<u>EDITORIAL NOTE</u>: This set of questions was designed for use in a computer-assisted personal interview. Questions PE-9 through PE-14 should be asked for a), then for b), etc. Similarly, questions PE-15 through PE-20 should be asked for a), then for b), and on through e). PE-21 through PE-25 should be asked first for a) and then for b).

The pictures on the Show Cards have been removed from the Word version to save space but can be examined in the PDF version.

## **PESTICIDES (PE)**

IF S. COMPLETED RESIDENTIAL HISTORY FORM, THANK HIM/HER AND REVIEW FORM.

IF S. DID NOT COMPLETE RESIDENTIAL HISTORY FORM, HELP HIM/HER TO COMPLETE IT AND CONTINUE.

REVIEW PERSONAL RESIDENCE AND WORK CALENDAR FORM AND MAKE SURE IT IS COMPLETE. PLACE A CHECK MARK NEXT TO EACH HOME LIVED IN FOR 2 YEARS OR MORE FROM [(30 YEARS AGO)/BIRTH] TO THE PRESENT.

ASK S. IF (HE/SHE) LIVED IN ANY SUMMER OR VACATION HOMES FOR A TOTAL OF 2 YEARS (24 MONTHS) OR MORE SINCE [(30 YEARS AGO)/BIRTH]. IF YES, ADD THESE HOMES TO THE CALENDAR AND PLACE A CHECK MARK NEXT TO THEM.

FOR EACH HOME THAT S. LIVED IN FOR 2 YEARS OR MORE SINCE [(30 YEARS AGO)/BIRTH], ENTER:

- YEAR MOVED IN;
- STREET NAME (OR CITY OR STATE); AND
- YEAR MOVED OUT.

FOR SUMMER/VACATION HOMES, <u>ENTER IN COMMENTS</u> THE EXACT NUMBER OF MONTHS LIVED IN THE SUMMER/VACATION HOME.

(IF < 2 HOMES ENTERED, DO NOT READ INTRODUCTION.) Before we review each home separately, I have some general questions to ask you.

PE-1. Have you ever lived on a farm?

YES	1	
NO	2	(PE-3)

PE-2. For how many total years did you live on a farm? IF DK, PROBE FOR CATEGORY.

PE-3. Counting yourself, how many people usually slept in your bedroom up until you were 12 years old?

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IF S. DID NOT LIVE IN <u>ANY</u> HOMES FOR 2 OR MORE YEARS WITHIN THE PAST 30 YEARS, END PE SECTION.

I am now going to ask you a series of questions about each home that you lived in for 2 or more years since [(30 YEARS AGO)/birth]. I will start with the most recent home and work backwards.

PE-4. (Now) let's talk about [your current home/your home on (STREET)/your home in (STATE)]. (IF CURRENT HOME, VERIFY.) What type of home (is this/was this)?

SHOW CARD PE-1	SINGLE FAMILY HOUSE  DUPLEX OR TWO-FAMILY HOUSE  TOWNHOUSE OR ROWHOUSE  APARTMENT IN A BUILDING  APARTMENT IN A HOUSE  MOBILE HOME  OTHER (SPECIFY)	02 03 04 05 06

PE-6. About how deep (is/was) the PE-7. Please estimate PE-5. What (is/was) your primary source of drinking water? [AFTER FIRST READwell? the depth of the THROUGH, SAY: "What was your source of well to the nearest 50 feet. water?"] SHOW CARD PE-2 MUNICIPAL WATER SUPPLY .......1 (PE-9) |\_\_\_| FT (PE-9) |\_\_|\_| FT HOUSEHOLD WELL.....2 DK...... 998 BOTTLED WATER ......4 (PE-9) OTHER (SPECIFY)......6 (PE-9)

<b>FOR</b>	<b>FIRST</b>	HOME,	SAY
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The next set of questions is about pesticides, which are products used to control unwanted pests like insects, rodents, and weeds. I'm interested in pesticides that were applied by you, another household member, or an exterminator, gardener, or other professional.

SHOW CARD PE-3

I'll start with pesticides used on any kind of outdoor plants, including on your lawn, trees, bushes, or flower or vegetable gardens, or on indoor plants. If you applied a fertilizer that contained a pesticide mixed into it, please include this, but only if you're sure.

FOR EACH HOME AFTER THE FIRST HOME, SAY:

Now let's talk about pesticides.

SHOW CARD PE-3

## QUESTION PE-8 HAS BEEN OMITTED.

PLACE	PE-9. [Were pesticides ever used] (PLACE)?	PE-10. What did you treat for?  [MARK ALL THAT APPLY.]
SHOW CARD PE-4  a. On your lawn?	YES 1 NO 2 (PE-9b)	PEST           INSECTS
b. On outdoor plants and trees? (Please don't include lawn treatments.)	YES 1 NO 2 (PE-9c)	PEST           INSECTS         1           WEEDS         2           DISEASES         3           OUTDOOR PLANTS, NOT         0THERWISE SPECIFIED         6
SHOW CARD PE-6  c. On indoor plants?	YES 1 NO 2 (PE-15)	

ASK PE-11 THROUGH PE-14 FOR EACH PLACE (IN BOLD) AND PEST COMBINATION INDICATED IN PE-9 AND PE-10. IF PE-10a OR PE-10b = 06 (E.G., PEST NOT SPECIFIED), USE "PLACE" ONLY. FOR PE-9c, PEST = "insects and diseases."

