

Questions for ERAT

Demographic Information

- Caretaker's name: (list caretaker's name from Screening/Recruitment form)
- Caretaker's relationship to child: (list caretaker's relationship from Screening/Recruitment)
- Child's name: (list child's name from Screening/Recruitment)
- Child's date of birth: (list child's name from Screening/Recruitment)
- Child's address: (list child's name from Screening/Recruitment)
- Caretaker's phone number: (list caretaker's relationship from Screening/Recruitment)
- Caretaker's work number: (list caretaker's relationship from Screening/Recruitment)
- Caretaker prefers to speak: (list language from D7 Screening and Recruitment)
- Child prefers to speak: (list language from D8 Screening and Recruitment)

Environmental Information

from Medical Risk Assessment

B18. Has a doctor ever told you to have [CHILD] use a mattress cover?

- Yes 1
No 0 [SKIP TO B19]
Don't know -2 [SKIP TO B19]

B18a. In the past 6 months, how often has [CHILD] used the mattress cover? [USE HANDCARD]

- All of the time 1
Most of the time 2
Some of the time 3
Almost none of the time 4

B20. Has a doctor ever told you to have [CHILD] use an air cleaner?

- Yes 1
No 0 [SKIP TO B21]
Don't know -2 [SKIP TO B21]

B20a. In the past 6 months, how often has [CHILD] used the air cleaner the way the doctor recommended? **[USE HANDCARD]**

- All of the time 1
- Most of the time 2
- Some of the time 3
- Almost none of the time 4

B21. Has a doctor ever told you to have [CHILD] use an air conditioner?

- Yes 1
- No 0 **[SKIP TO NEXT FORM]**
- Don't know -2 **[SKIP TO NEXT FORM]**

B21a. In the past 6 months, how often has [CHILD] used the air conditioner the way the doctor recommended? **[USE HANDCARD]**

- All of the time 1
- Most of the time 2
- Some of the time 3
- Almost none of the time 4

from Home Environment

B1. Do you use any of the following things for [CHILD]'s bedroom during the year?
[READ LIST.]

	<u>Yes</u>	<u>No</u>	
a. Room air conditioner	1	0	
b. Central air conditioner	1	0	
c. Dehumidifier	1	0	
d. Air cleaning device	1	0	
e. Swamp cooler	1	0	
f. Humidifier/vaporizer	1	0	[IF YES, ANSWER B1g]

B1g. Is the humidifier/vaporizer cool mist or warm mist?

- Cool mist..... 1
- Warm mist 2
- Other..... 3
- Don't know-2

B2. Do you use any of the following things in the TV/family room during the year?
[READ LIST.]

	<u>Yes</u>	<u>No</u>
a. Room air conditioner	1	0

- b. Central air conditioner1 0
- c. Dehumidifier1 0
- d. Air cleaning device1 0
- e. Swamp cooler1 0
- f. Humidifier/vaporizer1 0 **[IF YES, ANSWER B2g]**

B2g. Is the humidifier/vaporizer cool mist or warm mist?

- Cool mist..... 1
- Warm mist 2
- Other 3
- Don't know-2

B3. At night when [CHILD] is in bed, approximately how many stuffed animals are in his/her bed?

- None 0
- One 1
- More than one 2
- Don't know-2

[For B4, B5, B6a, B7a-B7c: Calculate to years, i.e. if sheets are washed once a week then enter 52 times per year, and if sheets are washed once every three months then enter 4 times per year. It is not necessary that the respondent be the person that actually does the activity.]

B4. How often do you wash the sheets on [CHILD]'s bed?
[Calculate to years.]

_____ times / year **[IF 0, SKIP TO B5]**

B4a. On what temperature setting do you wash [CHILD]'s bed sheets?

- Hot..... 1
- Warm..... 2
- Cold 3
- Don't know-2

B5. How often do you wash the blankets/covers on [CHILD]'s bed?
[Calculate to years.]

