

Building ID	Dwelling ID	Visit

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FORM 1
Visual Assessment Data Collection Form

(Adapted from the HUD Public Housing Assessment System)

Building ID	Dwelling ID	Enterer's Initials	Date Entered (mm/dd/yy)	Visit

Date of Inspection: _____

Building ID: _____ Dwelling ID: _____

Name of Data Collector: _____

Signature: _____

Instructions:

- Select only one answer per question.
- Complete one set of “site” observations for each building
- Complete one set of “exterior and building system” observations for each building.
- Complete one set of “common area” observations for each building.
- Complete one set of “unit” observations for each apartment unit.
- Document deviations from inspection protocol in space below (e.g. units not available for inspection)

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SITE

1. Fencing and Gates Damaged/Falling/Leaning

- Damaged, but functional
- Damaged, but not functional
- No damage
- No fencing/gates

2. Holes (fencing and gates)

- < 6 sq inches
- > 6 sq inches
- No holes

3. Erosion Rutting Areas (Grounds or Pavement)

- Pooling of water (small erosion)
- Large erosion (rut > 8"x 5" deep)
- No erosion

4. Overgrown penetrating Vegetation (Grounds)

- Vegetation contacts building, no damage
- Vegetation has damaged building
- No vegetation

5. Graffiti

- One place
- 2-5 places
- 6 or more places
- No graffiti

6. Litter

- Excessive
- None

7. Cracks in Parking Lots/Driveway/Roads/Sidewalks/Exterior Steps (Tripping Hazard)

- < 3/4" high
- >3/4" high
- No cracks

8. Damaged/Broken Equipment (Play Areas)

- < 50% broken/damaged
- > 50% broken/damaged
- Immediate threat (**Report to building management immediately**)
- No play equipment

9a. Deteriorated Play Area Surface

- < 50% deteriorated
- > 50% deteriorated
- No deterioration
- No play areas

9b. Play Area Fencing and Gates

- Damaged, but functional
- Damaged, not functional
- No damage
- No play area fencing/gates

9c. Children's Play Area Trash

- Refuse or animal feces observed
- No refuse or animal feces observed

10. Refuse Disposal: Broken/Damaged Enclosure – Inadequate Outside Storage Space

- Wall leaning or collapsed
- Trash area overflowing
- Trash properly contained
- No exterior trash disposal

11. Retaining Walls Damaged/Falling/Leaning

- Some deterioration
- Severe deterioration/safety risk
- No deterioration
- No retaining walls

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12. Storm Drainage Damaged/Obstructed

- Partially blocked
- Completely blocked
- No obstructions

13. Walkways/Steps Broken/Missing Handrailing

- Missing or damaged or loose
- No damage
- No walkway/steps

BUILDING EXTERIOR INSPECTABLE ITEMS

DOORS (BUILDING EXTERIOR AND COMMON AREAS)

14. Damaged Frames/Threshold/Lintels/Trim

- At least one door not working
- At least one fire/emergency door not working
- No damage

15. Damaged Hardware/Locks

- One or more doors cannot be locked
- One or more doors panic release not working
- No damage

16. Damaged Surface (Holes/Paint/Rusting)

- 1/4" – 1" hole diameter
- > 1" diameter
- No damage

17. Damaged/Missing Screen/Storm/Security Door

- Missing screen or glass
- Missing door
- No damage

18. Deteriorated/Missing Caulking/Seals

- Missing caulk or seals
- Not missing caulk or seals

19. Missing Doors

- Yes
- No

FIRE ESCAPES

20. Blocked Egress/Ladders on Fire Escapes

- Fire escape blocked
- Fire escape not blocked
- No fire escape

21. Fire escape visibly missing components

- Ladder, railing, stair missing
- No missing components
- No fire escape

FOUNDATIONS (BUILDING EXTERIOR)

22. Cracks/Gaps in Foundation

- < 1/8" wide x 1/8" deep x 6" long
- > 1/8" wide x 1/8" deep x 6" long
- No cracks/gaps

23. Spalling/Exposed Rebar (Foundations Crumbling Masonry)

- <10%
- 10% - 50%
- > 50%
- NA

LIGHTING BUILDING EXTERIOR

24. Fixtures/Bulbs

- 1% - 50% broken
- > 50% broken
- No broken fixtures/bulbs

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ROOFS (BUILDING EXTERIOR)

25. Damaged/Clogged Drains (Roofs)

- Partially clogged
- Fully clogged
- No clog
- No drain (not applicable)

26. Damaged Soffits/Fascia (Roofs)

- Some cracks but no water intrusion
- Missing or damaged with water intrusion
- No damage

27. Damaged Vents (Roofs)

- Some damage
- Missing or major damage
- No damage

28. Missing or Damaged Components from Downspout/Gutter and Splashblocks (Roofs)

- Some components missing
- Some components damaged
- Both (some missing and damaged)
- No damage/not missing

29. Missing Damaged Shingles (Roofs)

- 1-2 squares missing
- > 2 squares missing
- No missing or damaged shingles
- Not a shingled roof

WALLS (BUILDING EXTERIOR)

30. Cracks and Gaps (Exterior Walls)

- 1/8" wide x 1/8" deep x 6" long
- >1/8" wide x 1/8" deep x 6" long
- No cracks/gaps

31. Damaged Chimneys (Exterior Walls)

- Holes > 4" x 4"
- Chimney separates from wall
- Both
- No Damage
- No chimney

32. Missing pieces/Holes/Spalling (Exterior walls)

- Up to 8 1/2" x 11"
- > 8 1/2" x 11"
- No missing pieces/holes/spalling

33. Missing/Damaged Caulking/ Mortar (Exterior Walls)

- <12"
- > 12"
- No damage

34. Water-Stained/Peeling Needs Paint (Exterior Walls)

- < 50%, but some staining
- > 50%
- No water-stains/peeling

WINDOWS BUILDING EXTERIOR

35. Broken/Missing/Cracked Panes (Exterior Windows)

- One or more cracked
- One or more missing
- Both (ext windows broken and missing)
- None cracked or missing

36. Damaged/Missing Screens (Exterior Windows)

- 1 or more screens damaged
- 1 or more screens missing
- Both (damaged/missing)
- No screens damaged/missing

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37. Damaged Sills/Frames/Lintels/Trim
(Exterior Windows)

- Some damage, but no wall exposed
- Missing or exposed interior wall
- No damage

38. Missing/Deteriorated/Caulking/Seals/
Glazing Compound (Ext. Windows)

- Missing
- Deteriorated
- Both
- Not missing or deteriorated

39. Peeling/Needs Paint (Exterior Windows)

- < 10%, but some non-intact
- 10% - 50%
- >50%
- Intact

BUILDING SYSTEMS INSPECTABLE ITEMS

DOMESTIC WATER

40. Leaking Central Water Supply
(Domestic Water)

- Water leaks seen
- No water leaks seen

41. Misaligned Chimney Ventilation System
(Domestic Water)

- Improper exhaust venting
- Proper exhaust venting
- No chimney ventilation system

ELECTRICAL SYSTEMS (BUILDING SYSTEMS)

42. Burnt Breakers (Electrical System)

- Melted breakers
- Breakers not melted
- Does not apply

43. Evidence of Leaks/Corrosion
(Electrical System)

- Evidence of leaks/corrosion
- No evidence of leaks/corrosion

44. Frayed Wiring (Electrical System)

- Deteriorated insulation exposing conducting wire (**do not check this for a bare grounding wire**)
- No deteriorated insulation

45. Missing Covers – Faceplates (Electrical System)

- One or more missing covers
- Covers not missing
- No electrical outlets

FIRE PROTECTION (BUILDING SYSTEMS)

46. Sprinkler Head (Fire Protection)

- Sprinkler disabled, missing or blocked or painted over (**report to building management immediately**)
- Sprinkler not disabled/missing/blocked
- No sprinkler system

47. Missing/Damaged/Expired Extinguishers

- < 1% - 5%
- > 5% -10%
- > 10%
- None missing/damaged/expired

HVAC (BUILDING SYSTEMS)

48. Boiler/Pump Leaks (HVAC)

- Water or steam leaks in pipes
- No leaks
- Does not apply

49. Fuel Supply Leaks

- Leaks observed (**rpt to bldg mgmt immed**)
- No leaks observed
- Does not apply

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50. Misaligned Chimney/Ventilation (HVAC)

- Misaligned
- Not misaligned
- No Chimney/Ventilation

51. Operation (HVAC)

- Not working
- Working
- Not applicable

52. Designated Smoking Area

- Area littered with butts
- No butts observed

COMMON AREAS INSPECTABLE ITEMS

TRASH COLLECTION AREAS

53. Trash Collection Areas (Common Areas)

- Trash on floor
- Trash containers missing covers
- Both
- No trash on floor or missing covers

OUTLETS/SWITCHES/COVER PLATES

54. Outlets/Switches/Cover Plates (Common Areas)

- Exposed wiring
- Missing covers
- Both
- No missing wiring or covers

SMOKE/CO DETECTOR (COMMON AREAS)

55. Smoke Detector (Common Areas)

- Operational (**test one per bldg if feasible**)
- Not operational
- No smoke detector
- No CO detector

WALKWAY STEPS (COMMON AREAS)

56. Walkways/Steps Broken/Missing Handrailing

- Missing or damaged or loose
- No damage
- No walkway/steps

CEILING COMMON AREAS

57. Bulging/buckling (Ceiling Common Areas)

- Bulging
- Buckling
- Both
- No bulging/buckling

58. Holes/Missing Tiles/Panels/Cracks (Ceiling Common Areas)

- Yes
- No

59. Peeling/Needs Paint (Ceiling Common Areas)

- <10%, but some non-intact
- >10%
- All Intact

60. Water Stains/Water Damage (Ceiling Common Areas)

- < 4 sq feet
- > 4 sq feet
- No water stains/water damage

61. Mold (Ceiling Common Areas)

- <4 sq feet mold present
- > 4 sq feet mold present
- No mold present

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FLOORS COMMON AREAS

62. Bulging/Buckling (Floors Common Areas)

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

63. Floor Covering Damaged (Common Areas)

<input type="checkbox"/>	<10 % damaged
<input type="checkbox"/>	10%-50% damaged
<input type="checkbox"/>	> 50% damaged

64. Missing Flooring/Tiles (Floors Common Areas)

<input type="checkbox"/>	<10 % missing
<input type="checkbox"/>	10%-50% missing
<input type="checkbox"/>	> 50% missing

