedroom closet</td> <td>0 1</td> </tr> <tr> <td>Kitchen</td> <td>0 1</td> </tr> <tr> <td>Bathroom.....</td> <td>0 1</td> </tr> <tr> <td>Hallway.....</td> <td>0 1</td> </tr> <tr> <td>Hall closet</td> <td>0 1</td> </tr> <tr> <td>Living room.....</td> <td>0 1</td> </tr> <tr> <td>Outside.....</td> <td>0 1</td> </tr> <tr> <td>Garage.....</td> <td>0 1</td> </tr> <tr> <td>Car.....</td> <td>0 1</td> </tr> <tr> <td>Other.....</td> <td>0 1</td> </tr> <tr> <td>Specify_____</td> <td></td> </tr> <tr> <td>DK.....</td> <td>0 1</td> </tr> </table>		<u>N</u> <u>Y</u>	Laundry room	0 1	Bedroom or sleeping area.....	0 1	Bedroom closet	0 1	Kitchen	0 1	Bathroom.....	0 1	Hallway.....	0 1	Hall closet	0 1	Living room.....	0 1	Outside.....	0 1	Garage.....	0 1	Car.....	0 1	Other.....	0 1	Specify_____		DK.....	0 1	
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Specify_____																																	
DK.....	0 1																																
206.	<i>Some employers require workers to wear special clothing or equipment to prevent pesticide exposure. Is any protective clothing or equipment stored in or around the home?</i> PLEASE SHOW ME.	No (212) 0 Yes 1 DK 9																															

INDOOR AIR (CONT.)

195.	Where is protective clothing or equipment kept? [CIRCLE "1" FOR "YES" AND "0" FOR "NO"] [INDICATE ON MAP]	Laundry room	<u>N</u> <u>Y</u> 0 1	Specify (N/Y) whether answered by respondent
		Bedroom or sleeping area.....	0 1	
		Bedroom closet	0 1	
		Kitchen	0 1	
		Bathroom.....	0 1	
		Hallway.....	0 1	
		Hall closet	0 1	
		Living room.....	0 1	
		Outside.....	0 1	
		Garage.....	0 1	
		Car.....	0 1	
		Other.....	0 1	
		Specify _____		
DK.....				

GARAGE

207.	Is there a garage?	No(216).....	0
		Yes	1
208.	Is the garage connected to the home by a door?	No(216).....	0
		Yes	1
209.	<i>Are cars usually parked in this garage?</i>	No	0
		Yes	1
		DK	9
210.	Is there a doormat between the garage and house?	No door	0
		No doormat	1
		Yes doormat	2
		No access to garage(216).....	3

PESTICIDES IN THE HOME OR YARD

Specify (N/Y) whether

211.	<i>Since the six-month home visit, has a professional pesticide applicator treated your yard or the inside of your home with pesticides or insecticides? We are only interested in the time since your baby has lived here.</i> [READ CHOICES]	No(221).....	0	answered by respondent _____
		Yes, inside home only ..(Column A only)..	1	
		Yes, yard only(Column B only)..	2	
		Yes, both yard and inside home.. (A & B)..	3	
		DK(221).....	9	

Instructions: Questions 217-220 should be coded if the participant's home has been treated with pesticides by a professional pesticide applicator. This question applies to both the home and yard. If the response to question 216 is *Yes, both home and yard*, ask the question once for the home and repeat the question for the yard.