_____ times / year

B6. Is the room where [CHILD] sleeps carpeted or are there any carpets covering part of the floor?

- Yes.....1
- No.....0 **[SKIP TO B7]**

B6a. How often do you vacuum the carpets in [CHILD]'s room?
[Calculate to years.]

_____ times / year

B7. Are there any areas of bare floor in the room where [CHILD] sleeps?
[PROMPT: 'Bare floors are areas not covered by carpet.']

Yes.....1

No.....0

[SKIP TO B8]

B7a. How often do you vacuum the bare floors in the room where [CHILD] sleeps?
[Calculate to years.]

_____ times / year

B7b. How often do you sweep or dust mop the bare floors in the room where [CHILD] sleeps?
[Calculate to years.]

_____ times / year

B7c. How often do you wet mop the bare floors in the room where [CHILD] sleeps?
[Calculate to years.]

_____ times / year

B8. Which of these do you use to clean the floors of the home? **[READ LIST.]**

	<u>Yes</u>	<u>No</u>
a. Vacuum cleaner	1	0
b. Dust mop or dry mop	1	0
c. Wet mop	1	0
d. Broom	1	0
e. Other	1	0
Specify: f. _____		

B9. What is the main heating source in your house? **[READ LIST.]**

Radiators (steam or hot water) ...	1
Forced air (vents)	2
Open stove	3
Electric space heater	4
Kerosene space heater	5
Wood burning stove	6

Other7
Specify: a. _____

B10. Are there any other sources for heat? [**ASK OPEN-ENDED. DO NOT READ LIST. ANY SOURCE THAT IS NOT MENTIONED SHOULD BE CODED AS NO.**]

	<u>Yes</u>	<u>No</u>
a. Radiators (steam or hot water)	1	0
b. Forced air (vents).....	1	0
c. Open stove.....	1	0
d. Electric space heater	1	0
e. Kerosene space heater	1	0
f. Wood burning stove	1	0
g. Other	1	0

Specify: h. _____

B11. During the past 12 months, has there been water or dampness in your home from broken pipes, leaks, heavy rains, or sink, tub, or toilet overflows?

Yes.....	1	
No.....	0	[SKIP TO B12]
Don't know	-2	[SKIP TO B12]

B11a. About how often has this occurred in the past 12 months?

Almost all the time.....	1
Frequently; on most rainy days.....	2
Occasionally; when it rained heavily	3
Rarely	4
Don't know	-2

B12. Are there any water leaks from the ceiling or windows in the following rooms? [**READ LIST.**]

	<u>Yes</u>	<u>No</u>	<u>N/A</u>
a. Child's sleeping room.....	1	0	-1
b. TV/ Family room.....	1	0	-1
c. Kitchen.....	1	0	-1

B13. Have you had any problems in your home/apartment with . . .
[READ LIST.]

	<u>Yes</u>	<u>No</u>
a. Mice	1	0
b. Rats.....	1	0

B14. Have you seen any cockroaches in your home in the past 12 months?

Yes..... 1
No..... 0 **[SKIP TO B15]**
Don't know-2 **[SKIP TO B15]**

B14a. Have you seen any cockroaches during the day in your home?

Yes 1
No 0
Don't know.....-2

B15. In the past 12 months, have you or another member of the household used pesticides, bug sprays, or other devices to try to get rid of cockroaches in your home? **[If yes, prompt for once or more than once.]**

No 0
Yes, once 1
Yes, more than once 2
Don't know-2

B16. In the past 12 months, have you used a professional exterminator to try to get rid of cockroaches in your home? **[If yes, prompt for once or more than once.]**

No 0
Yes, once 1
Yes, more than once 2
Don't know-2

B17. Have you had a dog living in your home in the past 6 months?

Yes.....1
No.....0 **[SKIP TO B18]**

B17a. Do you currently have a dog living in your home?

Yes.....1
No.....0

B18. Have you had a cat living in your home in the past 6 months?

Yes.....1
No.....0 **[SKIP TO B19]**

B18a. Do you currently have a cat living in your home?

