

CHILDHOOD LEUKEMIA STUDY

SECTION L: HOUSEHOLD EXPOSURES

L13. Starting at one month prior to your pregnancy with...up to _____ did you have any family pets?

L14. What type of pets were they? READ LIST

L14a.	Dog	Yes1 No.....2	If yes, date _____/_____/_____ started	_____/_____ stopped
L14b.	Cat	Yes1 No.....2	If yes, date _____/_____/_____ started	_____/_____ stopped
L14c.	Bird	Yes1 No.....2	If yes, date _____/_____/_____ started	_____/_____ stopped
L14d.	Other	Yes1 No.....2	If yes, date _____/_____/_____ started	_____/_____ stopped

L15. Did any of these pets have a disease that was diagnosed by a veterinarian?

Yes 1
No..... 2
DK 9

IF YES

specify which pets and describe the illness

During your pregnancy with ..., did you use any of the following?

		a. Did you usually use it on a high, medium, or low setting?	b. How many hours each night did you usually use it?	c. How many months did you use it?	
L16.	Electric Blanket	Yes..... 1 No 2 DK..... 9	High 1 Medium 2 Low..... 3 DK 9	_____ # HOURS	_____ # MONTHS
L17.	Electric Water Bed Heater	Yes..... 1 No 2 DK..... 9	High 1 Medium 2 Low..... 3 DK 9	_____ # HOURS	_____ # MONTHS
L18.	Electric Mattress Pad	Yes..... 1 No 2 DK..... 9	High 1 Medium 2 Low..... 3 DK 9	_____ # HOURS	_____ # MONTHS

NOW I'M GOING TO ASK ABOUT SOME PRODUCTS YOU MAY HAVE USED OR COME IN CONTACT WITH AT HOME IN THE MONTH BEFORE OR DURING THE PREGNANCY (OR WHILE NURSING). PLEASE TURN TO PAGE 10, LIST H OF THE INTERVIEW GUIDE AND FOLLOW ALONG.

a. In the month before the pregnancy, during the pregnancy, or while nursing, did you come in contact with products used to control:	b. How frequently did you come in contact with _____? READ CHOICES	c. When did you come in contact with _____?	d. name of product and details
<p>L23. Ants, cockroaches, flies, or bees</p> <p>Such as Raid, Black Flag bug spray, Ortho Hornet and Wasp Killer, no-pest strips, ant traps, or roach baits?</p>	<p>_____</p> <p>times per</p> <p>Day D</p> <p>Week W</p> <p>Month M</p> <p>Year Y</p>	<p>Mo. Before 2</p> <p>T1 3</p> <p>T2 4</p> <p>T3 5</p> <p>Nursing 6</p> <p>DK 9</p>	
<p>L24. Moths</p> <p>Such as mothballs?</p>	<p>_____</p> <p>times per</p> <p>Day D</p> <p>Week W</p> <p>Month M</p> <p>Year Y</p>	<p>Mo. Before 2</p> <p>T1 3</p> <p>T2 4</p> <p>T3 5</p> <p>Nursing 6</p> <p>DK 9</p>	
<p>L25. Spiders or mites</p> <p>Such as Defend?</p>	<p>_____</p> <p>times per</p> <p>Day D</p> <p>Week W</p> <p>Month M</p> <p>Year Y</p>	<p>Mo. Before 2</p> <p>T1 3</p> <p>T2 4</p> <p>T3 5</p> <p>Nursing 6</p> <p>DK 9</p>	
<p>L26. Mice, rats, gophers, or moles</p> <p>Such as D-con or Warfarin?</p>	<p>_____</p> <p>times per</p> <p>Day D</p> <p>Week W</p> <p>Month M</p> <p>Year Y</p>	<p>Mo. Before 2</p> <p>T1 3</p> <p>T2 4</p> <p>T3 5</p> <p>Nursing 6</p> <p>DK 9</p>	
<p>L27. Fleas or ticks</p> <p>Such as Holiday, Four-Gone Foggers, or Flea collars for pets?</p>	<p>_____</p> <p>times per</p> <p>Day D</p> <p>Week W</p> <p>Month M</p> <p>Year Y</p>	<p>Mo. Before 2</p> <p>T1 3</p> <p>T2 4</p> <p>T3 5</p> <p>Nursing 6</p> <p>DK 9</p>	

a. In the month before the pregnancy, during the pregnancy, or while nursing, did you come in contact with products used to control:		b. How frequently did you come in contact with _____?	c. When did you come in contact with _____?	d. name of product and details
		READ CHOICES		
L28. Termites Such as Chlordane?	Yes 1 No..... 2 (L29) DK 9 (L29)	_____ times per Day D Week W Month M Year..... Y	Mo. Before 2 T1 3 T2 4 T3 5 Nursing 6 DK 9	
L29. Slugs or snails Such as slug and snail bait?	Yes 1 No..... 2 (L30) DK 9 (L30)	_____ times per Day D Week W Month M Year..... Y	Mo. Before 2 T1 3 T2 4 T3 5 Nursing 6 DK 9	
L30. Weeds Such as dandelion killers or carbgrass killers?	Yes 1 No..... 2 (L31) DK 9 (L31)	_____ times per Day D Week W Month M Year..... Y	Mo. Before 2 T1 3 T2 4 T3 5 Nursing 6 DK 9	
L31. Plant/tree insects or diseases Such as Sevin, Malathion, Rose Dust, or Tomato Dust?	Yes 1 No..... 2 (L32) DK 9 (L32)	_____ times per Day D Week W Month M Year..... Y	Mo. Before 2 T1 3 T2 4 T3 5 Nursing 6 DK 9	

	a.	b. How frequently did you come in contact with _____? READ CHOICES	c. When did you come in contact with _____?	d. name of product and details
L32. Was your house treated by exterminators in the month before the pregnancy, during the pregnancy, (or while nursing)?	Yes 1 No.....2 (L33) DK9 (L33)	_____ times per Day D Week W Month..... M Year Y	Mo. Before 2 T1 3 T2 4 T3 5 Nursing 6 DK 9	
L33. Did you come in contact with any paints, stains or lacquers in this time?	Yes 1 No.....2 (L34) DK9 (L34)	_____ times per Day D Week W Month..... M Year Y	Mo. Before 2 T1 3 T2 4 T3 5 Nursing 6 DK 9	
L34. Did you come in contact with petroleum products such as gasoline, kerosene, lubricating oils, or spot removers in this time period?	Yes 1 No.....2 (L35) DK9 (L35)	_____ times per Day D Week W Month..... M Year Y	Mo. Before 2 T1 3 T2 4 T3 5 Nursing 6 DK 9	
L35. Did you use any hair dyes or tints during this time?	Yes 1 No.....2 (NEXT SECTION) DK9 (NEXT SECTION)	_____ times per Day D Week W Month..... M Year Y	Mo. Before 2 T1 3 T2 4 T3 5 Nursing 6 DK 9	