

	a. At the time of your pregnancy with...	b. During _____ (reference year)
L19. What type of housing did you live in?	Single family residence 1 Mobile home 2 Duplex – Quadraplex (2-4 units) 3 Apartment with 5-10 units 4 Apartment with 11+ units 5 Other (SPECIFY) _____ _____ 6 DK 9	Single family residence 1 Mobile home 2 Duplex – Quadraplex (2-4 units) 3 Apartment with 5-10 units 4 Apartment with 11+ units 5 Other (SPECIFY) _____ _____ 6 DK 9
L20. What type of heating system did you have?	Electric 1 Gas 2 Oil 3 Coal 4 Wood 5 Other (SPECIFY) _____ _____ 6 DK 9	Electric 1 Gas 2 Oil 3 Coal 4 Wood 5 Other (SPECIFY) _____ _____ 6 DK 9
L21. What type of water supply did you use?	Community source 1 Household well 2 Bottled water 3 Other (SPECIFY) _____ _____ 6 DK 9	Community source 1 Household well 2 Bottled water 3 Other (SPECIFY) _____ _____ 6 DK 9
L22. Did you use incense?	Yes 1 No 2 DK 9 <div style="border: 1px solid black; display: inline-block; padding: 2px;">IF YES</div> How often? _____ per _____ <div style="text-align: center;"># TIMES</div> <div style="text-align: right;">D W M Y</div>	Yes 1 No 2 DK 9 <div style="border: 1px solid black; display: inline-block; padding: 2px;">IF YES</div> How often? _____ per _____ <div style="text-align: center;"># TIMES</div> <div style="text-align: right;">D W M Y</div>

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>Yes1 No2 (L24) DK9 (L24)</p>	<p>_____ times per Day D Week W Month M Year Y</p>	<p>Mo. Before2 T13 T24 T35 Nursing6 DK9</p>
<p>L24. Moths</p> <p>Such as mothballs?</p>	<p>Yes1 No2 (L25) DK9 (L25)</p>	<p>_____ times per Day D Week W Month M Year Y</p>	<p>Mo. Before2 T13 T24 T35 Nursing6 DK9</p>
<p>L25. Spiders or mites</p> <p>Such as Defend?</p>	<p>Yes1 No2 (L26) DK9 (L26)</p>	<p>_____ times per Day D Week W Month M Year Y</p>	<p>Mo. Before2 T13 T24 T35 Nursing6 DK9</p>
<p>L26. Mice, rats, gophers, or moles</p> <p>Such as D-con or Warfarin?</p>	<p>Yes1 No2 (L27) DK9 (L27)</p>	<p>_____ times per Day D Week W Month M Year Y</p>	<p>Mo. Before2 T13 T24 T35 Nursing6 DK9</p>
<p>L27. Fleas or ticks</p> <p>Such as Holiday, Four-Gone Foggers, or Flea collars for pets?</p>	<p>Yes1 No2 (L28) DK9 (L28)</p>	<p>_____ times per Day D Week W Month M Year Y</p>	<p>Mo. Before2 T13 T24 T35 Nursing6 DK9</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 _____? READ CHOICES	c. When did you come in contact with _____?	d. name of product and details
L28. Termites Such as Chlordane?	Yes1 No2 (L29) DK9 (L29)	_____ times per Day D Week W Month M Year Y	Mo. Before2 T13 T24 T35 Nursing6 DK9
L29. Slugs or snails Such as slug and snail bait?	Yes1 No2 (L30) DK9 (L30)	_____ times per Day D Week W Month M Year Y	Mo. Before2 T13 T24 T35 Nursing6 DK9
L30. Weeds Such as dandelion killers or carbgrass killers?	Yes1 No2 (L31) DK9 (L31)	_____ times per Day D Week W Month M Year Y	Mo. Before2 T13 T24 T35 Nursing6 DK9
L31. Plant/tree insects or diseases Such as Sevin, Malathion, Rose Dust, or Tomato Dust?	Yes1 No2 (L32) DK9 (L32)	_____ times per Day D Week W Month M Year Y	Mo. Before2 T13 T24 T35 Nursing6 DK9

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
<p>L32. Was your house treated by exterminators in the month before the pregnancy, during the pregnancy, (or while nursing)?</p> <p>Yes.... 1 No 2 (L33) DK..... 9 (L33)</p>	<p>_____ times per Day..... D Week..... W Month..... M Year Y</p>	<p>Mo. Before 2 T1 3 T2 4 T3 5 Nursing 6 DK..... 9</p>	
<p>L33. Did you come in contact with any paints, stains or lacquers in this time?</p> <p>Yes.... 1 No 2 (L34) DK..... 9 (L34)</p>	<p>_____ times per Day..... D Week..... W Month..... M Year Y</p>	<p>Mo. Before 2 T1 3 T2 4 T3 5 Nursing 6 DK..... 9</p>	
<p>L34. Did you come in contact with petroleum products such as gasoline, kerosene, lubricating oils, or spot removers in this time period?</p> <p>Yes.... 1 No 2 (L35) DK..... 9 (L35)</p>	<p>_____ times per Day..... D Week..... W Month..... M Year Y</p>	<p>Mo. Before 2 T1 3 T2 4 T3 5 Nursing 6 DK..... 9</p>	
<p>L35. Did you use any hair dyes or tints during this time?</p> <p>Yes.... 1 No 2 (NEXT SECTION) DK..... 9 (NEXT SECTION)</p>	<p>_____ times per Day..... D Week..... W Month..... M Year Y</p>	<p>Mo. Before 2 T1 3 T2 4 T3 5 Nursing 6 DK..... 9</p>	