2003-04 Questionnaire:

PESTICIDE USE - PUQ_C

PUQ.010  Now I have a few questions about products (you use/your family uses) in or around your home.

In the past month, were any chemicals used to treat this home to control fleas, roaches, ants, termites, or other insects?

YES ............................................................... 1
NO ................................................................. 2 (BOX 1)
REFUSED .....................................................  7 (BOX 1)
DON'T KNOW................................................ 9 (BOX 1)

PUQ.020  [In the past month], which of the following areas of your home were treated with these chemical products?

PROBE: For example, products used to control fleas, roaches, ants, termites or other insects?

CODE ALL THAT APPLY
HAND CARD PUQ1

LIVING ROOM............................................... 1
FAMILY ROOM.............................................. 2
DINING ROOM.............................................. 3
KITCHEN....................................................... 4
BATHROOM(S) ............................................. 5
BEDROOM(S) ............................................... 6
OTHER ROOMS (DEN, PLAYROOM, REC ROOM, ETC.)...................................... 7
OUTSIDE (TO FOUNDATION OR BUILDING) .................................................. 8
ENTIRE HOUSE............................................ 9
REFUSED ..................................................... 77
DON'T KNOW................................................ 99

PUQ.030  In these questions, we want to get information about who applied these chemical products and the number of times they applied them.

[In the past month], when these chemical products were used to treat your home, how many times did

IF NEVER, ENTER 0

RESPONSES: ENTER NUMBER OF TIMES, REFUSED = 7, DON'T KNOW = 9

a. someone living in your home personally apply these products? ___

b. a professional exterminator apply these products? ___
c. someone other than a professional or household member apply these products (for example, a neighbor or relative living outside your home)?
BOX 1

CHECK ITEM PUQ.035:
IF HOME IS TRAILER/MOBILE HOME (CODE 1 IN HOQ.011) OR SINGLE FAMILY
HOUSE DETACHED FROM OTHER HOUSES (CODE 2 IN HOQ.011) OR
A SINGLE FAMILY HOME ATTACHED TO OTHER HOMES (CODE 3 IN HOQ.011),
CONTINUE.
OTHERWISE, GO TO END OF SECTION.

PUQ.041 Does the outdoor area around this home have a private yard?
MARK IF KNOWN. OTHERWISE ASK.

YES ............................................................... 1
NO ................................................................. 2 (END OF SECTION)
REFUSED ..................................................... 7 (END OF SECTION)
DON'T KNOW................................................ 9 (END OF SECTION)

PUQ.061 In the past month, did anyone treat your lawn or yard with chemical products to kill insects, weeds, or
plant diseases?

YES ............................................................... 1
NO ................................................................. 2 (END OF SECTION)
REFUSED ..................................................... 7 (END OF SECTION)
DON'T KNOW................................................ 9 (END OF SECTION)

PUQ.071 In these questions, we want to get information about who applied these chemical products and the
number of times they applied them.

[In the past month], when these chemical products were used to treat the area around your home,
how many times did ...

IF NEVER, ENTER 0

RESPONSES: ENTER NUMBER OF TIMES, REFUSED = 7, DON'T KNOW = 9

a. someone living in your home personally apply these products?  ____

b. a professional apply these products?  ____

c. someone other than a professional or household member
apply these products (for example, a neighbor or relative
living outside your home)?  ____