Yes.....1
No.....0

B19. Have you had a hamster, guinea pig, rabbit, or other pet rodent living in your home in the past 6 months?

Yes.....1
No.....0

[SKIP TO B20]

B19a. Do you currently have a hamster, guinea pig, rabbit, or other pet rodent living in your home?

Yes.....1
No.....0

from Smoking

B1. How many people who live in [CHILD]'s home smoke? ___ people
[Include respondent if smoker.]

B2. Does anyone else who takes care of [CHILD], such as a babysitter or day care worker, smoke?

Yes.....1
No.....0

B3. Do you smoke cigarettes, even occasionally?

..... Yes 1
No0

[SKIP TO B4]

B3a. About how many years have you been smoking? ___ years

B3b. About how many cigarettes a day do you smoke? ___ # cigarettes /day

B3b1. How many of these are smoked in the home? ___ # of daily cigarettes at home

B4. Does [CHILD] smoke cigarettes?

Yes..... 1
No..... 0
Don't know.....-2

B5. Many people have difficulties keeping their children away from tobacco smoke. Do you have problems keeping [CHILD] away from people who are smoking?

- Yes..... 1
- No..... 0
- Don't know.....-2

B6. How frequently is your child around people who are smoking? Would you say...
[READ LIST.]

- Daily1
- Several times a week2
- Several times a month3
- Rarely4

from Home Environment Survey -- Baseline Home Evaluation

SECTION B. HOME INFORMATION

B1. What is the type of dwelling? **[To distinguish between the types of buildings, you may ask: How many other families live in the building? and/or How many other families live on this floor?]**

- Detached house 1
 - Duplex / Triplex 2
 - Row house 3
 - Low rise apartment (1-3 floors) 4
 - High rise apartment (>3 floors)..... 5
 - Mobile home / Trailer..... 6
 - Other 7
- Specify: a.** _____

B2. How many rooms are in the home? **[Include kitchen but not bathroom(s), closets, or halls.]**

B3. Location of: **[You may ask the caretaker to show you these rooms.]**

	<u>Basement</u>	<u>Ground floor</u>	<u>Other</u>	<u>N/A</u>
B3a. Kitchen	1	2	3	-1
B3b. Family/TV room	1	2	3	-1
B3c. Child's bedroom	1	2	3	-1
B3d. Bathroom	1	2	3	-1

B4. **ASK:**

Where does [CHILD] usually sleep? [Referred to as 'Primary Bed' in subsequent questions.]

- Own bedroom..... 1
- Family/TV room..... 2
- Parent's bedroom 3
- Other 4

Specify other room: a. _____

B5. **ASK:**

Is there another place in this home where [CHILD] regularly sleeps or naps?

- Yes..... 1
- No..... 0 [SKIP TO C1]

B5a. **ASK:**

Where? [Record the name of the room and what the child sleeps on in the room.
Referred to as 'Secondary Bed' in subsequent questions.]

B5b. **ASK:**

How often does [CHILD] sleep here?

_____ hours per day/night

SECTION C. FAMILY/TV ROOM (OR TV AREA, IF NO SEPARATE ROOM)

C1. Are any of the following present?

	<u>Yes</u>	<u>No</u>
C1a. Cockroach stains	1	0
C1b. Living or dead cockroaches (or parts)....	1	0
C1c. Mouse droppings	1	0

C2. Do you see any evidence of moisture or leaks?

Yes.....	1
No.....	0

C3. Do you see mildew on the....

	<u>Yes</u>	<u>No</u>
C3a. Ceiling	1	0
C3b. Walls	1	0
C3c. Window	1	0

C4. Is there a musty smell?

Yes.....	1
No	0

C5. Are there ashtrays or cigarette butts in the room?

Yes.....	1
No.....	0

C6. Can you smell tobacco smoke in the room?

Yes.....	1
No.....	0

C7. What floor covering is present? [Circle '1' for all that are present and '0' for all that are not present.]