65. Peeling/Needs Paint (Floors Common Areas)

<input type="checkbox"/>	1-4 sq feet
<input type="checkbox"/>	> 4 sq feet
<input type="checkbox"/>	No peeling/doesn't need paint

66. Rotted/Deteriorated Subfloor (Floors Common Areas)

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No (check no if sub floor cannot be observed)

67. Waters Stains/Water Damage (Floors Common Areas)

<input type="checkbox"/>	< 4 sq feet water stains/water damage
<input type="checkbox"/>	> 4 sq feet water stains/water damage
<input type="checkbox"/>	No water stains/water water damage

68. Mold (Floors Common Areas)

<input type="checkbox"/>	< 4 sq feet mold present
<input type="checkbox"/>	> 4 sq feet mold present
<input type="checkbox"/>	No mold present

UNIT INSPECTABLE ITEMS

BATHROOM (UNIT)

69. Bathroom Cabinets Damaged/Missing

<input type="checkbox"/>	Damaged
<input type="checkbox"/>	Missing
<input type="checkbox"/>	Both
<input type="checkbox"/>	No damage/missing cabinets
<input type="checkbox"/>	No cabinets

70. Lavatory Sink Damaged/Missing

<input type="checkbox"/>	<50% cracks or discoloration
<input type="checkbox"/>	>50 cracks or discoloration
<input type="checkbox"/>	Sink (faucets) inoperable
<input type="checkbox"/>	No cracks/discoloration

71. Plumbing – Clogged Drains

<input type="checkbox"/>	Slow drain
<input type="checkbox"/>	Drain completely clogged
<input type="checkbox"/>	Drain working properly

72. Plumbing – Leaking Faucet or Water from Fixtures or Pipes or Tubs

<input type="checkbox"/>	Slow drip contained by basin
<input type="checkbox"/>	Steady drip adversely affecting adjacent area
<input type="checkbox"/>	No leaks

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73. Shower/Tub – Damaged/Missing

- <50% cracks/discoloration
- >50% cracks/discoloration
- No cracks/discoloration
- Shower tub (faucets) inoperable

74. Ventilation/Exhaust System (Bathroom)

- Exhaust fan not working
- Exhaust fan working
- No exhaust fan

75. Water Closet/Toilet

- Toilet seat cracked or broken
- Toilet bowl cracked or broken
- Both cracked or broken
- Neither cracked or broken

76. Call-for-aid (Bathroom Unit)

- Damaged
- Missing
- No damage/not missing
- No call-for-aid unit

CEILING, FLOORS, AND WALLS (UNIT)

77. Bulging, Buckling
(Ceiling, Floors, Walls in Unit)

- Bulging
- Buckling
- Both (bulging/buckling)
- No bulging or buckling

78. Holes/Missing Tiles/Panels/Cracks
(Ceiling, Floors, Walls in Unit)

- < 8 ½” x 11”
- > 8 ½” x 11”
- No missing/damage

79. Peeling/Needs Paint
(Ceiling, Floors, Walls in Unit)

- <4 sq ft damage
- >4 sq ft damage
- No damage/peeling paint

80. Water Stains/Water Damage
(Ceiling, Floors, Walls in Unit)

- < 10% water stains/water damage
- 10%-50% water stains/water damage
- > 50% water stains/water damage
- No water stains/water damage

81. Mold (Ceiling, Floors, Walls in Unit)

- < 10% mold present
- 10%-50% mold present
- > 50% mold present
- No mold present

DOORS (UNIT)

82. Damaged Surface - Holes/Paint/Rusting/
Broken or Cracked Glass (Doors in Unit)

- ¼” to 1” diameter
- > 1”
- No damaged surface

83. Damaged Frames/Threshold/Lintels/Trim
(Doors in Unit)

- At least one interior door not working
- Bathroom or entry door not working
- Both
- No damage

84. Deteriorated/Missing Seals (Entry Only)
(Door in Unit)

- Damaged/missing
- Not damaged or missing

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85. Missing Doors (Doors in Unit)

- One or more missing (not bathroom or entry)
- Bathroom missing
- Entry missing
- None missing

ELECTRICAL SYSTEM (UNIT)

86. Blocked Access to Electrical Panel
(Electrical System in Unit)

- Yes
- No

87. Burnt Breakers (Electrical System Unit)

- Melted plastic
- No damage

88. Evidence of Leaks/Corrosion (Electrical System In Unit)

- Yes
- No

89. Frayed Wiring (Electrical System in Unit)

- Deteriorated Insulation
- No deterioration

90. GFI – Inoperable (Electrical System in Unit)

- Yes: GFI is inoperable
- No: GFI is operable

91. Missing or Broken Covers
(Electrical System in Unit)

- Exposed wiring
- None missing/broken

HOT WATER HEATER (UNIT)

92. Misaligned Chimney/Ventilation System
(Hot Water Heater Unit)

- Misaligned
- Not misaligned
- Does not apply

93. Inoperable Units/Components (Hot Water Heater)

- Temperature below 130 degrees F.
- Temperature above 130 degrees F.
- Temperature at 130 degrees F.
- No hot water

94. Leaking Valves/Tanks/Pipes (Hot Water Heater)

- Water leak observed
- No water leak observed

HVAC SYSTEM (UNIT)

95. General Rust/Corrosion (HVAC)

- Surface rust/corrosion
- Significant rust/corrosion
- No rust

96. Operation (HVAC)

- Working
- Not working

97. Misaligned Chimney/Ventilation System (HVAC)

- Misaligned
- Not misaligned
- Does not apply

98. Noise (HVAC)

- Noisy/Vibrating/Leaking
- Not Noisy
- Does not apply

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KITCHEN (UNIT)

99. Cabinets Missing (Kitchen)

- < 50% doors missing
- > 50% doors missing
- No doors missing

100. Cabinets Damaged (Kitchen)

- < 50% missing/damaged
- > 50% missing/damaged
- No missing/damaged cabinets

101. Countertops Missing/Damaged (Kitchen)

- < 50% missing/damaged
- > 50% missing/damaged
- No missing/damaged countertops

102. Dishwasher

- Working
- Not working
- No Dishwasher

103. Garbage Disposal

- Working
- Not working
- No garbage disposal

104. Plumbing – Clogged Drains (Kitchen)

- Slow drain
- Drain completely clogged
- Drain working properly

105. Plumbing – Leaking Faucets/Pipes (Kitchen)

- Leak contained by sink
- Steady leak/adverse effect
- No leak

106. Range Hood/Exhaust Fans/Excessive Grease/Inoperable (Kitchen)

- Partial blockage
- Not working
- No blockage
- No range hood/exhaust fan

107. Range Stove – Missing/Damaged/Inoperable (Kitchen)

- One burner not working
- Two or more burners not working
- Stove working
- Stove not working
- Stove missing

108. Refrigerator

- No deterioration
- Seals deteriorated, but working
- Seals deteriorated and not working
- Refrigerator missing

109. Sink Missing/Damaged (Kitchen)

- Sink working - discoloration or cracks
- Sink working - no discoloration or cracks
- Sink not working - discoloration or cracks
- Sink not working - no discoloration/cracks

LAUNDRY AREA ROOM (UNIT)

110. Dryer (Laundry Area Room) (Unit)

- Vent missing
- Vent damaged
- Vent not missing or damaged
- No dryer

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LIGHTING (UNIT)

111. Lighting Fixture (Unit)

- One or more lights missing
- One or more lights not working
- Both
- All lights working

OUTLETS/SWITCHES (UNIT)

112. Missing/Broken Cover Plates (Outlets/Switches) (Unit)

- Broken (but no exposed wires)
- Broken, wires exposed
- No broken cover plates
- Does not apply

PATIO/PORCH/BALCONY (UNIT)

113. Baluster/Side Railings (Patio/Porch/Balcony) (Unit)

- Loose
- Missing
- Damaged
- No baluster/side railings (not applicable)

SMOKE DETECTOR

114. Smoke Detector (Unit)

- One not working
- 2 or more not working
- All detectors working
- No smoke detectors

STAIRS

115. Hand Railing (Stairs) (Unit)

- Broken
- Missing
- Not broken or missing
- Does not apply

116. Steps (Unit)

- One or more broken
- One or more missing
- One or more broken and missing
- Not broken or missing
- Does not apply

WINDOWS (UNIT)

117. Windows (Unit)

- One or more windows cracked or broken
- One or more windows missing
- One or more windows cracked and missing
- No windows missing or cracked

118. Window Sill or Frame (Unit)

- Damaged or missing
- Not missing or damaged

119. Inoperable/Not Lockable (Windows) (Unit)

- Not functioning, but can be secured/locked
- Not functioning, cannot be secured/locked
- Functioning, but cannot be secured/locked
- Functioning

120. Windows in Unit

- Missing/deteriorated caulking/seals
- No deterioration caulking/seals

121. Windows in Unit

- Peeling paint observed
- No peeling paint observed

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HEALTH AND SAFETY INSPECTION ITEMS

GARBAGE AND DEBRIS

122. Indoors (Garbage and Debris)

- Garbage not properly stored, e.g. uncovered or leaking, no container
- Garbage properly stored

123. Outdoors (Garbage and Debris)

- Garbage not properly stored, e.g. uncovered or leaking, no container
- Garbage properly stored
- Not applicable

HAZARDS (HEALTH AND SAFETY)

124. Sharp Edges (Hazards)

- Sharp edges observed
 - Sharp edges not observed
- If observed, record location(s):

125. Tripping (Hazards)

- Tripping hazards observed
 - Tripping hazards not observed
- If observed, record location(s):

INFESTATION

126. Roaches

- Frags or shells observed
- One or more live roaches observed
- No roaches observed

127. Rats, Mice

- Droppings or chewable holes observed
- One or more rats/mice observed
- No rats/mice observed

128. Other Insects or Vermin

- Observed
 - Not observed
- If observed, record type

OTHER HEALTH QUESTIONS

129. Painting or renovation within past month?

- Yes
- No

130. Used spray or fog for pests?

- Once a year
- Once a month
- Once a week
- Do not use sprays

131. Dust on Surfaces

- Slight
- Heavy
- No dust on surfaces

132. How often do you vacuum carpets?

- Once a day
- Once a week
- Once a month
- > Once a month
- No carpet

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133. How often do you mop?

