

EDITORIAL NOTE: 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, ENTER IN COMMENTS 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.

|_|_|
LESS THAN 1 YEAR..... 1
1 TO 5 YEARS 2
6 TO 10 YEARS 3
MORE THAN 10 YEARS..... 4

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 ANY 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 (CITY)/your home in (STATE)]. (IF CURRENT HOME, VERIFY.) What type of home (is this/was this)?

SHOW
CARD
PE-1

- SINGLE FAMILY HOUSE..... 01
- DUPLEX OR TWO-FAMILY HOUSE 02
- TOWNHOUSE OR ROWHOUSE..... 03
- APARTMENT IN A BUILDING 04
- APARTMENT IN A HOUSE 05
- MOBILE HOME 06
- OTHER (SPECIFY) 96

<p>PE-5. What (is/was) your primary source of drinking water? [AFTER FIRST READ-THROUGH, SAY: "What was your source of water?"]</p> <p style="text-align: center;">SHOW CARD PE-2</p>	<p>PE-6. About how deep (is/was) the well?</p>	<p>PE-7. Please estimate the depth of the well to the nearest 50 feet.</p>
<p>MUNICIPAL WATER SUPPLY1 (PE-9)</p> <p>HOUSEHOLD WELL.....2</p> <p>SPRING.....3 (PE-9)</p> <p>BOTTLED WATER.....4 (PE-9)</p> <p>OTHER (SPECIFY).....6 (PE-9)</p> <p>_____</p>	<p style="text-align: center;"> _ _ _ _ FT (PE-9)</p> <p>DK..... 998</p>	<p style="text-align: center;"> _ _ _ _ FT</p>

FOR FIRST HOME, SAY:

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.]
<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px; text-align: center;">SHOW CARD PE-4</div> a. On your lawn ?	YES..... 1 NO..... 2 (PE-9b)	<u>PEST</u> INSECTS 1 WEEDS 2 LAWN, NOT OTHERWISE SPECIFIED..... 6
<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px; text-align: center;">SHOW CARD PE-5</div> b. On outdoor plants and trees? (Please don't include lawn treatments.)	YES..... 1 NO..... 2 (PE-9c)	<u>PEST</u> INSECTS 1 WEEDS 2 DISEASES..... 3 OUTDOOR PLANTS, NOT OTHERWISE SPECIFIED.. 6
<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px; text-align: center;">SHOW CARD PE-6</div> 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."

<p>PE-11. When you treated [for (PEST) on (PLACE)/ (PLACE)], who applied the treatments? [MARK ALL THAT APPLY.]</p> <p style="text-align: center;">SHOW CARD PE-4-9</p>	<p>PE-12. (Of the years that you lived in this home), for how many years (were they applied)?</p> <p style="text-align: center;">SHOW CARD PE-4-9</p>
<p>RESPONDENT 1 LAWN SERVICE, GARDENER, OR EXTERMINATOR.... 2 SOMEONE ELSE..... 3</p>	<p>ALL OR MOST 1 ABOUT HALF 2 LESS THAN HALF 3</p>
<p>RESPONDENT 1 LAWN SERVICE, GARDENER, OR EXTERMINATOR.... 2 SOMEONE ELSE..... 3</p>	<p>ALL OR MOST 1 ABOUT HALF 2 LESS THAN HALF 3</p>
<p>RESPONDENT 1 LAWN SERVICE, GARDENER, OR EXTERMINATOR.... 2 SOMEONE ELSE..... 3</p>	<p>ALL OR MOST 1 ABOUT HALF 2 LESS THAN HALF 3</p>

<p>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)?</p> <p style="text-align: center; border: 1px solid black; width: fit-content; margin: 0 auto;">SHOW CARD PE-4-9</p>	<p>PE-14. How were they applied? [MARK ALL THAT APPLY.]</p> <p style="text-align: center; border: 1px solid black; width: fit-content; margin: 0 auto;">SHOW CARD PE-4-9</p>
<p>ONCE A YEAR..... 1 2 - 12 TIMES A YEAR 2 MORE THAN 12 TIMES A YEAR 3</p>	<p>SPRAY 01 LIQUID 02 GRANULES 03 FOGGER 04 POWDER 05 BAIT OR TRAP 06 MOTHBALLS 07 OTHER (SPECIFY)..... 96 _____</p>
<p>ONCE A YEAR..... 1 2 - 12 TIMES A YEAR 2 MORE THAN 12 TIMES A YEAR 3</p>	<p>SPRAY 01 LIQUID 02 GRANULES 03 FOGGER 04 POWDER 05 BAIT OR TRAP 06 MOTHBALLS 07 OTHER (SPECIFY)..... 96 _____</p>
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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.] <div style="border: 1px solid black; padding: 2px; text-align: center;">SHOW CARD PE-4-9</div>
<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">SHOW CARD PE-7</div> a. Flying insects?	NONE 0 FLIES 1 MOSQUITOES 2 BEES, WASPS, OR HORNETS 3 MOTHS 4 OTHER (SPECIFY) 6 _____	RESPONDENT 1 LAWN SERVICE, GARDENER, OR EXTERMINATOR 2 SOMEONE ELSE 3
<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">SHOW CARD PE-8</div> b. Crawling insects?	NONE 0 ANTS OR ROACHES 1 SILVERFISH 2 SPIDERS 3 OTHER (SPECIFY) 6 _____	RESPONDENT 1 LAWN SERVICE, GARDENER, OR EXTERMINATOR 2 SOMEONE ELSE 3
<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">SHOW CARD PE-9</div> c. Rodents?	NONE 0 MICE, RATS, OR SQUIRRELS 1 GOPHERS OR MOLES 2 BATS 3 OTHER (SPECIFY) 6 _____	RESPONDENT 1 LAWN SERVICE, GARDENER, OR EXTERMINATOR 2 SOMEONE ELSE 3
<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">SHOW CARD PE-10</div> d. Your pets for fleas or ticks?	NEITHER 0 FLEAS 1 TICKS 2	RESPONDENT 1 VETERINARIAN OR PROFESSIONAL GROOMER 2 SOMEONE ELSE 3
<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">SHOW CARD PE-11</div> e. The inside or outside of your home for fleas or ticks?	NEITHER 0 FLEAS 1 TICKS 2	RESPONDENT 1 LAWN SERVICE, GARDENER, OR EXTERMINATOR 2 SOMEONE ELSE 3