		A. Inside of Home	B. Yard																																																							
212.	<i>Since the six-month home visit, how many times has [the inside of your home] [your yard] been treated?</i>	_____ times [DK = 99]	_____ times [DK = 99]	_____																																																						
213.	<i>When was [the inside of your home] [your yard] last treated by a professional applicator?</i> [IF DK MONTH, ASCERTAIN SEASON]	_____ / _____ MO YR [DK = 99/11]	_____ / _____ MO YR [DK = 99/11]	_____																																																						
214.	<i>What pest was [the inside of your home] [your yard] treated for these times?</i> [READ CHOICES] [CIRCLE "1" FOR "YES" AND "0" FOR "NO"]	<table border="0"> <tr> <td></td> <td style="text-align: center;"><u>N</u></td> <td style="text-align: center;"><u>Y</u></td> </tr> <tr> <td>Cockroaches</td> <td style="text-align: center;">0</td> <td style="text-align: center;">1</td> </tr> <tr> <td>Ants, flying Insects, or other bugs.....</td> <td style="text-align: center;">0</td> <td style="text-align: center;">1</td> </tr> <tr> <td>Termites</td> <td style="text-align: center;">0</td> <td style="text-align: center;">1</td> </tr> <tr> <td>Fleas</td> <td style="text-align: center;">0</td> <td style="text-align: center;">1</td> </tr> <tr> <td>Rodents</td> <td style="text-align: center;">0</td> <td style="text-align: center;">1</td> </tr> <tr> <td>Snails</td> <td style="text-align: center;">0</td> <td style="text-align: center;">1</td> </tr> <tr> <td>Fungus</td> <td style="text-align: center;">0</td> <td style="text-align: center;">1</td> </tr> <tr> <td>DK</td> <td style="text-align: center;">0</td> <td style="text-align: center;">1</td> </tr> </table>		<u>N</u>	<u>Y</u>	Cockroaches	0	1	Ants, flying Insects, or other bugs.....	0	1	Termites	0	1	Fleas	0	1	Rodents	0	1	Snails	0	1	Fungus	0	1	DK	0	1	<table border="0"> <tr> <td></td> <td style="text-align: center;"><u>N</u></td> <td style="text-align: center;"><u>Y</u></td> </tr> <tr> <td>Cockroaches</td> <td style="text-align: center;">0</td> <td style="text-align: center;">1</td> </tr> <tr> <td>Ants, flying Insects, or other bugs.....</td> <td style="text-align: center;">0</td> <td style="text-align: center;">1</td> </tr> <tr> <td>Termites</td> <td style="text-align: center;">0</td> <td style="text-align: center;">1</td> </tr> <tr> <td>Fleas</td> <td style="text-align: center;">0</td> <td style="text-align: center;">1</td> </tr> <tr> <td>Rodents</td> <td style="text-align: center;">0</td> <td style="text-align: center;">1</td> </tr> <tr> <td>Snails</td> <td style="text-align: center;">0</td> <td style="text-align: center;">1</td> </tr> <tr> <td>Fungus</td> <td style="text-align: center;">0</td> <td style="text-align: center;">1</td> </tr> <tr> <td>DK</td> <td style="text-align: center;">0</td> <td style="text-align: center;">1</td> </tr> </table>		<u>N</u>	<u>Y</u>	Cockroaches	0	1	Ants, flying Insects, or other bugs.....	0	1	Termites	0	1	Fleas	0	1	Rodents	0	1	Snails	0	1	Fungus	0	1	DK	0	1	_____
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215.	<i>How were the pesticides or insecticides applied to [the inside your home] [your yard]?</i> [READ CHOICES] [CIRCLE "1" FOR "YES" AND "0" FOR "NO"]	<table border="0"> <tr> <td></td> <td style="text-align: center;"><u>N</u></td> <td style="text-align: center;"><u>Y</u></td> </tr> <tr> <td>Spray</td> <td style="text-align: center;">0</td> <td style="text-align: center;">1</td> </tr> <tr> <td>Pellet or powder</td> <td style="text-align: center;">0</td> <td style="text-align: center;">1</td> </tr> <tr> <td>Bomb</td> <td style="text-align: center;">0</td> <td style="text-align: center;">1</td> </tr> <tr> <td>Poison rodent food imitator</td> <td style="text-align: center;">0</td> <td style="text-align: center;">1</td> </tr> <tr> <td>DK</td> <td style="text-align: center;">0</td> <td style="text-align: center;">1</td> </tr> </table>		<u>N</u>	<u>Y</u>	Spray	0	1	Pellet or powder	0	1	Bomb	0	1	Poison rodent food imitator	0	1	DK	0	1	<table border="0"> <tr> <td></td> <td style="text-align: center;"><u>N</u></td> <td style="text-align: center;"><u>Y</u></td> </tr> <tr> <td>Spray</td> <td style="text-align: center;">0</td> <td style="text-align: center;">1</td> </tr> <tr> <td>Pellet or powder ...</td> <td style="text-align: center;">0</td> <td style="text-align: center;">1</td> </tr> <tr> <td>Bomb</td> <td style="text-align: center;">0</td> <td style="text-align: center;">1</td> </tr> <tr> <td>Poison rodent food imitator</td> <td style="text-align: center;">0</td> <td style="text-align: center;">1</td> </tr> <tr> <td>DK</td> <td style="text-align: center;">0</td> <td style="text-align: center;">1</td> </tr> </table>		<u>N</u>	<u>Y</u>	Spray	0	1	Pellet or powder ...	0	1	Bomb	0	1	Poison rodent food imitator	0	1	DK	0	1	_____																		
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**PESTICIDES IN THE HOME OR YARD
(CONT.)**