PE-11. When you treated [for (PEST) on (PLACE)/ (PLACE)], who applied the treatments? [MARK ALL THAT APPLY.]  SHOW CARD PE-4-9	PE-12. (Of the years that you lived in this home), for how many years (were they applied)?  SHOW CARD PE-4-9
RESPONDENT	ALL OR MOST
RESPONDENT	ALL OR MOST
RESPONDENT	ALL OR MOST

PE-13. READ PARENTHETICAL EXPRESSIONS FIRST TIME ONLY: (During a typical year that these pesticides were used,) how many times a year (were they applied)?  SHOW CARD PE-4-9	PE-14. How were they applied? [MARK ALL THAT APPLY.]  SHOW CARD PE-4-9
ONCE A YEAR	SPRAY       01         LIQUID       02         GRANULES       03         FOGGER       04         POWDER       05         BAIT OR TRAP       06         MOTHBALLS       07         OTHER (SPECIFY)       96
ONCE A YEAR	SPRAY
ONCE A YEAR	SPRAY

TYPE OF PEST	PE-15. [Were pesticides ever used (inside or outside) to treat (for) (TYPE OF PEST)?] Which ones? [MARK ALL THAT APPLY.]	PE-16. [When you treated (for) (TYPE OF PEST)], who applied the treatments? [MARK ALL THAT APPLY.]  SHOW CARD PE-4-9
SHOW CARD PE-7  a. Flying insects?	NONE       0         FLIES       1         MOSQUITOES       2         BEES, WASPS, OR         HORNETS       3         MOTHS       4         OTHER (SPECIFY)       6	RESPONDENT
b. Crawling insects?	NONE       0         ANTS OR ROACHES       1         SILVERFISH       2         SPIDERS       3         OTHER (SPECIFY)       6	RESPONDENT
SHOW CARD PE-9  c. Rodents?	NONE	RESPONDENT
show card pe-10  d. Your pets for fleas or ticks?	NEITHER	RESPONDENT
e. The inside or outside of your home for fleas or ticks?	NEITHER	RESPONDENT

PE-17. (Of the years that you lived in this home), for how many years (were they applied)?  SHOW CARD PE-4-9	PE-18. How many times a year (were they applied)?  SHOW CARD PE-4-9	PE-19. How were they applied?  [MARK ALL THAT APPLY.]  SHOW CARD PE-4-9	PE-20. Where were they applied? [MARK ALL THAT APPLY.]  SHOW CARD PE-4-9
ALL OR MOST	ONCE A YEAR	SPRAY       01         LIQUID       02         GRANULES       03         FOGGER       04         POWDER       05         BAIT OR TRAP       06         MOTHBALLS       07         OTHER (SPECIFY)       96	INSIDE THE HOME 1 IN THE GARAGE 2 OUTSIDE 3
ALL OR MOST	ONCE A YEAR	SPRAY       01         LIQUID       02         GRANULES       03         FOGGER       04         POWDER       05         BAIT OR TRAP       06         MOTHBALLS       07         OTHER (SPECIFY)       96	INSIDE THE HOME 1 IN THE GARAGE 2 OUTSIDE 3
ALL OR MOST	ONCE A YEAR	SPRAY       01         LIQUID       02         GRANULES       03         FOGGER       04         POWDER       05         BAIT OR TRAP       06         MOTHBALLS       07         OTHER (SPECIFY)       96	INSIDE THE HOME 1 IN THE GARAGE 2 OUTSIDE 3
ALL OR MOST	ONCE A YEAR	SPRAY       01         DIP       02         COLLAR       03         PET SHAMPOO       04         POWDER       05         OTHER (SPECIFY)       96	
ALL OR MOST	ONCE A YEAR	SPRAY       01         LIQUID       02         GRANULES       03         FOGGER       04         POWDER       05         OTHER (SPECIFY)       96	INSIDE THE HOME 1 IN THE GARAGE 2 OUTSIDE 3

PE-21. Was this home ever treated for (PEST)? (Please include treatments inside and outside the home.)  SHOW CARD PE-12	PE-22. Was it treated while you were living here, before you moved in, or both?  SHOW CARD PE-13
PEST  a. Termites?  YES	WHILE IN RESIDENCE
b. Carpenter ants?  YES	WHILE IN RESIDENCE

