

**COCKROACH PILOT  
HOME ENVIRONMENT SURVEY AND QUESTIONNAIRE  
SECTION A.  
GENERAL INFORMATION**

A1. HOME ID:

A2. VISIT NUMBER:

A3. DATE OF VISIT:  /  /   
(month) (day) (year)

A4. TECHNICIAN'S INITIALS:

A5. IS THIS PERSON THE PRIMARY CONTACT FOR THE STUDY? YES.....[A7].....1  
 NO.....0

A6. RECORD THE RELATIONSHIP OF THE PERSON TO THE PRIMARY CONTACT: SPOUSE .....1  
 MOTHER/FATHER .....2  
 CHILD .....3  
 GRANDMOTHER/GRANDFATHER .....4  
 OTHER RELATIVE .....5  
 SPECIFY: A6a \_\_\_\_\_  
 FRIEND .....6

A7. START TIME:  :  am   
(hrs) (mins) pm

A8. END TIME:  :  am   
(hrs) (mins) pm

**SECTION B.  
HOME INFORMATION**

I would like to walk around your house and record some information about it.  
[the following questions should be answered by visual inspection alone unless indicated otherwise.]

- |   |  |
|---|--|
| <b>B1. TYPE OF DWELLING</b><br>[TO DISTINGUISH BETWEEN THE TYPES OF BUILDINGS, YOU MAY ASK:]<br>How many other families live in the building?<br>[and/or] How many other families live on this floor? | DETACHED HOUSE..... 1<br>DUPLEX / TRIPLEX ..... 2<br>ROW HOUSE ..... 3<br>LOW RISE APARTMENT (1-3 FLOORS) ..... 4<br>HIGH RISE APARTMENT (>3 FLOORS) ..... 5<br>MOBILE HOME / TRAILER ..... 6<br>OTHER..... 7<br>SPECIFY: B1a. _____ |
|---|--|

- |  |            |
|--|------------|
| <b>B2. NUMBER OF ADJACENT UNITS ATTACHED TO THIS DWELLING</b><br>[TO HELP DETERMINE NUMBER OF ADJACENT THIS, YOU MAY ASK:] How many places are attached to this unit, including above, below, behind, and beside your place? | <br>#UNITS |
|--|------------|

- |   |            |
|---|------------|
| <b>B3. NUMBER OF ROOMS IN THE HOME</b><br>[INCLUDE KITCHEN BUT NOT BATHROOM(S), CLOSETS, OR HALLS.] | <br>#ROOMS |
|---|------------|

**SECTION C.  
KITCHEN (OR KITCHEN AREA)**

C1. RECORD IF ANY OF THE FOLLOWING ARE PRESENT IN THE KITCHEN?		<u>YES</u>	<u>NO</u>
	C1a OVERFLOWING TRASH CAN .....	1	0
	C1b DIRTY DISHES .....	1	0
	C1c DIRTY COOKING POTS.....	1	0
	C1d GREASE ON OR AROUND STOVE.....	1	0
	C1e LIVING COCKROACHES.....	1	0
	C1f DEAD COCKROACHES (OR PARTS) .....	1	0
	C1g STANDING WATER (IN SINK, ON STOVE, IN FLOWER POTS, ETC.).....	1	0

C2. RECORD IF ANY OF THE FOLLOWING ARE PRESENT.		<u>YES</u>	<u>NO</u>
	C2a COCKROACH STAINS .....	1	0
	C2b LIVING COCKROACHES.....	1	0
	C2c DEAD COCKROACHES (OR PARTS) .....	1	0

C3. ARE THERE ANY MOISTURE OR LEAKS CURRENTLY PRESENT?, [OBSERVE CEILING ,WINDOWS, WALLS, PLUMBING.]	YES.....	1
	NO .....	0

C4. RECORD THE FLOOR COVERING THAT IS PRESENT?		<u>YES</u>	<u>NO</u>
	C4a WALL TO WALL COVERING .....	1	0
	C4b LARGE RUG .....	1	0
	C4c SCATTER RUG .....	1	0
	C4d LINOLEUM TILE.....	1	0
	C4e WOOD .....	1	0
	C4f CONCRETE.....	1	0
	C4g OTHER.....	1	0
	SPECIFY: C4g1 _____		

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

D1. RECORD IF ANY OF THE FOLLOWING ARE PRESENT?		<u>YES</u>	<u>NO</u>
	D1a COCKROACH STAINS .....	1	0
	D1b LIVING COCKROACHES.....	1	0
	D1c DEAD COCKROACHES (OR PARTS) .....	1	0