Specify (N/Y)
whether
answered by
respondent

216.	Are there any roach motels or traps inside the home?	No 0	
		Yes 1	
217.	Are there any ant stakes inside the home?	No 0	
		Yes 1	
218.	Is there evidence of Chinese chalk application?	No 0	
		Yes 1	
219.	Is there any rodent poison?	No 0	
		Yes 1	
220.	<p><i>Does anyone store pesticide containers or bags <u>from work</u> in or around the home?</i></p> <p>PLEASE SHOW ME.</p> <p>[INDICATE ON MAP]</p>	No 0	_____
		Yes _____	
		<p>a.) SPECIFY LOCATION:</p> <p>_____</p> <p>[CODE LATER]</p>	
221.	<p><i>Are there <u>any</u> pesticides or insecticides stored anywhere in or around your home? Include insect sprays, ant and roach motels, flea powder or sprays for your pet, Chinese chalk, etc.</i></p> <p>PLEASE SHOW ME.</p>	No(230)..... 0	_____
		Yes(227)..... 1	
		<p>Yes, but no access.....(227f)..... 2</p> <p>[IF PESTICIDES WERE OBSERVED DURING INSPECTION (INCLUDING Q221-225), COMPLETE TABLE]</p>	

PESTICIDES IN THE HOME

Instructions: Perform this section last and be sure to use gloves when handling pesticide containers. DO NOT handle any open or leaking containers. Make sure to list all pesticides found in home or yard. If more than 3 pesticides are present, complete Appendix B.

		Pesticide 1	Pesticide 2	Pesticide 3
222.	a. Brand name of pesticide _____	_____	_____	_____
	b. Target pest Ants.....01 Roaches02 Ants and roaches03 Fleas04 Flying insects05 Other insects06 Snails/ slugs07 Termites08 Aphid09 Fungus10 Weeds11 Rodents12	_____	_____	_____
	c. EPA Registration # _____ _____	_____ _____	_____ _____	_____ _____
	e. Active ingredient(s) [CODE LATER] [CONFIRM CAS# WHEN CODING]	Name _____ Code ____ _ Name _____ Code ____ _ Name _____ Code ____ _ Name _____ Code ____ _	Name _____ Code ____ _ Name _____ Code ____ _ Name _____ Code ____ _ Name _____ Code ____ _	Name _____ Code ____ _ Name _____ Code ____ _ Name _____ Code ____ _ Name _____ Code ____ _
	e. Weight/volume of container Units: Ounces1 Liters2 Pounds3 Milligrams4	_____ Units _____	_____ Units _____	_____ Units _____

PESTICIDES IN THE HOME (CONT.)

222.		Pesticide 1	Pesticide 2	Pesticide 3
	f. EST's, is this a ... Hand-held spray1 Bomb applicator.....2 Pellet or powder3 Rodent food imitator4 Ant or roach motel5 Gel.....6	_____ [DK=9]	_____ [DK=9]	_____ [DK=9]
	g. How many times has this pesticide been applied in this home since the six-month home visit or since your baby has lived here?	____ times [NOT USED SINCE BABY WAS 6-MONTHS OLD =00] [IF NOT USED SINCE BABY WAS 6-MONTHS OLD, SKIP TO THE NEXT COLUMN, IF APPLICABLE] [DK=99]	____ times [NOT USED SINCE BABY WAS 6-MONTHS OLD =00] [IF NOT USED SINCE BABY WAS 6-MONTHS OLD, SKIP TO THE NEXT COLUMN, IF APPLICABLE] [DK=99]	____ times [NOT USED SINCE BABY WAS 6-MONTHS OLD =00] [IF NOT USED SINCE BABY WAS 6-MONTHS OLD, SKIP TO APPENDIX B, IF APPLICABLE] [DK=99]
	h. Where was pesticide applied/used since we last visited your home or since your baby has lived here? [READ CHOICES] Bathroom01 Kitchen02 Utility room/closet.....03 Other indoor04 Around outside edge of home05 Garage06 Shed (detached from house)07 Lawn08 Garden09	_____ _____ _____	_____ _____ _____	_____ _____ _____
	i. When was the last time the pesticide was applied? [IF DK MONTH, ASCERTAIN SEASON]	____ / ____ MO YR [DK = 99/11]	____ / ____ MO YR [DK = 99/11]	____ / ____ MO YR [DK = 99/11]
	j. <u>COMMENTS:</u>			