	<u>Yes</u>	<u>No</u>
C7a. Wall to wall carpeting	1	0
C7b. Large rug	1	0
C7c. Scatter rug.....	1	0
C7d. Linoleum	1	0
C7e. Wood.....	1	0
C7f. Concrete	1	0
C7g. Other.....	1	0

Specify: h. _____

Family/TV Room Component Condition Rating

C8. Walls and ceiling (i.e., plaster, wallboard, paneling)

Good 1
Fair 2
Poor 3

C9. Floors (linoleum, wall-to-wall carpeting, wood, tile, etc.)

Good 1
Fair 2
Poor 3

C10. Windows (glass and sills, casings, wells or frames)

Good 1
Fair 2
Poor 3

Family/TV Room Paint Condition Rating

C11. Walls and ceiling

Good 1
Fair 2
Poor 3

C12. Windows (casings, sills, well, or frames)

Good 1
Fair 2
Poor 3

SECTION D. KITCHEN (OR KITCHEN AREA)

D1. Are the following present in the kitchen? [Circle '1' for all that are present and '0' for all that are not present.]

	<u>Yes</u>	<u>No</u>
D1a. Plumbing leaks.....	1	0
D1b. Overflowing trash can.....	1	0
D1c. Dirty dishes.....	1	0
D1d. Dirty cooking pots.....	1	0
D1e. Grease on or around stove.....	1	0
D1f. Cockroach stains.....	1	0
D1g. Living or dead cockroaches (or parts).....	1	0
D1h. Mouse droppings.....	1	0
D1i. Standing water (in sink, on stove, in flower pots, etc.)	1	0

D2. Do you see evidence of any moisture or leaks?

Yes.....1
No.....0

D3. Do you see mildew on the....

	<u>Yes</u>	<u>No</u>
D3a. Ceiling.....	1	0
D3b. Walls.....	1	0
D3c. Window.....	1	0

D4. Is there a musty smell?

Yes.....1
No.....0

D5. Are there ashtrays or cigarette butts in the room?

Yes.....1
No.....0

D6. Can you smell tobacco smoke in the room?

Yes.....1
No.....0

D7. Is there a gas cooking stove, range or oven?

Yes.....	1	
No	0	[SKIP TO D8]
Don't know	-2	[SKIP TO D8]

D7a. Does the gas cooking stove, range or oven have a continuously burning pilot light?
[If you are unable to determine the answer from visual inspection, ask the caretaker to determine how it is lit. If necessary, ask the caretaker to light the appliance.]

Yes	1
No	0
No, it has an electric starter	2
No, it is lit with a match	3
Don't know	-2

D7b. Is there a fan that draws air from the stove to outside the building?

Yes	1
No	0
Don't know	-2

Kitchen Component Condition Rating

D8. Walls and ceiling (i.e., plaster, wallboard, paneling)

- Good 1
- Fair 2
- Poor 3

D9. Floors (linoleum, wall-to-wall carpeting, wood, tile, etc.)

- Good 1
- Fair 2
- Poor 3

D10. Windows (glass and sills, casings, wells or frames)

- Good 1
- Fair 2
- Poor 3

Kitchen Paint Condition Rating

D11. Walls and ceiling

- Good 1
- Fair 2
- Poor 3

D12. Windows (casings, sills, well, or frames)

- Good 1
- Fair 2
- Poor 3

SECTION E. CHILD'S PRIMARY BEDROOM (OR PRIMARY SLEEPING AREA, IF NO SEPARATE ROOM)

E1. Are any of the following present?

	<u>Yes</u>	<u>No</u>
E1a. Cockroach stains.....	1	0
E1b. Living or dead cockroaches (or parts)	1	0
E1c. Mouse droppings	1	0

E2. Do you see any evidence of moisture or leaks?

Yes.....1
No0

E3. Do you see mildew on the...

	<u>Yes</u>	<u>No</u>
E3a. Ceiling	1	0
E3b. Walls.....	1	0
E3c. Window.....	1	0

E4. Is there a musty smell?