- Once a day
- Once a week
- Once a month
- > Once a month
- Does not mop

134. How often do you use air freshener?

- Once a week
- Continuous
- Never

135. Air cleaning device present?

- Yes
- No

136. Dehumidifier present?

- Yes
- No

137. Pets present?

- Yes
- No

If yes, record type of pet(s):

138. Unvented combustion appliances present?

- Yes
 - No
- If yes, record type:

139. Sources of Humidity (humidifier, uncovered fish tank, etc.)

- Yes
- No

If yes, record type:

140. Wall to Wall Carpet in Wet Rooms?

- Yes
- No

141. Tobacco Smoke Present in Unit?

- Yes
- No

142. Choke hazard present? (Unsecured cord for window blinds or curtains)

- Unsecured cord observed
- Unsecured cord not observed

143. Other hazards (please record any other hazards)

Data collector (print name):	Initials:	Date (mm/dd/yy):

Reviewed by (print name):	Initials:	Date (mm/dd/yy):

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Health Outcomes Evaluation Baseline Evaluation Visit

Head of Household Questionnaire / Consent Script

Thank you for agreeing to meet with us. My name is _____, and I work for the _____. _____ and _____ from the _____ will also be on this team.

We are here today to learn more about you and your family’s health in your current apartment at Wheeler Terrace.

Over the next two years, we would like to interview the head of the household, and any family members that have had health problems, to learn more about your experiences in the apartment.

Because we are asking you to be part of a research project, I would like to start by describing the research and what you and your family will be asked to do. This is called the informed consent process – it will take us about 10 minutes to review.

If you agree to join our project I will ask you a series of questions, and _____ will look at the apartment. This will take no longer than an hour and a half.

After that, I will give you some information and show you some additional ways you can cook, clean, operate your apartment and store your belongings, all to help reduce your family’s chance of coming into contact with something that could trigger breathing or other health problems. We will also talk about how to keep your energy bills low.

The results of our study will help us help other communities that are renovating apartments in a “green and healthy” way.

BEGIN INFORMED CONSENT PROCESS

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Date of interview _____

Interviewer _____

Translator (if needed) _____

Language in which translated (if needed) _____

Items in bold or text boxes are to be asked of respondent. Capitalized items that are not in bold represent prompts to interviewer.

Tables are used to record responses when question sequence is asked for more than one member of the household.

If questions are repeated, record household member's preferred name in table as means of identification. Interviewer will assign id number to each household member at end of the session.

1. What are the names of all the persons living or staying here? For the purpose of our study, I need to know everyone

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who spends at least 20 hours a week in this apartment. We will not tell the property managers, immigration, or law enforcement anything about who lives here – we need this information only to know how much use the apartment will get. This information will help us determine how the changes in the buildings affect the people who live in them. Start with the name of the person, or one of the persons, who owns or rents this home. [What is the name of the NEXT person living or staying here?]

PROBE FOR FIRST, MIDDLE, AND LAST NAME OF EACH PERSON

REPEAT SEQUENCE (Q2-6) FOR EVERY ADULT AND CHILD WHO LIVES IN THE UNIT.

NOTE THAT ‘YOU’ IS CAPITALIZED IN QUESTIONS IF THE QUESTION IS TO BE REPEATED IN REGARD TO EVERY MEMBER OF THE HOUSEHOLD.

2. How shall I refer to YOU for the rest of the interview?

3. Do YOU usually live here?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

4. Do YOU have some other place where he/she usually lives?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

5. Since YOU do not usually live here and have another residence elsewhere, you will not be included in this interview.

- 1 Yes (will be in interview)
- 2 No (will not be in interview)

6. * ASK IF NOT APPARENT. * IF DON'T KNOW OR REFUSED ENTER YOUR BEST GUESS.

Are YOU male or female?

- 1 Male
- 2 Female

RECORD INFORMATION FROM Q1-6 HERE. RECORD NAME AND AGE ON CARD 1. KEEP CARD 1 AVAILABLE FOR REFERENCE THROUGHOUT INTERVIEW.

	First	Middle	Last Name	Preferred name	Usually lives here	Has other place	Include in interview	Sex
Adult 1								
Adult 2								
Adult 3								
Adult 4								
Adult 5								
Child 1								
Child 2								
Child 3								
Child 4								
Child 5								
Child 6								
Child 7								
Child 8								

FOLLOW UP QUESTIONS TO Q2-6 -- IF ANY OTHER INDIVIDUALS MENTIONED, REPEAT SEQUENCE FOR Q2-6 AND ADD TO LIST

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7. I have listed living here... [roster] Have I missed anyone else staying here?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

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REPEAT SEQUENCE (Q8-12) FOR EVERY ADULT AND CHILD WHO LIVES IN THE UNIT.

NOTE THAT 'YOU' IS CAPITALIZED IN QUESTIONS IF THE QUESTION IS TO BE REPEATED IN REGARD TO EVERY MEMBER OF THE HOUSEHOLD.

NOW I AM GOING TO BE ASKING ABOUT THE AGE AND ETHNIC BACKGROUND OF EVERYONE IN THE HOUSEHOLD.

8. What is YOUR age?

* ENTER NUMBER FOR AGE.

9. And what is YOUR date of birth?

Please give month, day, and year for the date of birth.

* ENTER MONTH OF BIRTH.

- 01 January
- 02 February
- 03 March
- 04 April
- 05 May
- 06 June
- 07 July
- 08 August
- 09 September
- 10 October
- 11 November
- 12 December
- 97 Refused
- 99 Don't know

10. IF RESPONDENT DOESN'T KNOW AGE

11. What is your best guess of YOUR age?

* IF THE RESPONDENT GIVES A RANGE OF AGES, *ENTER LOWEST AND HIGHEST NUMBER IN THE RANGE. IF THE RESPONDENT DOES NOT KNOW THE AGE, ENTER YOUR BEST ESTIMATE OF THE PERSON'S AGE.

- 000-120 Age (number)
- 997 Refused
- 999 Don't know

12. Certain sections of this interview depend on knowing if a person is 18 years old or older. Could you please tell me if YOU are at least 18 years old?

- 1 Less than 18
- 2 18 or older
- 7 Refused
- 9 Don't know

	Preferred name	Age in Years	Month	Day	Year	Low age Estimate (years)	High age estimate (Years)	Interviewer Estimate in years	Under/ 18 or Over
Adult 1									
Adult 2									
Adult 3									
Adult 4									
Adult 5									
Child 1									
Child 2									
Child 3									
Child 4									
Child 5									
Child 6									
Child 7									
Child 8									

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REPEAT SEQUENCE (Q13-16) FOR EVERY ADULT AND CHILD WHO LIVES IN THE UNIT.

NOTE THAT 'YOU' IS CAPITALIZED IN QUESTIONS IF THE QUESTION IS TO BE REPEATED IN REGARD TO EVERY MEMBER OF THE HOUSEHOLD.

13. Do YOU consider yourself to be Hispanic or Latino?

1 Yes

2 No

7 Refused

9 Don't know

NOW I AM GOING TO HAND YOU A CARD WITH DIFFERENT HISPANIC OR LATINO GROUPS LISTED ON IT.

SHOW CARD 2

14. IF NO, CONTINUE TO Q 17. IF YES OR DON'T KNOW. * READ IF NECESSARY.

1 Yes

2 No

7 Refused

9 Don't know

Which of these groups do YOU consider yourself to be?

01 Puerto Rican

02 Cuban/Cuban American

03 Dominican (Republic)

04 Mexican

05 Mexican American

06 Central or South American

07 Other Latin American

08 Other Hispanic/Latino/Spanish

97 Refused

99 Don't

16. PROBE FOR THE COUNTRY --RECORD UP TO 5 ANSWERS PER INDIVIDUAL

01 Puerto Rican

02 Cuban/Cuban American

03 Dominican (Republic)

04 Mexican

05 Mexican American

06 Central or South American

07 Other Latin American

08 Other Hispanic/Latino/Spanish

97 Refused

99 Don't know

15. Do you know where YOUR ancestors come from?

	Preferred name	Hispanic/Latino	01 Puerto Rican	02 Cuban/Cuban American	03 Dominican (Republic)	04 Mexican	05 Mexican American	06 Central or South American	07 Other Latin American	08 Other Hispanic/Latino/Spanish	97 Refused	99 Don't know
Adult 1												
Adult 2												
Adult 3												
Adult 4												
Adult 5												
Child 1												
Child 2												
Child 3												
Child 4												
Child 5												
Child 6												
Child 7												
Child 8												

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NOW I AM GOING TO HAND YOU A CARD THAT DESCRIBES OTHER ETHNIC GROUPS

REPEAT SEQUENCE (Q17-18) FOR EVERY ADULT AND CHILD WHO LIVES IN THE UNIT.

NOTE THAT 'YOU' IS CAPITALIZED IN QUESTIONS IF THE QUESTION IS TO BE REPEATED IN REGARD TO EVERY MEMBER OF THE HOUSEHOLD.

SHOW CARD 3

17. What race or races do YOU consider yourself to be? Please select 1 or more of these categories.

* ENTER ALL THAT APPLY

- 01 White
- 02 Black/African American
- 02.5 African
- 03 Indian (American)
- 04 Alaska Native
- 05 Native Hawaiiin
- 06 Guamanian
- 07 Samoan
- 08 Other Pacific Islander
- 09 Asian Indian
- 10 Chinese
- 11 Filipino
- 12 Japanese
- 13 Korean
- 14 Vietnamese
- 15 Other Asian
- 16 Some other race
- 97 Refused
- 99 Don't know

	Preferred name	First answer	Second Answer	3 rd answer	4 th answer	5 th answer	97 refused	99 don't know
Adult 1								
Adult 2								
Adult 3								
Adult 4								
Adult 5								
Child 1								
Child 2								
Child 3								
Child 4								
Child 5								
Child 6								
Child 7								
Child 8								

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18. ASK IF MORE THAN ONE GROUP IDENTIFIED

Which one of these groups, that is [READ GROUPS] would you say BEST represents your race?

- 01 White
- 02 Black/African American
- 2.5 African
- 03 Indian (American)
- 04 Alaska Native
- 05 Native Hawaiian
- 06 Guamanian
- 07 Samoan
- 08 Other Pacific Islander
- 09 Asian Indian
- 10 Chinese
- 11 Filipino
- 12 Japanese
- 13 Korean
- 14 Vietnamese
- 15 Other Asian
- 16 Other Race
- 97 Refused
- 99 Don't know

	Preferred name	First answer
Adult 1		
Adult 2		
Adult 3		
Adult 4		
Adult 5		
Child 1		
Child 2		
Child 3		
Child 4		
Child 5		
Child 6		
Child 7		
Child 8		

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IN THE NEXT SET OF QUESTIONS I AM GOING TO ASK ABOUT MEMBERS OF THE HOUSEHOLD'S HEALTH AND ABOUT THE APARTMENT. TO ANSWER OUR QUESTIONS, WE NEED TO FIND THE ADULT WHO KNOWS THE MOST ABOUT THE PEOPLE WHO LIVE HERE, THEIR HEALTH, AND THE WAY THE APARTMENT IS TAKEN CARE OF.