223.	196.	Were any other pesticides used other than by professional applicators or the ones found here?	No..... 0 Yes(227 or Appendix B)..... 1
224.	197.	Were questions 227g – 228 above answered by the respondent?	No..... 0 Yes 1

QUALITY OF THE HOME VISIT

225.	Who was the main respondent during the home visit?	Mother of baby..... 1 Father of baby or current partner..... 2 Other household member 3 SPECIFY _____ Other non-household member..... 4 SPECIFY _____
226.	Who was the secondary respondent during the home visit?	Mother of baby..... 1 Father of baby or current partner 2 Other household member 3 SPECIFY _____ Other non-household member 4 SPECIFY _____ N/A 8

HOME OBSERVATION

227.	How many pieces of stuffed or cloth-covered chairs, couches, or love seats are in the home?	0 0 1-2 1 3-5 2 more than 5 3
228.	How many rooms are in the home? [INCLUDE KITCHEN BUT NOT BATH-ROOM(S) OR HALLS]	1 1 2 2 3 3 4 4 5 or more 5
229.	Are there any candles or votives currently burning in any room of the home?	No 0 Yes 1
230.	Are there any signs of smoking in the home? (cigarette or cigar butts, pipes, ash-trays)	No 0 Yes 1

HOME OBSERVATION

231.	Are at least 10 books present and visible?	No	0
		Yes	1
232.	In the area where the child spends time is (are) there...?		N Y
	Broken glass present?.....		0 1
	Furniture with obvious wood splinters?.....		0 1
	Uncovered rotary fan less than 3 ft from ground?.....		0 1
	Boards with nails sticking out?.....		0 1
	Unprotected stairs?.....		0 1
	Curtains/blinds with string that could strangle child?.....		0 1
	Medicine, cleansers, other toxics in reach?.....		0 1
	Pot handles sticking over stove?.....		0 1
	House with play area too close to street?.....		0 1
	Electrical wires exposed and in reach of child?.....		0 1
	Wall heater unprotected?.....		0 1
	Garbage/debris in yard?.....		0 1
	Choking hazards present (i.e. marbles)?.....		0 1
	Crib with dangerous spacing between bars?.....		0 1
Other..... Specify _____ [CODE LATER]			
Overall, does the environment seem dangerous?.....		0 1	

233. Are there any concerns you have about hazards or exposures you have seen that you would like to report?

OVERALL CONDITION OF THE HOME (HOUSEKEEPING)

NOTE: Question 239 is to be completed after leaving the home, at the end of the survey.

234.	Describe the quality of the housekeeping.	Extremely poor housekeeping, no recent cleaning, lack of organization, greasy cooking area, clutter throughout	1
		The "average" level of housekeeping. Regular cleaning occurs	2
		Excellent housekeeping. Organized, nothing out of place	3

INTERVIEWER REMARKS

PLEASE ANSWER THE FOLLOWING QUESTIONS IMMEDIATELY AFTER COMPLETING THE HOME VISIT.

235.	Overall, the main respondent's cooperation was:	Excellent 1 Good 2 Fair 3 Poor 4
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236. Circle the code that best describes the quality of information provided by the subject during the home visit. If Code 3 is circled, please specify the reason.

	Excellent / More than Adequate	Adequate	Poor / Inadequate	Not Applicable	Reason
A. Ability of main respondent to answer questions	1	2	3	4	
B. Access to rooms in home	1	2	3	4	
C. Access to areas within rooms	1	2	3	4	
D. Time to complete inspection	1	2	3	4	
E. Cooperation of other household members	1	2	3	4	

NOTE: Please respond to the following question or write "N/A".