IF S. LIVED IN HOME IN 1988, AND PE-22a = 1 OR 3, ASK PE- 23. OTHERWISE, GO TO PE-24.  PE-23. In which years did you treat for termites?	PE-24. How many times (was it treated)?  SHOW CARD PE-13	PE-25. Who applied the treatments? [MARK ALL THAT APPLY.]  SHOW CARD PE-13		
IF DK: Did you treat before or after 1988?		RESPONDENT		
BEFORE 1988				
	<u>  </u>	RESPONDENT		
PE-26. While you were living in this home, did the community ever spray for insects such as gypsy moths, Mediterranean fruit flies, or mosquitoes?				
	YESNO			
PE-27. Which pest did your comm [MARK ALL THAT APPLY				
	Gypsy moths,  Mediterranean fruit flies,  Mosquitoes, or  Something else? (SPECIFY)			
PE-28. For how many years did on which the community spra		pests occur? Please include any year in		
	 # YEARS			

GO TO THE PERSONAL RESIDENCE AND WORK CALENDAR AND MARK ALL OTHER HOMES LIVED IN FOR AT LEAST 2 YEARS (I.E., THOSE LIVED IN FOR AT LEAST 2 YEARS MORE THAN 30 YEARS AGO). IF NO OTHER HOMES, END PE SECTION.

Now I would like to ask you a brief question about your main source of drinking water in each of the other homes you have lived in for 2 years or more. When answering this questions, just tell me if it was a <u>municipal water supply</u>, a <u>household well</u>, or <u>something else</u>.

ASK THE QUESTION BELOW ABOUT  $\underline{\mathsf{EACH}}$  ADDITIONAL HOME. RECORD THE RESPONSE CODE DIRECTLY ON THE CALENDAR.

PE-29. What was your primary source of drinking water while you were living at this home?

M = MUNICIPAL WATER SUPPLY

W = HOUSEHOLD WELL

O = OTHER

D = DON'T KNOW

## **SHOW CARD PE-1**

## What type of home was this?

Single family house

Duplex or two-family house

Townhouse or rowhouse

Apartment in a building

Apartment in a house

Mobile home

Another type of home

## **SHOW CARD PE-2**

## What was your main source of drinking water?

Municipal water supply

Household well

Spring

Bottled water

Another source

## SHOW CARD PE-3

# Include pesticides used inside and outside your home

#### Inside

All areas of the home,

including:

Attic

Kitchen

Bathroom

**Basement** 

#### Outside

All areas, including:

Lawn

Vegetable or flower gardens

Trees

Garage

## **SHOW CARD PE-4**

## Lawn pests

Insects

Dandelions Crabgrass

Other weeds

PE-13

#### **SHOW CARD PE-5 SHOW CARD PE-6** Pests of outdoor plants and trees Pest of indoor plants Weeds Aphids Insects Root rot Gypsy moths White fly Bees Bull's-eye Japanese beetles Rust Wasps Other insects or diseases **Aphids** Other insects **Diseases** Blackspot Crown rot Powdery mildew Other diseases **SHOW CARD PE-7 SHOW CARD PE-8** Flying insects **Crawling insects** Flies Ants Mosquitoes Roaches Bees Silverfish Wasps Spiders Hornets Other crawling insects Moths Other flying insects

## SHOW CARD PE-9 Rodents

Mice Rats Squirrels Gophers Moles Bats

Other rodents

#### **SHOW CARD PE-4-9**

#### Who applied the treatments?

You

A lawn service, gardener, or exterminator

Someone else

## For how many years were they applied?

All or most years About half of the years Less than half of the years

## How many times a year?

Once a year 2 to 12 times a year

More than 12 times a year

## How were they applied?

Spray Powder
Fogger Bait or trap
Liquid Mothballs
Granules Other

#### Where were they applied?

Inside the home In the garage Outside

#### **SHOW CARD PE-10**

## SHOW CARD PE-11

#### Fleas and ticks on pets

#### Who applied the treatments?

You

A veterinarian groomer

Someone else

## For how many years were they applied?

All or most years About half of the years Less than half of the years

## How many times a year?

Once a year 2 to 12 times a year More than 12 times a year

## How were they applied?

Spray Pet shampoo Dip Powder Collar Other

#### Fleas and ticks inside and outside your home

#### Who applied the treatments?

You

A lawn service, gardener, or exterminator

Someone else

## For how many years were they applied?

All or most years About half of the years Less than half of the years

## How many times a year?

Once a year 2 to 12 times a year

More than 12 times a year

## How were they applied?

Spray Granules Fogger Powder Liquid Other

#### Where were they applied?

Inside the home In the garage Outside

PE-15

## **SHOW CARD PE-12**

## **SHOW CARD PE-13**

## **Termites and carpenter ants**

## Any wooden structures of the home, such as :

The foundation
Outside steps
Doors ands door sills
Window sills and shutters

Porches Eaves

## When was it treated?

While you lived there Before you moved in Both

## How many times?

## Who applied the treatments?

You

Professional exterminator

Someone else