REPEAT Q 19-20 FOR EACH ADULT IN HOUSEHOLD

NOTE THAT 'YOU' IS CAPITALIZED IN QUESTIONS IF THE QUESTION IS TO BE REPEATED IN REGARD TO EVERY MEMBER OF THE HOUSEHOLD.

19) Would you say YOU know about the health of ALL the household members?

- 1 Yes, knows family members' health
- 2 No, does not know family member's health
- 7 Refused
- 9 Don't know

20. Would you say YOU know MOST about the apartment, that is, how it is cleaned and maintained?

- 1 Yes, knows apartment
- 2 No, does not know apartment
- 7 Refused
- 9 Don't know

	Preferred name	Knowledgeable about health	Knowledgeable about apartment
Adult 1			
Adult 2			
Adult 3			
Adult 4			
Adult 5			

21. * YOU have been selected as the household reference person. Is this household member an appropriate choice?

Household reference person – Name & ID _____

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

ASK Q22-65 ONLY OF THE INDIVIDUAL IDENTIFIED IN Q. 21

22. When did your household move into THIS apartment?

Month _____
Year _____

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23. Did you and your family live in ANOTHER apartment in Wheeler Terrace before moving into this one?

1. Yes
2. No GO TO Q 25
7. Refused to answer GO TO Q 25
9. Don't know GO TO Q 25

24. IF YES: What was the address of this OTHER apartment unit? _____

25. In the past 12 months, did you and your household live somewhere else (other than an apartment in the Wheeler Terrace complex)?

1. Yes
2. No Go TO Q 28
3. Refused to answer GO TO Q 28
9. Don't know GO TO Q 28

26. IF YES, Where was this?

27. IF YES, How long did you live there?

Months _____ Years _____

NOW I'M GOING NOW TO ASK YOU ABOUT THIS APARTMENT, THAT IS BUILDING NUMBER _____

28. What is the main heating source? Is it
(READ CATEGORIES AND CIRCLE ONE)

- 01 Radiators (steam or hot water)
- 02 Gas-heated forced air (vents)
- 03 Electric-heated forced air (vents)
- 04 Gas stove/fireplace/wall furnace
- 05 Electric space heater
- 06 Kerosene space heater
- 07 Wood burning stove/fireplace
- 08 Some other source
(SPECIFY _____)
- 09 No source of heat
- 98 DON'T KNOW GO TO Q 29

29. Are there any other sources you use for heat?
(READ CATEGORIES ONLY IF RESPONDENT DOES NOT KNOW THE ANSWER. CIRCLE ALL THAT APPLY)

- 01 Radiators (steam or hot water)
- 02 Gas-heated forced air (vents)
- 03 Electric-heated forced air (vents)
- 04 Gas stove/fireplace/wall furnace
- 05 Electric space heater
- 06 Kerosene space heater
- 07 Wood burning stove/fireplace
- 08 Some other source.
(SPECIFY _____)
- 09 No source of heat
- 98 DON'T KNOW

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30. What kind of air conditioning system does your home/apartment have? Do you have...

- 01 Central air conditioning (GO TO Q 33)
- 02 Window units (GO TO Q31)
- 03 No air conditioning? (GO TO Q33)
- 04 DON'T KNOW (GO TO Q33)

31. Which rooms in your home/apartment had window air conditioning units? (CIRCLE ALL THAT APPLY)

- 1 Common living area(s)
- 2 Bedroom(s)
- 3 Kitchen
- 4 Bathroom(s)
- 5 Some other room
(SPECIFY)_____
- 8 DON'T KNOW

32. How many total window air conditioning units did you have in the home/apartment?

32a (NUMBER OF UNITS) _____

33. What kind of cooking stove do you have?

- 1 Gas
- 2 Electric
- 3 NO STOVE
- 4 OTHER
(SPECIFY _____)
- 8 DON'T KNOW
- 9 Not answered

33a. Have you had any kitchen fires in the last 12 months?

- 1. Yes
- 2. No
- 8. Don't know
- 9. Not answered

34. Is there a fan that draws air from the stove out of the building?

- 1 YES
- 2 NO
- 8 DON'T KNOW
- 9. Not answered

34a. IF YES, **how often is this fan used when someone cooks?**

- 1 Always
- 2 Frequently
- 3 Sometimes
- 4 Rarely
- 5 Never
- 8 DON'T KNOW
- 9. Not answered

35. Is there a fan that draws air from the bathroom out of the building?

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- 1 YES
- 2 NO
- 8 DON'T KNOW
- 9. Not answered

35a. IF YES, how often is this fan used when someone takes a bath or shower?

- 1 Always
- 2 Frequently
- 3 Sometimes
- 4 Rarely
- 5 Never
- 8 DON'T KNOW
- 9. Not answered

36. Do you have an air filtration device in your home/apartment, such as a HEPA filtration system or some other special filter? A HEPA filter is one that takes very fine dust out of the air – this is not the same as a vacuum cleaner or Ionic filter.

- 1 YES
- 2 NO GO TO Q 38
- 8 DON'T KNOW GO TO Q 38
- 9. Not answered GO TO Q 38

36a. IF YES, please describe your filtration system and where it is located. (i.e in the basement, attic, outside, etc.)

37. How often do you change or wash the air filter(s)? Was it every...

- 1. Once a week
- 2. 1 – 4 months
- 3. 5 – 12 months, or
- 4. More than 12 months
- 8. DON'T KNOW
- 9. Not answered

38. Has there been water or dampness in your home/apartment due to broken pipes, leaks, heavy rain, floods, or for other reasons?

- 1. YES
- 2. NO.
- 8. DON'T KNOW
- 9. Not answered

39. Does your home/apartment frequently have a mildew odor or musty smell?

- 1. YES
- 2. NO.
- 8. DON'T KNOW
- 9. Not answered

40. Do you use a dehumidifier in your home/apartment?

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- 1. YES
- 2. NO.
- 8. DON'T KNOW
- 9. Not answered

41. Do you use any specific methods to “allergy-proof” your home/apartment? Please answer Yes or No to each method listed.

- 1. YES
- 2. NO.
- 8. DON'T KNOW
- 9. Not answered

- a. Tannic acid or other acaracide (that is, a chemical that kills dust mites or other allergens) 1 2 8 9
 - b. Impermeable mattress and or pillow covers .1 2 8 9
 - c. Any other methods (specify)1 2 8 9
-

42. Do you have any problems with cockroaches?

- 1. YES
- 2. NO. GO TO Q 44
- 8. DON'T KNOW GO TO Q 44
- 9. Not answered GO TO Q 44

43. On average how many cockroaches do you see per day?

- 1. Less than 5
- 2. 5 to 50, or
- 3. More than 50
- 4. None
- 8. Don't know
- 9. Not answered

44. Do you use any insecticides or bug sprays in your home to control COCKROACHES or other insects?

- 1. YES
- 2. NO.
- 8. DON'T KNOW
- 9. Not answered

45. In the last year did professional exterminators or building maintenance personnel use insecticides or bug sprays in your home/apartment to control COCKROACHES or other insects?

- 1. YES
- 2. NO.
- 8. DON'T KNOW
- 9. Not answered

46. Do you have any problems with mice or rats?

- 1. YES

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- 2. NO. GO TO Q 49
- 8. DON'T KNOW GO TO Q 49
- 9. Not answered GO TO Q 49

47. Do YOU use any traps, bait stations or poisons in your home/apartment to control mice or rats?

- 1. YES
- 2. NO.
- 8. DON'T KNOW
- 9. Not answered

48. In the last year did you or building maintenance personnel use professional exterminators in your home/apartment to control MICE or RATS?

- 1. YES
- 2. NO.
- 8. DON'T KNOW
- 9. Not answered

49. Do you have any of the following pets living in your home/apartment? Please answer Yes or No for each type of pet.

- 1. YES
 - 2. NO.
 - 8. DON'T KNOW
 - 9. Not answered
- a. Cat 1 2 8 9
 - b. Dog..... 1 2 8 9
 - c. Other animals with fur... 1 2 8 9
 - h. Any other pets 1 2 8 9
- (Specify)_____

50. How often do you clean your home/apartment?

- ___times a week
- ___times a month
- ___times a year
- Less than once a year

51. How often do you wash your children(s) sheets and pillowcases?

- ___times a week
- ___times a month
- ___times a year
- Less than once a year
- No children were present during that time

52. How often did you wash the bed spread or comforter on your child's bed?

- ___times a month
- ___times a year
- Less than once a year
- No spread or comforter
- No children were present during that time

53. Do you use a humidifier in your home/apartment?

- 1. YES
- 2. NO.
- 8. DON'T KNOW

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9. Not answered

54. During the last 12 months, was there any smoke in your home/apartment? By smoke I mean smoke from any of the following: incense, cigarettes, cigars, pipes, candles, wood fires, or non-tobacco cigarettes. This would include household members or visitors.

1. Yes
2. No GO TO 58
7. Refused GO TO 58
8. Don't know GO TO 58
9. Not answered GO TO Q 58

54a. What is the most common sources of smoke in the apartment? [CHECK ALL THAT APPLY]

1. Cigars, cigarettes, pipes
2. Incense or candles
3. Charcoal or some other type of heating source
4. Other (describe) _____
7. Refused
9. Don't know

55. How often is there smoke inside the home/apartment?

1. Occasionally (less than once a week)
2. Sometime each week, but not daily
3. Daily
4. Never
7. Refused
8. Don't know

56. Is there smoke in the rooms where children sleep?

- 1 Yes
2. No
3. No children in the unit
7. Refused
8. Don't know

57. Does anyone smoke outside the home/apartment but not inside it?

1. Yes
2. No
7. Refused
8. Don't know

Building ID	Dwelling ID	Visit

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NOW I AM GOING TO ASK YOU SOME QUESTIONS ABOUT YOUR HOUSEHOLD'S CONVENIENCE, COMFORT AND SAFETY.

58. How easy is it for you to keep this apartment clean: EASY TO CLEAN, NEITHER EASY NOR HARD TO CLEAN, OR HARD TO CLEAN?

1. Easy
2. Not easy not hard
3. Hard
8. Don't know
9. Refused

Can you tell me more about this?