Yes.....1
No0

E5. Are there ashtrays or cigarette butts in the room?

Yes.....1
No.....0

E6. Can you smell tobacco smoke in the room?

Yes.....1
No.....0

E7. How many beds are in the child's bedroom? _____ beds

E8. Is there a plastic or vinyl cover totally encasing the child's:

	<u>PRIMARY BED</u>		
	<u>Yes</u>	<u>No</u>	<u>N/A</u>
E8a. Mattress.....	1	0	-1
E8b. Box spring.....	1	0	-1
E8c. Pillow.....	1	0	-1

[If no secondary bed was identified in B5, enter N/A for E8d - E8f.]

	<u>SECONDARY BED</u>		
	<u>Yes</u>	<u>No</u>	<u>N/A</u>
E8d. Mattress	1	0	-1
E8e. Box spring.....	1	0	-1
E8f. Pillow	1	0	-1

E9. Does the child have a feather or down:
[Ask the caretaker to see the child's jackets. Examine the label(s). If no label, ask caretaker what is in the jacket.]

	<u>Yes</u>	<u>No</u>	<u>N/A</u>
E9a. Jacket	1	0	-1

	<u>PRIMARY BED</u>		
	<u>Yes</u>	<u>No</u>	<u>N/A</u>
E9b. Pillow.....	1	0	-1
E9c. Comforter.....	1	0	-1

[If no secondary bed was identified in B5, enter N/A for E9d - E9e.]

	<u>SECONDARY BED</u>		
	<u>Yes</u>	<u>No</u>	<u>N/A</u>
E9d. Pillow.....	1	0	-1
E9e. Comforter	1	0	-1

E10. What floor covering is present?

	<u>Yes</u>	<u>No</u>
E10a. Wall to wall carpeting.....	1	0
E10b. Large rug.....	1	0
E10c. Scatter rug.....	1	0
E10d. Linoleum/tile.....	1	0
E10e. Wood	1	0
E10f. Concrete.....	1	0
E10g. Other	1	0

Specify: h. _____

E11. Are any of the following window treatments present?

	<u>Yes</u>	<u>No</u>
E11a. Blinds.....	1	0
E11b. Shades.....	1	0
E11c. Curtains.....	1	0
E11d. Drapes.....	1	0

E12. Is there a HEPA filter or other air filter in [CHILD]'s bedroom?

Yes.....1
No0

E13. **ASK:**

Did [CHILD] get a new or different mattress in the last 6 months?

Yes.....1
No.....0

Child's Bedroom Component Condition Rating

E14. Walls and ceiling (i.e., plaster, wallboard, paneling)

Good 1
Fair 2
Poor 3

E15. Floors (linoleum, wall-to-wall carpeting, wood, tile, etc.)

Good 1
Fair 2
Poor 3

E16. Windows (glass and sills, casings, wells or frames)

Good 1
Fair 2
Poor 3

Child's Bedroom Paint Condition Rating

E17. Walls and ceiling

Good 1
Fair 2
Poor 3

E18. Windows (casings, sills, well, or frames)

Good 1
Fair 2
Poor 3

SECTION F. BATHROOM

F1. Are any of the following present?

	<u>Yes</u>	<u>No</u>
F1a. Cockroach stains	1	0
F1b. Living or dead cockroaches	1	0
F1c. Mouse droppings	1	0

F2. Do you see any evidence of moisture or leaks?

Yes.....1
 No.....0

F3. Do you see mildew on the....

	<u>Yes</u>	<u>No</u>
F3a. Ceiling.....	1	0
F3b. Walls.....	1	0
F3c. Window.....	1	0
F3d. Sink, bathtub, or shower ...	1	0

F4. Is there a musty smell?

Yes.....1
 No0

F5. Are there ashtrays or cigarette butts in the room?

Yes.....1
 No.....0

F6. Can you smell cigarette smoke in the room?