D2. ARE THERE MOISTURE OR LEAKS CURRENTLY PRESENT? [OBSERVE CEILING, WINDOWS, WALLS, AND PLUMBING.]	YES .....	1	
	NO .....	0	

D3. RECORD THE FLOOR COVERING THAT IS PRESENT?		<u>YES</u>	<u>NO</u>
	D3a WALL TO WALL COVERING .....	1	0
	D3b LARGE RUG .....	1	0
	D3c SCATTER RUG .....	1	0
	D3d LINOLEUM TILE .....	1	0
	D3e WOOD .....	1	0
	D3f CONCRETE.....	1	0
	D3g OTHER.....	1	0
	SPECIFY: D3g1 _____		

D4. RECORD TEMPERATURE AND HUMIDITY IN ROOM.

D4a. TEMPERATURE IN THE ROOM.

F°		

D4b. HUMIDITY IN THE ROOM.

%				

**SECTION E.  
PRIMARY BEDROOM**

E1. Is there a bedroom in the house where a child (less than 12 years old) sleeps? YES [CHOSE THAT ROOM, SKIP TO E2] ..... 1  
NO .....[E1a] ..... 0

E1a. Is there a bedroom that is used most often? YES.....[CHOSE THAT ROOM]..... 1  
NO .....[CHOOSE ANY ROOM]..... 2

**INSTRUCTION:**

**RECORD ON THE SAMPLE LOCATION FORM:**

- DESCRIBE LOCATION OF THIS BEDROOM IN THE HOME.
- DRAW A DIAGRAM TO INDICATE THE LOCATION OF THE BEDROOM IN THE HOME.

E2. RECORD NUMBER OF BEDS IN THIS BEDROOM.

NUMBER		

E3. RECORD THE SIZE OF THE SAMPLE BED :

TWIN.....	1
DOUBLE.....	2
QUEEN.....	3
KING.....	4
OTHER SIZE .....	5

SPECIFY: E3a \_\_\_\_\_

	YES	NO
E4. RECORD IF ANY OF THE FOLLOWING ARE PRESENT.		
E4a COCKROACH STAINS .....	1	0
E4b LIVING COCKROACHES.....	1	0
E4c DEAD COCKRAOCHES (OR PARTS) .....	1	0

E5. ARE THERE MOISTURE OR LEAKS? YES.....1  
[OBSERVE CEILING, WINDOWS, NO .....0  
WALLS, PLUMBING.]

E6. RECORD THE FLOOR COVERING THAT IS PRESENT.

	<u>YES</u>	<u>NO</u>
WALL TO WALL COVERING.....	1	0
LARGE RUG.....	1	0
SCATTER RUG.....	1	0
LINOLEUM/TILE.....	1	0
WOOD.....	1	0
CONCRETE.....	1	0
OTHER.....	1	0
SPECIFY: E5g1 _____		

[QUESTIONS E7 THROUGH E9 SHOULD BE ASKED OF THE PRIMARY CONTACT DURING THE VISIT.]

E7. I would like to ask you about the bed in [SPECIFY BEDROOM].

Did this bed get a new or different mattress in the last month?	YES.....	1
	NO.....	0

E8. How many times in the last month did you change or wash the sheets on this bed?

<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>			
TIMES / MONTH [IF 0, SKIP TO E9]			

E8a. On what temperature setting do you usually wash the sheets?

HOT.....	1
WARM.....	2
COLD.....	3
DON'T KNOW.....	-2

E9. How many times in the last month did you wash the blankets/covers on this bed?

<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>			
TIMES / MONTH			

**SECTION F.  
OVERALL CONDITION**

F1. RATE GENERAL CONDITION OF DWELLING.	EXTREMELY POOR HOUSEKEEPING (NO RECENT CLEANING, LACK OF ORGANIZATION, GREASY COOKING AREA, CLUTTER THROUGHOUT).....	1
	NOT AS BAD AS 1, BUT UNLESS SOME ATTENTION IS GIVEN TO HOUSE- KEEPING, COULD BECOME A "1"	2
	AVERAGE (PERIODIC HOUSEKEEPING OCCURS) .....	3
	ABOVE AVERAGE (CLEAN WITHOUT MUCH CLUTTER) .....	4
	GOOD (ORGANIZED, NOTHING OUT OF PLACE, CLEAN ALL THE TIME).....	5

**COMPONENT CONDITION RATING**

<b>COMPONENT</b>	<b>INTACT</b>	<b>FAIR</b>	<b>POOR</b>
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

[USING THE TABLE ABOVE AND CONSIDERING THE CONDITION OF THE KITCHEN, TV/FAMILY ROOM, AND BEDROOM, RATE THE CONDITION OF EACH OF THE FOLLOWING COMPONENTS.]