59. How would you rate the comfort of your apartment in terms of temperature: HOT, NEITHER HOT NOR COLD, COLD?

1. Hot
2. Neither hot nor cold
3. Cold
8. Don't know
9. Refused

Can you tell me more about this?

60. How would you rate the amount of noise that you can hear from your neighbors: VERY NOISY, SOME NOISE, OR QUIET?

1. Very noisy
2. Some noise
3. Quiet
8. Don't know
9. Refused

Can you tell me more about this?

61. How would you rate the amount of noise that you can hear from FROM THE OUTSIDE (including the parking lot): VERY NOISY, SOME NOISE, OR QUIET?

1. Very noisy
2. Some noise
3. Quiet
8. Don't know
9. Refused

Can you tell me more about this?

Building ID	Dwelling ID	Visit

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62. How would you rate the safety of your apartment building: SAFE, NEITHER SAFE/NOR UNSAFE, OR UNSAFE?

1. Safe
2. Neither safe nor unsafe
3. Unsafe
8. Don't know
9. Refused

Can you tell me more about this?

63. How would you rate the safety of the Wheeler Terrace neighborhood: SAFE, NEITHER SAFE/NOR UNSAFE, OR UNSAFE?

1. Safe
2. Neither safe nor unsafe
3. Unsafe
8. Don't know
9. Refused

Can you tell me more about this?

64. How often would you say that the children in this household play outside: DAILY, SEVERAL TIMES A WEEK, WEEKLY, LESS THAN ONCE A WEEK?

1. Daily
2. Several times a week
3. Weekly
4. Less than once a week
5. No children in unit
8. Don't know
9. Refused

Can you tell me more about this?

Building ID	Dwelling ID	Visit

7/8/2008

NOW I AM GOING TO ASK YOU ABOUT THE GENERAL HEALTH OF THE PEOPLE IN THE HOUSEHOLD. I WILL BE REPEATING THE SAME SET OF QUESTIONS FOR EACH MEMBER OF THE HOUSHOLD LIKE I DID IN THE BEGINNING OF THE INTERVIEW.

NOTE THAT 'YOU' IS CAPITALIZED IN QUESTIONS IF THE QUESTION IS TO BE REPEATED IN REGARD TO EVERY MEMBER OF THE HOUSEHOLD.

65. Would you say YOUR health in general is excellent, very good, good, fair, or poor? How about....

1. Excellent
2. Very Good
3. Good
4. Fair
5. Poor
7. Refused
9. Don't know

	Preferred name	Health in general
Adult 1		
Adult 2		
Adult 3		
Adult 4		
Adult 5		
Child 1		
Child 2		
Child 3		
Child 4		
Child 5		
Child 6		

66. ARE YOU pregnant at this time? Anyone else in the household?

1. Yes
2. No
7. Refused
8. Don't know

66a. What is the month and year that YOU are due to deliver

	Preferred name	Age	Pregnant	Due Date
Adult 1				
Adult 2				
Adult 3				
Adult 4				
Adult 5				
Child 1				
Child 2				
Child 3				
Child 4				
Child 5				

Building ID	Dwelling ID	Visit

7/8/2008

NOW, I AM GOING TO ASK SOME QUESTIONS ABOUT THE CHILDREN WHO ARE UNDER AGE 5.

REPEAT SEQUENCE (Q 67-68) FOR EVERY CHILD AGED 0-4 WHO LIVES IN THE UNIT.

NOTE THAT 'ALIAS' IS CAPITALIZED IN QUESTIONS IF THE QUESTION IS TO BE REPEATED IN REGARD TO EVERY MEMBER OF THE HOUSEHOLD.

67. FOR (READ NAMES ROSTER OF PERSONS AGE 0-4), Are any of these children limited in the kind or amount of play activities they can do because of a physical, mental, or emotional problem?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

Who is this? (Anyone else?)

68. Is [ALIAS] able to take part AT ALL in the usual kinds of play activities done by most children [ALIAS]'s age?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

CHILDREN 0- 4 YEARS ONLY

	Preferred name	Age	Limited Play	Can take part at all
Child 1				
Child 2				
Child 3				
Child 4				
Child 5				
Child 6				
Child 7				
Child 8				

Building ID	Dwelling ID	Visit

7/8/2008

NOW I AM GOING TO ASK ABOUT ALL THE CHILDREN IN THE HOUSE WHO ARE UNDER AGE 18.

REPEAT SEQUENCE (Q 69-70) FOR EVERY CHILD AGED 18 OR UNDER WHO LIVES IN THE UNIT.

NOTE THAT 'ALIAS' IS CAPITALIZED IN QUESTIONS IF THE QUESTION IS TO BE REPEATED IN REGARD TO EVERY MEMBER OF THE HOUSEHOLD.

69. Do any of these family members, * READ NAMES OF PERSONS LESS THAN AGE 18* receive Special Educational or Early Intervention Services?

1. Yes
2. No
7. Refused
9. Don't know

Who is this? (Anyone else?)

ASK ONLY OF THOSE CHILDREN WHO RECEIVE SPECIAL SERVICES

70. Does ALIAS receive these services because of an emotional or behavioral problem?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

CHILDREN UNDER AGE 18

	Preferred name	Age	Special Ed/Early Intervention	Receives for Emotional/ Behavioral
Child 1				
Child 2				
Child 3				
Child 4				
Child 5				
Child 6				
Child 7				
Child 8				

Building ID	Dwelling ID	Visit

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NOW I AM GOING TO ASK YOU ABOUT CERTAIN MEDICAL CONDITIONS EACH CHILD 18 OR UNDER MAY HAVE HAD.

SHOW RESPONDENT CARD 4 WITH CONDITIONS LISTED

REPEAT SEQUENCE FOR EACH CHILD IN HOUSEHOLD. RECORD RESPONSES IN TABLE

71a. Has [CHILD'S NAME] EVER been told by a doctor or other health professional that [HE/SHE] had ...

- **Frequent or severe headaches, including migraines**

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

REPEAT QUESTION STEM AS NEEDED FOR OTHER CONDITIONS

- **Lead poisoning**
- **Learning disability**
- **Attention deficit/hyperactivity (ADD/ADHD)**
- **Any heart condition**
- **Overweight**
- **Three or more ear infections**

	Preferred name	Ever had Headaches/ Migraines	Ever had Lead poisoning	Ever had Learning Disability	Ever had ADD/ ADHD	Ever had Any Heart Condition	Ever had Overweight	Ever had 3+Ear Infections
Child 1								
Child 2								
Child 3								
Child 4								
Child 5								
Child 6								
Child 7								
Child 8								

71b. Has [CHILD'S NAME] EVER been told by a doctor or other health professional that [HE/SHE] had ...

- **Any kind of respiratory allergy**
- **Eczema or any kind of skin allergy**
- **Hay fever**
- **Sinusitis (sinus infection)**
- **Chronic bronchitis**

72. Has [CHILD'S NAME] EVER been told by a doctor or other health professional that [HE/SHE] had asthma?

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1 Yes

2 No GO TO Q 82

7 Refused GO TO Q 82

9 Don't know GO TO Q 82

73. Does [CHILD'S NAME] still have asthma?

1 Yes

2 No GO TO Q 82

7 Refused GO TO Q 82

9 Don't know GO TO Q 82

	Preferred name	Ever had Resp. allergy	Ever had Eczema/Skin allergy	Ever had Hay fever	Ever had Sinusitis	Ever had Chronic Bronchitis	Ever had Asthma	Still has asthma
Child 1								
Child 2								
Child 3								
Child 4								
Child 5								
Child 6								
Child 7								
Child 8								

Building ID	Dwelling ID	Visit

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NOW I AM GOING TO ASK YOU SOME QUESTIONS ABOUT THE CHILD (REN) WHO HAD ASTHMA DURING THE PAST 12 MONTHS.

REPEAT Q 74-81 FOR EACH CHILD WITH ASTHMA. RECORD RESPONSES IN TABLE

74. Symptoms of asthma include cough, wheezing, shortness of breath, chest tightness and phlegm production when [CHILD'S NAME] doesn't have a cold or respiratory infection. Typically, DURING THE PAST 12 MONTHS, how often did [CHILD'S NAME] have any symptoms of asthma? Would you say ...

PLEASE READ:

- 8. Not at any time [GO TO Q 82]
- 1. Less than once a week
- 2. Once or twice a week
- 3. More than 2 times a week, but not every day
- 4. Every day, but not all the time

Or

- 5. Every day, all the time

Do not read:

- 7. Don't know / Not sure GO TO Q 82
- 9. Refused GO TO Q 82

75. DURING THE PAST 12 MONTHS, did [CHILD'S NAME] have to visit an emergency room or urgent care center because of asthma?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

76. DURING THE PAST 12 MONTHS, how many

	Preferred name	Had Symptoms	ER visit	# ER visits	Saw MN/NP for urgent care	# days out of school /activities
Child 1						
Child 2						
Child 3						
Child 4						
Child 5						
Child 6						
Child 7						
Child 8						

times did [CHILD'S NAME] visit an emergency room or urgent care center because of asthma?

- ___ Number of visits [87 = 87 or more]
- 88. None
- 98. Don't know / Not sure
- 99. Refused

77. [If one or more visits to ER fill in "BESIDES THOSE EMERGENCY ROOM VISITS," DURING THE PAST 12 MONTHS, how many times did [CHILD'S NAME] see a doctor, nurse or other health professional for urgent treatment of worsening asthma symptoms?

- ___ Number of visits [87 = 87 or more]
- 88. None
- 98. Don't know / Not sure
- 99. Refused

78. DURING THE PAST 12 MONTHS, how many days was [CHILD'S NAME] UNABLE to attend school or carry out {HIS/HER} usual activities because of asthma?

- ___ Number of days
- 888. None
- 777. Don't know / Not sure
- 999. Refused

Building ID	Dwelling ID	Visit

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79. DURING THE PAST 12 MONTHS, how many days did [CHILD'S NAME] symptoms of asthma make it difficult for [CHILD'S NAME] to stay asleep? Would you say

PLEASE READ:

- 8. Not at any time
- 1. Less than once a week
- 2. Once or twice a week
- 3. More than 2 times a week, but not every day
- 4. Every day, but not all the time

Or

- 5. Every day, all the time
- Do not read:**
- 7. Don't know / Not sure
 - 9. Refused

80. DURING THE PAST 12 MONTHS, how many days did [CHILD'S NAME] take a prescription asthma medication to PREVENT an asthma attack from occurring?

