

NATIONAL CHILDREN'S STUDY
T3/24 MO – ONE AIR BADGE QUESTIONNAIRE
 DRAFT ONLY – NOT FOR DISTRIBUTION



- Use only a black, ball-point pen. **Do not** use a pencil or felt-tip pen.
- Put an **X** in the box next to your answer ☐.
- If you make any changes, put a line through the incorrect answer ☐ and put an **X** in the box next to the correct answer ☐. Also, draw a **circle** around the correct answer (X).

1. When did you place the air badge in the room where you spend the most time?

MONTH	DAY	YEAR
<input type="checkbox"/> Jan	<input type="checkbox"/> 0	<input type="checkbox"/> 2008
<input type="checkbox"/> Feb	<input type="checkbox"/> 1	<input type="checkbox"/> 2009
<input type="checkbox"/> Mar	<input type="checkbox"/> 2	<input type="checkbox"/> 2010
<input type="checkbox"/> Apr	<input type="checkbox"/> 3	<input type="checkbox"/> 2011
<input type="checkbox"/> May	<input type="checkbox"/> 4	<input type="checkbox"/> 2012
<input type="checkbox"/> Jun	<input type="checkbox"/> 5	<input type="checkbox"/> 2013
<input type="checkbox"/> Jul	<input type="checkbox"/> 6	<input type="checkbox"/> 2014
<input type="checkbox"/> Aug	<input type="checkbox"/> 7	<input type="checkbox"/> 2015
<input type="checkbox"/> Sep	<input type="checkbox"/> 8	
<input type="checkbox"/> Oct	<input type="checkbox"/> 9	
<input type="checkbox"/> Nov		
<input type="checkbox"/> Dec		

2. Approximately what time did you open the air badge?

HOUR	MIN	AM/PM
<input type="checkbox"/> 1	<input type="checkbox"/> 00	<input type="checkbox"/> AM
<input type="checkbox"/> 2	<input type="checkbox"/> 15	<input type="checkbox"/> PM
<input type="checkbox"/> 3	<input type="checkbox"/> 30	
<input type="checkbox"/> 4	<input type="checkbox"/> 45	
<input type="checkbox"/> 5		
<input type="checkbox"/> 6		
<input type="checkbox"/> 7		
<input type="checkbox"/> 8		
<input type="checkbox"/> 9		
<input type="checkbox"/> 10		
<input type="checkbox"/> 11		
<input type="checkbox"/> 12		

3. In which room was the air badge placed?

- 1 Common living area, such as a family room or a living room.
- 2 Your bedroom / your child's bedroom
- 3 Kitchen

6 Other, describe: _____

Question 4 appears at the top of the next column.

4. Where did you hang the badge?

- 1 Cased opening
- 2 Edge of a lamp shade
- 3 Ceiling
- 6 Other, describe: _____

5. About how many feet above the floor did you place the badge?

|__|__| Feet

6. Was the air badge disturbed in any way during the period it was open in the room?

- 0 No (SKIP TO QUESTION 5)
- 1 Yes

6a. How Was the air badge disturbed?

- 1 It fell/Was knocked down.
- 6 Other, describe: _____

7. About how many hours total during the week were the windows / doors open while the air badge was open?

- 1 Less than one hour
- 2 1 - < 5 hours
- 3 5 - < 10 hours
- 4 10 - < 24 hours
- 5 More than 24 hours

8. Which, if any, of the following products did you use in the room while the air badge was open (check all that apply)?

- 1 Room fresheners / deodorizers
- 2 Cleaning products

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- 3 Spray pesticides
 0 None of the above

9. Did anyone smoke in the room at any time while the air badge was open?

- 0 No
 1 Yes

10. Were candles burning in the room at any time while the air badge was open?

- 0 No
 1 Yes

11. What date did you close the air badge?

MONTH	DAY		YEAR
<input type="checkbox"/> Jan	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 2008
<input type="checkbox"/> Feb	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2009
<input type="checkbox"/> Mar	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2010
<input type="checkbox"/> Apr	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 2011
<input type="checkbox"/> May		<input type="checkbox"/> 4	<input type="checkbox"/> 2012
<input type="checkbox"/> Jun		<input type="checkbox"/> 5	<input type="checkbox"/> 2013
<input type="checkbox"/> Jul		<input type="checkbox"/> 6	<input type="checkbox"/> 2014
<input type="checkbox"/> Aug		<input type="checkbox"/> 7	<input type="checkbox"/> 2015
<input type="checkbox"/> Sep		<input type="checkbox"/> 8	
<input type="checkbox"/> Oct		<input type="checkbox"/> 9	
<input type="checkbox"/> Nov			
<input type="checkbox"/> Dec			

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12. Approximately what time did you close the air badge?

HOUR	MIN	AM/PM
<input type="checkbox"/> 1	<input type="checkbox"/> 00	<input type="checkbox"/> AM
<input type="checkbox"/> 2	<input type="checkbox"/> 15	<input type="checkbox"/> PM
<input type="checkbox"/> 3	<input type="checkbox"/> 30	
<input type="checkbox"/> 4	<input type="checkbox"/> 45	
<input type="checkbox"/> 5		
<input type="checkbox"/> 6		
<input type="checkbox"/> 7		
<input type="checkbox"/> 8		
<input type="checkbox"/> 9		
<input type="checkbox"/> 10		
<input type="checkbox"/> 11		
<input type="checkbox"/> 12		

THANK YOU VERY MUCH FOR COMPLETING THIS QUESTIONNAIRE! ALL OF YOUR ANSWERS ARE VERY IMPORTANT.