F2. WALLS AND CEILING (I.E., PLASTER, WALLBOARD, PANELING).  
 INTACT .....1  
 FAIR .....2  
 POOR .....3

F3. FLOORS (LINOLEUM, WALL-TO-WALL CARPETING, WOOD, TILE, ETC.).  
 INTACT .....1  
 FAIR .....2  
 POOR .....3

F4. WINDOWS (GLASS AND SILLS, CASINGS, WELLS OR FRAMES).  
 INTACT .....1  
 FAIR .....2  
 POOR .....3



**SECTION G.  
GENERAL HOUSEKEEPING QUESTIONNAIRE**

[THESE QUESTIONS SHOULD BE ASKED DIRECTLY TO THE PRIMARY CONTACT DURING THE VISIT.]

G1. Which of these do you use to clean the floors of the TV/family room? [READ LIST]		<u>YES</u>	<u>NO</u>
	G1a vacuum cleaner	1	0
	G1b dust mop or dry mop .....	1	0
	G1c wet mop .....	1	0
	G1d broom.....	1	0
	G1e other.....	1	0
	SPECIFY: G1e1 _____		

[FOR EACH TYPE OF CLEANING CIRCLED IN G1, ASK:]

G2. How many times in the last month did you [TYPE OF CLEANING FROM G1] the TV/family room?	[TYPE OF CLEANING CIRCLED IN G1]	[# OF TIMES]
	G2a vacuum .....	
	G2b dust mop or dry mop .....	
	G2c wet mop .....	
	G2d sweep with a broom .....	
	G2e other.....	

G3. Which of these do you use to clean the floors of the bedroom. [READ LIST.]		<u>YES</u>	<u>NO</u>
	G3a vacuum cleaner .....	1	0
	G3b dust mop or dry mop .....	1	0
	G3c wet mop .....	1	0
	G3d broom.....	1	0
	G3e other.....	1	0
	SPECIFY: G3e1 _____		

[FOR EACH TYPE OF CLEANING CIRCLED IN G3 ASK:]

G4. How many times in the last month did you [TYPE OF CLEANING FROM G3] the bedroom?	[TYPE OF CLEANING CIRCLED IN G3]	[# OF TIMES]
	G4a vacuum .....	
	G4b dust mop or dry mop .....	
	G4c wet mop .....	
	G4d sweep with a broom .....	
	G4e other.....	

G5. Which of these do you use to clean the floors of the kitchen? [READ LIST.]		<u>YES</u>	<u>NO</u>
	G5a vacuum cleaner .....	1	0
	G5b dust mop or dry mop .....	1	0
	G5c wet mop .....	1	0
	G5d broom.....	1	0
	G5e other.....	1	0
	SPECIFY: G5e1 _____		

[FOR EACH TYPE OF CLEANING CIRCLED IN G5, ASK:]

G6. How many times in the last month did you [TYPE OF CLEANING FROM G5] the kitchen?	[TYPE OF CLEANING CIRCLED IN G5]	[# OF TIMES]
	G6a vacuum .....	<input type="text"/> <input type="text"/>
	G6b dust mop or dry mop .....	<input type="text"/> <input type="text"/>
	G6c wet mop .....	<input type="text"/> <input type="text"/>
	G6d sweep with a broom .....	<input type="text"/> <input type="text"/>
	G6e other .....	<input type="text"/> <input type="text"/>

**SECTION H.  
COCKROACH EXTERMINATION QUESTIONS**

- |  |   |
|--|---|
| H1. During the past month, 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.] | YES, ONCE .....1<br>YES, MORE THAN ONCE .....2<br>NO .....0<br>DON'T KNOW .....-2 |
| H2. During the past month, 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.]   | YES.....1<br>YES, MORE THAN ONCE .....2<br>NO .....0<br>DON'T KNOW .....-2        |

**SECTION I.**

I-1. TOTAL NUMBER OF COCKROACHES IN STICKY TRAPS.....

--	--	--	--

**[RECORD END TIME (A8).]**