PLEASE READ:

- 8. Not at any time
- 1. Less than once a week
- 2. Once or twice a week
- 3. More than 2 times a week, but not every day
- 4. Every day, but not all the time

Or

- 5. Every day, all the time
- Do not read:**
- 7. Don't know / Not sure
 - 9. Refused

81. DURING THE PAST 12 MONTHS, how often did [CHILD'S NAME] use a prescription asthma inhaler DURING AN ASTHMA ATTACK to stop it?

INTERVIEWER INSTRUCTION: HOW OFTEN (NUMBER OF TIMES) DOES NOT EQUAL NUMBER OF PUFFS. TWO TO THREE PUFFS ARE USUALLY TAKEN EACH TIME THE INHALER IS USED.

READ ONLY IF NECESSARY:

- 8. Not at any time
- 1. Less than once a week
- 2. Once or twice a week
- 3. More than 2 times a week, but not every day
- 4. Every day, but not all the time

Or

- 5. Every day, all the time
- Do not read:**
- 7. Don't know / Not sure
 - 9. Refused

	Preferred name	# days hard to sleep	# days took medicine to prevent attack	Used inhaler
Child 1				
Child 2				
Child 3				
Child 4				
Child 5				
Child 6				
Child 7				
Child 8				

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82. COMPARED WITH THE LAST 12 MONTHS, would you say [CHILD'S NAME]'s health is NOW better, worse, or about the same?

- 1 Better
- 2 Worse
- 3 About the same
- 7 Refused
- 9 Don't know

83. Does [CHILD'S NAME] have an impairment or health problem that limits [HIS/HER] ability to (crawl), walk, run, or play?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

	Preferred name	HEALTH status	Limitations
Child 1			
Child 2			
Child 3			
Child 4			
Child 5			
Child 6			
Child 7			
Child 8			

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ASK Q 84-89 FOR ONE CHILD AGED 4 AND OLDER. IF HOUSEHOLD RESPONDENT HAS A CHILD WITH ASTHMA, ASK ABOUT THAT CHILD. OTHERWISE, ASK ABOUT THE RESPONDENT'S OLDEST CHILD. IF HOUSEHOLD REPENDENT DOES NOT HAVE A CHILD IN THE HOME, ASK ABOUT CHILD OF ANOTHER ADULT WHO RESIDES IN THE HOME (IF THAT CHILD ALSO RESIDES IN THE HOME).

Child's name _____

Child's parent/guardian _____

I AM GOING TO READ A LIST OF ITEMS THAT DESCRIBE CHILDREN. FOR EACH ITEM, PLEASE TELL ME IF IT HAS BEEN NOT TRUE, SOMEWHAT TRUE, OR CERTAINLY TRUE FOR [CHILD'S NAME] DURING THE PAST SIX MONTHS. I WILL ONLY BE ASKING ABOUT THIS CHILD FOR THE NEXT FEW QUESTIONS.

84. [: He/She...]

...is generally well behaved, usually does what adults request.

- 1 Not true
- 2 Somewhat true
- 3 Certainly true
- 7 Refused
- 9 Don't know

READ STEM AS NECESSARY FOR Q 85-89

85. I am going to read a list of items that describe children. For each item, please tell me if it has been NOT TRUE, SOMEWHAT TRUE, or CERTAINLY TRUE for [Child's Name] DURING THE PAST SIX MONTHS.

[He/She...]

...has many worries, or often seems worried.

- 1 Not true
- 2 Somewhat true
- 3 Certainly true
- 7 Refused
- 9 Don't know

86. I am going to read a list of items that describe children. For each item, please tell me if it has been NOT TRUE, SOMEWHAT TRUE, or CERTAINLY TRUE for [Child's Name] DURING THE PAST SIX MONTHS.

[He/She...]

...is often unhappy, depressed, or tearful.

- 1 Not true
- 2 Somewhat true
- 3 Certainly true
- 7 Refused
- 9 Don't know

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87 . I am going to read a list of items that describe children. For each item, please tell me if it has been NOT TRUE, SOMEWHAT TRUE, or CERTAINLY TRUE for [Child's Name] DURING THE PAST SIX MONTHS.

[He/She...]

...gets along better with adults than with other [Child's Name].

- 1 Not true
- 2 Somewhat true
- 3 Certainly true
- 7 Refused
- 9 Don't know

88. I am going to read a list of items that describe children. For each item, please tell me if it has been NOT TRUE, SOMEWHAT TRUE, or CERTAINLY TRUE for [Child's Name] DURING THE PAST SIX MONTHS.

[He/She...]

...has good attention span, sees chores or homework through to the end.

- 1 Not true
- 2 Somewhat true
- 3 Certainly true
- 7 Refused
- 9 Don't know

89. Overall, do you think that [Child's Name] has difficulties in any of the following areas: emotions, concentration, behavior, or being able to get along with other people?

- 1 No
- 2 Yes, minor difficulties
- 3 Yes, definite difficulties
- 4 Yes, severe difficulties
- 7 Refused
- 9 Don't know

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NOW I AM GOING TO ASK ABOUT THE HEALTH OF ALL THE PEOPLE IN THE HOUSEHOLD WHO ARE 18 AND OVER.

90. Because of a physical, mental, or emotional problem, do * READ NAMES OF PERSONS AGE 18 OR OLDER* need the help of other persons in handling ROUTINE NEEDS, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

91. Does a physical, mental, or emotional problem NOW keep * READ NAMES OF PERSONS AGE 18 OR OLDER* from working at a job or business?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

Who is this? (Anyone else?)

ASK Q 92- ONLY OF ADULTS OVER AGE 18 IDENTIFIED AS UNABLE TO WORK

92. Are YOU limited in the kind OR amount of work you can do because of a physical, mental or emotional problem? Are any of these family members * READ NAMES OF PERSONS AGE 18 OR OLDER* limited

in the kind OR amount of work they can do because of a physical, mental or emotional problem?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

Ask or verify. Who is this? (Anyone else?)

ASK 93 OF ALL ADULTS OVER 18

93. Because of a health problem *do you/does anyone in the family* have difficulty walking without using any special equipment?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

Who is this? (Anyone else?)

	Preferred name	Need Help with ADLs	Limitation on Working	Extent of Limitation on working	Difficulty walking
Adult 1					
Adult 2					
Adult 3					
Adult 4					
Adult 5					

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NOW I AM GOING TO ASK YOU ABOUT CERTAIN MEDICAL CONDITIONS THAT ADULTS IN THE HOME MAY HAVE HAD. PLEASE LOOK AT THIS CARD WHEN WE TALK ABOUT EACH ADULT.

SHOW RESPONDENT CARD 5 WITH CONDITIONS LISTED.

REPEAT Q 94-96 FOR ALL ADULTS

94a. Have YOU EVER been told by a doctor or other health professional that you had

... Hypertension, also called high blood pressure?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

REPEAT QUESTION STEM AS NEEDED FOR EACH CONDITION

- **Coronary heart disease**
- **Angina, also called angina pectoris**
- **Heart attack (also called myocardial infarction)**
- **Any other kind of heart condition or heart disease**

	Preferred name	Ever had High blood pressure	Ever had Coronary heart disease	Ever had Angina	Ever had MI	Ever had Other heart condition/disease
Adult 1						
Adult 2						
Adult 3						
Adult 4						
Adult 5						

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94b. Have YOU EVER been told by a doctor or other health professional that you had

- **Overweight**
- **Emphysema**
- **Hay fever**
- **Sinusitis**
- **Chronic bronchitis**

	Preferred name	Ever had Overweight	Ever had Emphysema	Ever had Hay fever	Ever had Sinusitis	Ever had Chronic bronchitis	Ever had Asthma	Still has Asthma
Adult1								
Adult 2								
Adult 3								
Adult 4								
Adult 5								

95. Have YOU EVER been told by a doctor or other health professional that you had ... Asthma?

- 1 Yes
- 2 No GO TO Q 105
- 7 Refused GO TO Q 105
- 9 Don't know GO TO Q 105

96. Do YOU still have asthma?

- 1 Yes
- 2 No GO TO Q 105
- 7 Refused GO TO Q 105
- 9 Don't know GO TO Q 105

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NOW I AM GOING TO ASK JUST ABOUT THE ADULTS WHO HAVE ASTHMA

REPEAT Q 97-104 FOR ALL ADULTS WITH ASTHMA. RECORD RESPONSES ON TABLE.

97. Symptoms of asthma include cough, wheezing, shortness of breath, chest tightness and phlegm production when you don't have a cold or respiratory infection. Typically, DURING THE PAST 12 MONTHS, how often did YOU have any symptoms of asthma? Would you say

PLEASE READ:

8. Not at any time GO TO Q 105
1. Less than once a week
 2. Once or twice a week
 3. More than 2 times a week, but not every day
 4. Every day, but not all the time

Or

5. Every day, all the time

Do not read:

7. Don't know / Not sure GO TO Q 105
9. Refused GO TO Q 105

98. DURING THE PAST 12 MONTHS, have YOU had to visit an emergency room or urgent care center because of asthma?

- 1 Yes

- 2 No
- 7 Refused
- 9 Don't know

99. DURING THE PAST 12 MONTHS, how many times did YOU visit an Emergency room or urgent care center because of asthma?

_____ Number of visits [**87 = 87 or more**]

88. None
98. Don't know / Not sure
99. Refused

100. [If one or more visits to ER fill in "BESIDES THOSE EMERGENCY ROOM VISITS, DURING THE PAST 12 MONTHS, how many times did YOU see a doctor, nurse or other health professional for urgent treatment of worsening asthma symptoms?

_____ Number of visits [**87 = 87 or more**]

88. None
98. Don't know / Not sure
99. Refused

	Preferred name	Had asthma attack	Number of ER Visits	Number urgent care visits
Adult 1				
Adult 2				
Adult 3				
Adult 4				
Adult 5				

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101. DURING THE PAST 12 MONTHS, how many days were YOU UNABLE to work or carry out your usual activities because of your asthma?

_____ Number of days)

888. None

777. Don't know / Not sure

999. Refused

102. DURING THE PAST 12 MONTHS, how many days did symptoms of asthma make it difficult for YOU to Stay asleep? Would you say — Please read:

8. Not at any time

1. Less than once a week

2. Once or twice a week

3. More than 2 times a week, but not every day

4. Every day, but not all the time

Or

5. Every day, all the time

Do not read:

7. Don't know / Not sure

9. Refused

103. DURING THE PAST 12 MONTHS, how many days did YOU take a prescription asthma medication to PREVENT an asthma attack from occurring? Please read:

Please read:

8. Not at any time

1. Less than once a week

2. Once or twice a week

3. More than 2 times a week, but not every day

4. Every day, but not all the time

Or

5. Every day, all the time

Do not read:

7. Don't know / Not sure

9. Refused

104. DURING THE PAST 12 MONTHS, how often did YOU use a prescription Asthma inhaler DURING AN ASTHMA ATTACK to stop it?

INTERVIEWER INSTRUCTION: HOW OFTEN (NUMBER OF TIMES) DOES NOT EQUAL NUMBER OF PUFFS. TWO TO THREE PUFFS ARE USUALLY TAKEN EACH TIME THE INHALER IS USED.