Yes.....1
 No.....0

F7. What floor covering is present?

	<u>Yes</u>	<u>No</u>
F7a. Wall to wall carpeting	1	0
F7b. Large rug	1	0
F7c. Scatter rug.....	1	0
F7d. Linoleum	1	0
F7e. Wood.....	1	0
F7f. Concrete	1	0
F7g. Other.....	1	0

Specify: h. _____

Bathroom Component Condition Rating

F8. Walls and ceiling (i.e., plaster, wallboard, paneling)

Good 1
Fair 2
Poor 3

F9. Floors (linoleum, wall-to-wall carpeting, wood, tile, etc.)

Good 1
Fair 2
Poor 3

F10. Windows (glass and sills, casings, wells or frames)

Good 1
Fair 2
Poor 3

Bathroom Paint Condition Rating

F11. Walls and ceiling

Good 1
Fair 2
Poor 3

F12. Windows (casings, sills, well, or frames)

Good 1
Fair 2
Poor 3

SECTION G. ANIMALS

G1. **ASK:**

Are there any pets present in the house?

	<u>Yes</u>	<u>No</u>
G1a. Dog.....	1	0
G1b. Cat.....	1	0
G1c. Hamster, guinea pig, rabbit, rodent	1	0

[IF NO TO ALL OF THE ABOVE, SKIP TO G3]

G2. **ASK:**

Do the pets have access to (or are they kept in) [CHILD]'s room?

		<u>Yes</u>	<u>No</u> <u>N/A</u>
G2a. Dog.....	1	0	-1
G2b. Cat.....	1	0	-1
G2c. Hamster, guinea pig, rabbit, rodent	1	0	-1

G3. Is there any evidence of pets (such as litter boxes, food bowls, cages?)

[Include only dogs, cats, and other furry pets.]

Yes.....	1
No	0

G4. **ASK:**

During the past year, have you had problems with....

		<u>Yes</u>	<u>No</u>
G4a. Mice.....	1	0	
G4b. Rats.....	1	0	
G4c. Cockroaches	1	0	

SECTION H. OVERALL RATING

H1. On a scale of 1-5, how would you rate general condition of dwelling? _____

- | | |
|-----|---|
| 1 = | Extremely poor housekeeping, no recent cleaning, lack of organization, greasy cooking area, clutter throughout. |
| 2 = | Not as bad as 1, but unless some attention is given to housekeeping, could become a "1". |
| 3 = | The "average" level of housekeeping. Periodic cleaning occurs. |
| 4 = | Above average, clean without much clutter. |
| 5 = | "Good housekeeping award". Organized, nothing out of place, clean all the time. |

Component Condition Rating

Component	Intact	Fair	Poor
Walls and ceiling (i.e., plaster, wallboard, paneling)	Entire surface is intact	Minor holes, damage or cracks	Large cracks, damage or holes requiring extensive patching or replacement, evidence of water damage
Floors (linoleum, wall-to- wall carpeting, wood, tile, etc.)	Entire surface is intact and smooth, carpets not worn	Some wear, minor damage or cracks	Large cracks, missing pieces, uneven, worn finish, carpets worn
Windows (glass and sills, casings, wells, frames)	Window glass and all window components are intact	Window glass cracked, minor damage to sills, casings, wells or frames	Window glass missing, extensive areas of damage or rotting of sills, casings, wells or frames

Paint Condition Rating

Component	Intact	Fair	Poor
Walls and ceiling	Entire surface is intact	Largely intact; paint on less than or equal to 2 square feet of room surfaces is chipped, cracked, peeling, blistering, or flaking	Paint on more than 2 square feet of room surfaces is chipped, cracked, peeling, blistering, or flaking
Windows (casings, sills, well, or frames)	Entire surface is intact	Largely intact, paint on less than or equal to 10% of painted surfaces is cracked, worn, chipped, flaking or peeling	Paint on more than 10% of painted surfaces is cracked, worn, chipped, flaking or peeling