237. List below any questions asked by respondent that you were not able to answer:

APPENDIX A: GENERAL INFORMATION / PESTICIDE EXPOSURE

NOTE: The following questions should be asked only of study participants who have changed homes since the date of their Twelve Month Visit.

A1.	<i>When did you move to this home?</i>	____ / ____ / ____ MO DAY YR [DK=99/99/11]
-----	--	--

PETS

A2.	<i>Are there any pets living inside this home?</i>	No(A4)..... 0 Yes 1
-----	--	------------------------------------

A3.	Do any of the following animals live in this home?	N	Y	IF YES, HOW MANY?
	a. Cats?.....	0	1	____
	b. Dogs?.....	0	1	____
	c. Birds?.....	0	1	____
	d. Other furry pets such as, rabbits, hamsters, etc.?.....	0	1	____

HOUSEHOLD MEMBERS

Now I would like to ask you about all of the people who live in this home with your baby, including people who are not related to you. Please remember that all of this information is confidential.

- A4. A. What are the first names of all of the people who currently live in your home (not including yourself or your baby)? **[AFTER EACH PERSON ASK]:** How is this person related to you? **[USE CODES BELOW]**
- B. Which of these people are 18 or younger? **[AFTER EACH CHILD ASK]:** How old is this child?
- C. Does anyone currently living in your baby's home work in agriculture or any other job on this list? **[READ CARD 1]**
- D. **[IF YES]** What jobs are **[INSERT NAME]** currently doing? **[USE CODES ON CARD 1]**

NAME AND RELATIONSHIP		AGE, IF CHILD [98 = < 1 YEAR] [CODE 88 IF > 18 YEARS OLD]		NO.....(BOTTOM)....0 YES.....1				
				<input type="checkbox"/>	[IF YES]: Who?		1. JOB	2. JOB
					[CODE 1=AGRICULTURE] [CODE 0 = OTHERWISE]			
1. _____	---	___ YRS		___			---	---
2. _____	---	___ YRS		___			---	---
3. _____	---	___ YRS		___			---	---
4. _____	---	___ YRS		___			---	---
5. _____	---	___ YRS		___			---	---
6. _____	---	___ YRS		___			---	---
7. _____	---	___ YRS		___			---	---
8. _____	---	___ YRS		___			---	---
9. _____	---	___ YRS		___			---	---
10. _____	---	___ YRS		___			---	---
11. _____	---	___ YRS		___			---	---
12. _____	---	___ YRS		___			---	---
13. _____	---	___ YRS		___			---	---
14. _____	---	___ YRS		___			---	---
15. _____	---	___ YRS		___			---	---
16. _____	---	___ YRS		___			---	---

- | | | |
|---------------------|-------------------|-----------------------|
| 41. HUSBAND/PARTNER | 48. FATHER | 55. BROTHER-IN-LAW |
| 42. YOUR SON | 49. FATHER-IN-LAW | 56. COUSIN |
| 43. YOUR DAUGHTER | 50. AUNT | 57. NIECE |
| 44. STEPSON | 51. UNCLE | 58. NEPHEW |
| 45. STEPDAUGHTER | 52. SISTER | 59. FRIEND/ROOMMATE/B |
| 46. MOTHER | 53. SISTER-IN-LAW | OARDER |
| 47. MOTHER-IN-LAW | 54. BROTHER | 60. OTHER_____ |

[IF NO HOUSEHOLD MEMBERS HAVE WORKED AT THESE JOBS, SKIP TO Q2]

APPENDIX A: GENERAL INFORMATION / PESTICIDE EXPOSURE (CONT.)

A5.	<i>How many of the people you currently live with, including yourself, wear their work clothes into this home?</i>	<p>____ PEOPLE [00=NONE; 99=DK]</p>
A6.	<i>How many of the people you currently live with, including yourself, wear their work shoes into this home?</i>	<p>____ PEOPLE [00=NONE; 99=DK]</p>
	<i>Protective clothing is clothing or equipment required by an employer to prevent pesticide exposure at work. This is clothing or equipment worn in addition to regular work clothes. How many of the people your baby has lived with, (including yourself [IF SHE IS AN AGRICULTURAL WORKER]) have been required by their employer to wear protective clothing?</i>	<p>____ PEOPLE [00=NONE; 99=DK]</p>

[RETURN TO QUESTION 2 AND COMPLETE HOME VISIT FORM]

APPENDIX B. PESTICIDES IN THE HOME

Instructions: Perform this section last and be sure to use gloves when handling pesticide containers. DO NOT handle any open or leaking containers. Make sure to list all pesticides found in home or yard.