READ ONLY IF NECESSARY:

8. Not at any time

1. Less than once a week

2. Once or twice a week

3. More than 2 times a week, but not every day

4. Every day, but not all the time

Or

5. Every day, all the time

Do not read:

7. Don't know / Not sure

9. Refused

	Preferred name	Number Days unable to work/carry on daily activities	Number Days of Lost Sleep	Used prescription meds to prevent attack	Used inhaler
Adult 1					
Adult 2					
Adult 3					
Adult 4					
Adult 5					

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NOW I AM GOING TO ASK ONLY ABOUT THE ADULTS IN YOUR HOUSEHOLD WHO SMOKE

REPEAT Q 105-109 FOR EACH ADULT WHO SMOKES. RECORD RESPONSES ON TABLE.

105. Have YOU smoked at least 100 cigarettes in your ENTIRE LIFE?

- 1 Yes
- 2 No GO TO Q 107
- 7 Refused GO TO Q 110
- 9 Don't know GO TO Q 110

106. Do YOU now smoke cigarettes some days, every day, or not at all?

- 1 Every day GO TO Q 108
- 2 Some day GO TO Q 108
- 3. Not at all GO TO Q107
- 7 Refused GO TO Q 110
- 9 Don't know GO TO Q110

107. How long has it been since YOU quit smoking cigarettes?

- * Enter number for time since quit smoking.
- * Enter '95' for 95 years old or older.
- 01-94 1 - 94
- 95 95+
- 97 Refused
- 99 Don't know
- 100. never smoked

108. On how many of the past 30 days did YOU smoke a cigarette??

- 00 - none
- 30 days
- 97 Refused
- 99 Don't know

109. On average, when YOU smoked during the past 30 days, how many cigarettes did you smoke a day?

- * Enter '1' if less than 1 cigarette.
- * Enter '95' if 95 or more cigarettes.
- 01-94 1 – 94 cigarettes
- 95 95+ cigarettes
- 97 Refused
- 99 Don't know

	Name	Smoked at least 100	Now smoke	Time since quit	# of days smoked in past 30 days	Daily # in past 30 days
Adult 1						
Adult 2						
Adult 3						
Adult 4						
Adult 5						

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NOW I AM GOING TO ASK YOU SOME QUESTIONS ABOUT FEELINGS YOU MAY HAVE EXPERIENCED OVER THE PAST 30 DAYS. IN THESE QUESTIONS, I AM ONLY ASKING ABOUT YOUR EXPERIENCES.

110. During the PAST 30 DAYS, how often did you feel

... So sad that nothing could cheer you up?

- 1 ALL of the time
- 2 MOST of the time
- 3 SOME of the time
- 4 A LITTLE of the time
- 5 NONE of the time
- 7 Refused
- 9 Don't know

111. During the PAST 30 DAYS, how often did you feel

... Nervous?

- 1 ALL of the time
- 2 MOST of the time
- 3 SOME of the time
- 4 A LITTLE of the time
- 5 NONE of the time
- 7 Refused
- 9 Don't know

112. During the PAST 30 DAYS, how often did you feel

... Restless or fidgety?

- 1 ALL of the time
- 2 MOST of the time
- 3 SOME of the time
- 4 A LITTLE of the time
- 5 NONE of the time
- 7 Refused
- 9 Don't know

113. During the PAST 30 DAYS, how often did you feel

... Hopeless?

- 1 ALL of the time
- 2 MOST of the time
- 3 SOME of the time
- 4 A LITTLE of the time
- 5 NONE of the time
- 7 Refused
- 9 Don't know

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114. During the PAST 30 DAYS, how often did you feel

...That everything was an effort?

- 1 ALL of the time
- 2 MOST of the time
- 3 SOME of the time
- 4 A LITTLE of the time
- 5 NONE of the time
- 7 Refused
- 9 Don't know

115. During the PAST 30 DAYS, how often did you feel

...Worthless?

- 1 ALL of the time
- 2 MOST of the time
- 3 SOME of the time
- 4 A LITTLE of the time
- 5 NONE of the time
- 7 Refused
- 9 Don't know

116. We just talked about a number of feelings you had during the PAST 30 DAYS. Altogether, how MUCH did these feelings interfere with your life or activities: a lot, some, a little, or not at all?

- 1 A lot
- 2 Some
- 3 A little
- 4 Not at all
- 7 Refused
- 9 Don't know

NOTE: Q 117 IS RESERVED.

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REPEAT Q 118-120 FOR ALL ADULTS. RECORD RESPONSES ON TABLE

118. How difficult is it for YOU by yourself, and without using any special equipment,... to

...Walk a quarter of a mile - about 3 city blocks?

- 0 Not at all difficult
- 1 Only a little difficult
- 2 Somewhat difficult
- 3 Very difficult
- 4 Can't do at all
- 6 Do not do this activity
- 7 Refused
- 9 Don't know

119. How difficult is it for YOU by yourself, and without using any special equipment,... to

...Walk up 10 steps without resting?

- 0 Not at all difficult
- 1 Only a little difficult

- 2 Somewhat difficult
- 3 Very difficult
- 4 Can't do at all
- 6 Do not do this activity
- 7 Refused
- 9 Don't know

120. How difficult was it for YOU by yourself, and without using any special equipment,... to

...Stand or be on your feet for about 2 hours?

- 0 Not at all difficult
- 1 Only a little difficult
- 2 Somewhat difficult
- 3 Very difficult
- 4 Can't do at all
- 6 Do not do this activity
- 7 Refused
- 9 Don't know

	Name	Walk 3 blocks	Walk up 10 steps	Stand for 2 hr.
Adult 1				
Adult 2				
Adult 3				
Adult 4				
Adult 5				

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THE NEXT SET OF QUESTIONS IS ABOUT INJURIES AND POISONINGS. PEOPLE CAN BE INJURED OR POISONED UNEXPECTEDLY, ACCIDENTALLY OR ON PURPOSE. THEY MAY HAVE HURT THEMSELVES OR OTHERS MAY HAVE CAUSED THEM TO BE HURT.

IN THESE QUESTIONS, I WILL BE ASKING ABOUT EVERYONE --ADULTS AND CHILDREN – IN THE HOUSE.

REPEAT Q 121-130 FOR ALL ADULTS AND CHILDREN IN THE HOUSEHOLD

121. DURING THE PAST 3 MONTHS , that is since [fill1: (date 91 days before today's date)], did you or anyone in your family have an injury where any part of the body was hurt, for example, with a broken arm?

- 1 Yes
- 2 No GO TO Q 131
- 7 Refused GO TO Q 131
- 9 Don't know* Ask or verify.. GO TO Q 131

Who was this? (Anyone else?)

122. DURING THE PAST 3 MONTHS, how many different times [fill: were you/was ALIAS] injured?

- 01-91 1-91 times
- 97 Refused
- 99 Don't know

123. DURING THE PAST 3 MONTHS, Did you {ALIAS} talk to or see a medical professional about any of these Injuries??

- 1 Yes
- 2 No GO TO Q 131
- 7 Refused GO TO Q 131
- 9 Don't know GO TO Q 131

	Preferred name	Had Injury	Number of Times Injured	Consulted medical
Adult 1				
Adult 2				
Adult 3				
Adult 4				
Adult 5				
Child 1				
Child 2				
Child 3				
Child 4				
Child 5				
Child 6				

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NOW I'M GOING TO ASK A FEW QUESTIONS ABOUT THE FIRST TIME [YOU WERE/ALIAS WAS] INJURED FOR WHICH A MEDICAL PROFESSIONAL WAS CONSULTED.

I WANT YOU TO FOCUS ON INJURIES THAT HAPPENED IN THE LAST 12 MONTHS WHILE YOU WERE IN THE OLD HOME.

REPEAT FOR ALL ADULTS AND CHILDREN WITH INJURIES WHILE IN THE OLD HOME

124. How did [your/ALIAS's] injury happen? Please describe fully the circumstances or events leading to the injury, and any objects, substances, or other people involved.

* ENTER THE VERBATIM RESPONSE, PROBING FOR AS MUCH DETAIL AS POSSIBLE, INCLUDING SPECIFICALLY WHAT THE PERSON WAS DOING AT THE TIME AND ALL CIRCUMSTANCES SURROUNDING THE EVENT. RECORD ALL VOLUNTEERED INFORMATION.

- 7 Refused
- 9 Don't know

Verbatim response: Adult Injured

Verbatim response: Adult Injured

Verbatim response: Child Injured

Verbatim response: Child Injured

125. * DO NOT READ.

* ENTER THE NUMBER WHICH BEST DESCRIBES THE CAUSE OF THE PERSON'S INJURY FROM THE LIST BELOW.

- 01 In a motor vehicle
- 02 On a bike, scooter, skateboard, skates, skis, horse, etc.
- 03 Pedestrian who was struck by a vehicle such as a car

- or bicycle
- 04 In a boat, train, or plane
- 05 Fall
- 06 Burned or scalded by substances such as hot objects or liquids, fire, or chemicals
- 07 Other
- 97 Refused
- 99 Don't know

126. In what way was [your/ALIAS's] first

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[BODYPART (S)] hurt?

- 01 Broken bone or fracture
- 02 Sprain, strain, or twist
- 03 Cut
- 04 Scrape
- 05 Bruise
- 06 Burn
- 07 Insect bite
- 08 Animal bite
- 09 Other, specify
- 97 Refused
- 99 Don't know

127. What activity [were you/was ALIAS] doing?

- 01 Driving or riding in a motor vehicle
- 02 Working at a paid job
- 03 Working around the house or yard
- 04 Attending school
- 05 Unpaid work (such as volunteer work)
- 06 Sports and exercise
- 07 Leisure activity (excluding sports)
- 08 Sleeping, resting, eating, or drinking
- 09 Cooking
- 10 Being cared for (hands-on care from other person)

- 11 Other, please specify
- 97 Refused

128. Where [were you/was ALIAS] when the injury happened?

- 01 Home (inside)
- 02 Home (outside)
- 03 School (not residential)
- 04 Child care center or preschool
- 05 Residential institution (excluding hospital)
- 06 Health care facility (including hospital)
- 07 Street or highway
- 08 Sidewalk
- 09 Parking lot
- 10 Sport facility, athletic field, or playground
- 11 Shopping center, restaurant, store, bank, gas station, or other place of business
- 12 Farm
- 13 Park or recreation area (include bike or jog path)
- 14 River, lake, stream, or ocean
- 15 Industrial or construction area
- 16 Other public building
- 17 Other
- 97 Refused
- 99 Don't know

	Preferred name	How Injured	Type injury	Activity	Place where injury occurred
Adult 1					
Adult 2					
Adult 3					
Adult 4					
Adult 5					
Child 1					
Child 2					
Child 3					
Child 4					
Child 5					
Child 6					

FALLS ONLY

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129. How did [you/ALIAS] fall? Anything else?

- 01 Stairs, steps, or escalator
- 02 Floor or level ground
- 03 Curb (including sidewalk)
- 04 Ladder or scaffolding
- 05 Playground equipment
- 06 Sports field, court, or rink
- 07 Building or other structure
- 08 Chair, bed, sofa, or other furniture
- 09 Bathtub, shower, toilet, or commode
- 10 Hole or other opening
- 11 Other
- 97 Refused
- 99 Don't know
- * Ask or verify.

130. FALL Only What caused [you/ALIAS] to fall?

- 1 Slipping or tripping
- 2 Jumping or diving
- 3 Bumping into an object or another person
- 4 Being shoved or pushed by another person
- 5 Losing balance or having dizziness (becoming faint or having a seizure)
- 6 Other
- 7 Refused
- 9 Don't know

	Preferred name	Had Fall	How	Cause of Fall
Adult 1				
Adult 2				
Adult 3				
Adult 4				
Adult 5				
Child 1				
Child 2				
Child 3				
Child 4				
Child 5				
Child 6				

131. DURING THE PAST 3 MONTHS, [were you/ were you or anyone in your family] poisoned by swallowing or breathing in a harmful substance such as bleach, carbon monoxide, or pesticides? Do not include food poisoning, sun

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poisoning, or poison ivy rashes.

1 Yes

2 No GO TO Q.139

7 Refused GO TO Q 139

9 Don't know GO TO Q 139

Who was this? (Anyone else?)

132. DURING THE PAST 3 MONTHS, did [you /ALIAS] talk to or see a medical professional about [any of these poisonings/this poisoning/your poisoning or poisonings/his poisoning or poisonings/her poisoning or poisonings]?

1 Yes

2 No GO TO Q 139

7 Refused GO TO Q 139

9 Don't know GO TO Q 139

	Preferred name	Had Poisoning	Consulted medical
Adult1			
Adult 2			
Adult 3			
Adult 4			
Adult 5			
Child 1			
Child 2			
Child 3			
Child 4			
Child 5			
Child 6			

133. DURING THE PAST 3 MONTHS, For the poisoning cases where you/Alias talked to a medical professional, What did [your/ALIAS's] poisoning

result from?

1 Swallowing a drug or medical substance mistakenly or

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in overdose

2 Swallowing or touching a harmful solid or liquid substance

3 Inhaling harmful gases or vapors

4 Eating a poisonous plant or other substance mistaken for food

5 Being bitten by a poisonous animal

6 Other, please specify

7 Refused

9 Don't know

134. Where [were you/was ALIAS] when the [injury/poisoning] happened?

01 Home (inside)

02 Home (outside)

03 School (not residential)

04 Child care center or preschool

05 Residential institution (excluding hospital)

06 Health care facility (including hospital)

07 Street or highway

08 Sidewalk

09 Parking lot

10 Sport facility, athletic field, or playground

11 Shopping center, restaurant, store, bank, gas station, or other place of business

12 Farm

13 Park or recreation area (include bike or jog path)

14 River, lake, stream, or ocean

15 Industrial or construction area

16 Other public building

17 Other

97 Refused

99 Don't know

	Preferred name	Cause of Poisoning	Place where poisoning occurred
Adult 1			
Adult 2			
Adult 3			
Adult 4			
Adult 5			
Child 1			
Child 2			
Child 3			
Child 4			
Child 5			
Child 6			

ASK ONLY FOR THOSE INJURED/POISONED OVER AGE 13 WHO HAD MEDICAL CONSULTS

135. At the time of this injury or poisoning, were you/was ALIAS employed full-time, part-time, or not employed?

1 Full-time

2 Part-time

3 Not employed GO TO Q 137

7 Refused GO TO Q 137

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9 Don't know GO TO Q 137

136. As a result of this [injury/poisoning], how many days of work did [you/ALIAS] miss?

- 1 None
- 2 Less than one day
- 3 One to five days
- 4 Six or more days
- 7 Refused
- 9 Don't know

ASK ONLY FOR THOSE OVER AGE 5 WHO HAD MEDICAL CONSULTS

137. THE PERSON IS A STUDENT IF THEY ARE ENROLLED IN SCHOOL AT THE TIME OF THE INJURY/POISONING. THE QUESTION IS NOT ASKING IF THEY WERE AT SCHOOL AT THE

TIME OF THE INJURY.

- 1 Full-time
- 2 Part-time
- 3 Not a student GO TO Q 139
- 7 Refused GO TO Q 139
- 9 Don't know GO TO Q 139

138. As a result of this [fill1: injury/poisoning], how many days of school did [fill2: you/ALIAS] miss?

- 1 None
- 2 Less than one day
- 3 One to five days
- 4 Six or more days
- 7 Refused
- 9 Don't know

	Preferred name	Employed	Number lost work days	Attend School	Number Lost School days
Adult 1					
Adult 2					
Adult 3					
Adult 4					
Adult 5					
Child 1					
Child 2					
Child 3					
Child 4					
Child 5					
Child 6					

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ASK QUESTION FOR ALL ADULTS AND CHILDREN IN RESIDENCE

139. Were you/Was ALIAS] born in the United States?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

140. What County was ALIAS born in?

	Preferred name	Born in US	County born in
Adult 1			
Adult 2			
Adult 3			
Adult 4			
Adult 5			
Child 1			
Child 2			
Child 3			
Child 4			
Child 5			
Child 6			

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ASK ALL PERSONS OVER AGE 7

141. What is the HIGHEST level of school [fill: you have/ALIAS has] completed or the highest degree [fill: you have/ALIAS has] received? Please tell me the number from the card. HAND CARD 6

* Enter highest level of school completed.

00 Never attended/kindergarten only

01 1st grade

02 2nd grade

03 3rd grade

04 4th grade

05 5th grade

06 6th grade

07 7th grade

08 8th grade

09 9th grade

10 10th grade

11 11th grade

12 12th grade, no diploma

13 GED or equivalent

14 High School Graduate

15 Some college, no degree

16 Associate degree: occupational, technical, or vocational program

17 Associate degree: academic program

18 Bachelor's degree (Example: BA, AB, BS, BBA)

19 Master's degree (Example: MA, MS, MEng, MEd, MBA)

20 Professional School degree (Example: MD, DDS, DVM, JD)

21 Doctoral degree (Example: PhD, EdD)

96 Child under 5 years old

97 Refused

99 Don't know

	Preferred name	Age	Highest grade attended
Adult 1			
Adult 2			
Adult 3			
Adult 4			
Adult 5			

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Child 1			
Child 2			
Child 3			
Child 4			
Child 5			
Child 6			

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142. Now I am going to ask about the total combined income of your family in 2007, including income from all sources such as wages, salaries, Social Security or retirement benefits, help from relatives and so forth.

Can you tell me that amount before taxes?

* If necessary, remind respondent that total combined family income is their income plus the income of all family members including cohabiting partners and armed forces members living at home before taxes.

* Enter '999995' if the reported income is greater than \$999,995.

000000-999994 0-\$999,994

999995 \$999,995+

999997 Refused GO TO Q

999999 Don't know GO TO Q

143. You may not be able to give us an exact figure for your total combined family income, but can you tell me if your income in 2008 was ...

* Read if necessary: **Income is important in analyzing the health information we collect. For example, this information helps us to learn whether persons in one income group use certain types of medical services or have certain conditions more or less often than those in another group.**

1. <\$10,000	6. \$50,000 to \$75,000
2. \$10,00 to <\$20,000	7. >75,000
3. \$20,000 to <\$30,000	8. Refused
4. \$30,000 to < \$40,000	9. Don't Know
5. \$40,000 to < \$50,000	

2. Which of these groups do you consider yourself to be?

- Puerto Rican
- Cuban/Cuban American
- Dominican (Republic)
- Mexican
- Mexican American
- Central or South America
- Latin American
- Other Hispanic /Latino
/Spanish

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3. What race or groups do you consider yourself to be?

- White
- Black/African American
- African Decent
- Indian/Native American
- Alaska Native American
- Native Hawaiian
- Guamanian
- Samoan
- Other Pacific Islander
- Asian Indian
- Chinese
- Filipino
- Japanese
- Korean

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4. CHILD HEALTH CONDITIONS

- Frequent or severe headaches, including migraines
- Lead poisoning
- Learning disability
- Attention deficit/hyperactivity (ADD/ADHD)
- Any heart condition
- Overweight
- Three or more ear infections
- Any kind of respiratory allergy
- Eczema or any kind of skin allergy
- Hay fever
- Sinusitis (sinus infection)
- Chronic bronchitis
- Asthma

5. ADULT HEALTH CONDITIONS

- Hypertension, also called high blood pressure
- Coronary heart disease
- Angina, also called angina pectoris
- Heart attack (also called myocardial infarction)

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- Any other kind of heart condition or heart disease
- Overweight
- Emphysema
- Hay fever
- Sinusitis
- Chronic bronchitis
- Asthma

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6. HIGHEST GRADE ATTENDED

0. Never attended/kindergarten only
1. 1st grade
2. 2nd grade
3. 3rd grade
4. 4th grade
5. 5th grade
6. 6th grade
7. 7th grade
8. 8th grade
9. 9th grade
10. 10th grade
11. 11th grade
12. 12th grade, no diploma
13. GED or equivalent
14. High School Graduate
15. Some college, no degree
16. Associate degree: occupational, technical, or vocational program
17. Associate degree: academic program
18. Bachelor's degree (Example: BA, AB, BS, BBA)
19. Master's degree (Example: MA, MS, MEng, MEd, MBA)
20. Professional School degree (Example: MD, DDS, DVM, JD)
21. Doctoral degree (Example: PhD, EdD)
96. Child under 5 years old