		Pesticide 4	Pesticide 5	Pesticide 6
B1.	a. Brand name of pesticide	_____	_____	_____
	b. Target pest Ants.....01 Roaches02 Ants and roaches03 Fleas04 Flying insects05 Other insects06 Snails/ slugs07 Termites08 Aphid09 Fungus10 Weeds11 Rodents12	_____	_____	_____
	c. EPA Registration #	_____ _____	_____ _____	_____ _____
	Active ingredient(s) [CODE LATER] [CONFIRM CAS# WHEN CODING]	Name _____ _____ Code ____ _ Name _____ _____ Code ____ _ Name _____ _____ Code ____ _ Name _____ _____ Code ____ _ Name _____ _____ Code ____ _	Name _____ _____ Code ____ _ Name _____ _____ Code ____ _ Name _____ _____ Code ____ _ Name _____ _____ Code ____ _ Name _____ _____ Code ____ _	Name _____ _____ Code ____ _ Name _____ _____ Code ____ _ Name _____ _____ Code ____ _ Name _____ _____ Code ____ _
	e. Weight/volume of container Units: Ounces1 Liters2 Pounds3 Milligrams4	_____ Units _____	_____ Units _____	_____ Units _____

APPENDIX B. PESTICIDES IN THE HOME (CONT.)

B1.		Pesticide 4	Pesticide 5	Pesticide 6
	f. EST's, is this a ... Hand-held spray1 Bomb applicator.....2 Pellet or powder3 Rodent food imitator4 Ant or roach motel5 Gel.....6	_____ [DK=9]	_____ [DK=9]	_____ [DK=9]
	g. How many times has this pesticide been applied in this home since the six-month home visit or since your baby has lived here?	_____ times [NOT USED SINCE BABY WAS 6-MONTHS OLD =00] [IF NOT USED SINCE BABY WAS 6-MONTHS OLD, SKIP TO THE NEXT COLUMN, IF APPLICABLE] [DK=99]	_____ times [NOT USED SINCE BABY WAS 6-MONTHS OLD =00] [IF NOT USED SINCE BABY WAS 6-MONTHS OLD, SKIP TO THE NEXT COLUMN, IF APPLICABLE] [DK=99]	_____ times [NOT USED SINCE BABY WAS 6-MONTHS OLD =00] [IF NOT USED SINCE BABY WAS 6-MONTHS OLD, SKIP TO APPENDIX B, IF APPLICABLE] [DK=99]
	h. Where was pesticide applied/used since the six-month home visit or since your baby has lived here? [READ CHOICES] Bathroom01 Kitchen02 Utility room/closet.....03 Other indoor04 Around outside edge of home05 Garage06 Shed (detached from house)07 Lawn08 Garden09	_____ _____ _____	_____ _____ _____	_____ _____ _____
	i. When was the last time the pesticide was applied? [IF DK MONTH, ASCERTAIN SEASON]	____ / ____ MO YR [DK = 99/11]	____ / ____ MO YR [DK = 99/11]	____ / ____ MO YR [DK = 99/11]
	j. <u>COMMENTS:</u>			

Card 1:

- Done farm fieldwork such as harvesting, thinning or weeding 01
- Handled or applied fertilizers 02
- Applied agricultural pesticides or insecticides 03
- Handled containers of agricultural pesticides or insecticides 04
- Operated farm equipment or driven a tractor 05
- Worked as a foreman of agriculture work 06
- Laid irrigation pipe, sprinklers, or hoses or other irrigation work 07
- Worked in a packing shed with fruits, vegetables, or flowers 08
- Worked in a nursery or greenhouse 09
- Worked in landscape maintenance at a golf course or someplace else 10
- Killed or exterminated termites or other pests in homes or buildings 11
- Worked in a cannery, winery or other food processing plant where fruits and vegetables are handled 12
- Other work where pesticides are handled 13