PE-17. (Of the years that you lived in this home), for how many years (were they applied)? <div style="border: 1px solid black; padding: 2px; width: fit-content; margin: 0 auto;">SHOW CARD PE-4-9</div>	PE-18. How many times a year (were they applied)? <div style="border: 1px solid black; padding: 2px; width: fit-content; margin: 0 auto;">SHOW CARD PE-4-9</div>	PE-19. How were they applied? [MARK ALL THAT APPLY.] <div style="border: 1px solid black; padding: 2px; width: fit-content; margin: 0 auto;">SHOW CARD PE-4-9</div>	PE-20. Where were they applied? [MARK ALL THAT APPLY.] <div style="border: 1px solid black; padding: 2px; width: fit-content; margin: 0 auto;">SHOW CARD PE-4-9</div>
ALL OR MOST 1 ABOUT HALF 2 LESS THAN HALF 3	ONCE A YEAR 1 2 - 12 TIMES A YEAR 2 MORE THAN 12 TIMES A YEAR 3	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 1 ABOUT HALF 2 LESS THAN HALF 3	ONCE A YEAR 1 2 - 12 TIMES A YEAR 2 MORE THAN 12 TIMES A YEAR 3	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 1 ABOUT HALF 2 LESS THAN HALF 3	ONCE A YEAR 1 2 - 12 TIMES A YEAR 2 MORE THAN 12 TIMES A YEAR 3	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 1 ABOUT HALF 2 LESS THAN HALF 3	ONCE A YEAR 1 2 - 12 TIMES A YEAR 2 MORE THAN 12 TIMES A YEAR 3	SPRAY 01 DIP 02 COLLAR 03 PET SHAMPOO 04 POWDER 05 OTHER (SPECIFY)..... 96 _____	
ALL OR MOST 1 ABOUT HALF 2 LESS THAN HALF 3	ONCE A YEAR 1 2 - 12 TIMES A YEAR 2 MORE THAN 12 TIMES A YEAR 3	SPRAY 01 LIQUID 02 GRANULES..... 03 FOGGER..... 04 POWDER 05 OTHER (SPECIFY)..... 96 _____	INSIDE THE HOME... 1 IN THE GARAGE..... 2 OUTSIDE..... 3

<p>PE-21. Was this home ever treated for (PEST)? (Please include treatments inside and outside the home.)</p> <p style="text-align: center;">SHOW CARD PE-12</p>	<p>PE-22. Was it treated while you were living here, before you moved in, or both?</p> <p style="text-align: center;">SHOW CARD PE-13</p>
<p style="text-align: center;"><u>PEST</u></p> <p>a. Termites?</p> <p>YES..... 1 NO 2 (PE-21b)</p>	<p>WHILE IN RESIDENCE..... 1 BEFORE MOVING IN..... 2 (PE-21b) BOTH WHILE IN RESIDENCE AND BEFORE MOVING IN..... 3</p>
<p>b. Carpenter ants?</p> <p>YES..... 1 NO 2 (PE-26)</p>	<p>WHILE IN RESIDENCE..... 1 BEFORE MOVING IN..... 2 (PE-26) BOTH WHILE IN RESIDENCE AND BEFORE MOVING IN..... 3</p>

<p>IF S. LIVED IN HOME IN 1988, AND PE-22a = 1 OR 3, ASK PE-23. OTHERWISE, GO TO PE-24.</p> <p>PE-23. In which years did you treat for termites?</p>	<p>PE-24. How many times (was it treated)?</p> <p>SHOW CARD PE-13</p>	<p>PE-25. Who applied the treatments? [MARK ALL THAT APPLY.]</p> <p>SHOW CARD PE-13</p>
<p>IF DK: Did you treat before or after 1988?</p> <p>BEFORE 1988 1 IN 1988..... 2 AFTER 1988 3</p>	<p> </p>	<p>RESPONDENT 1 PROFESSIONAL EXTERMINATOR..... 2 SOMEONE ELSE 3</p>
	<p> </p>	<p>RESPONDENT 1 PROFESSIONAL EXTERMINATOR..... 2 SOMEONE ELSE 3</p>

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?

- YES..... 1
NO 2 (END SECTION)

PE-27. Which pest did your community spray for? Was it:
[MARK ALL THAT APPLY.]

- Gypsy moths,..... 1
Mediterranean fruit flies,..... 2
Mosquitoes, or 3
Something else? (SPECIFY)..... 6
-

PE-28. For how many years did community spraying for any of these pests occur? Please include any year in which the community sprayed at least once.

|||
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 municipal water supply, a household well, or something else.

ASK THE QUESTION BELOW ABOUT 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

PE-1

SHOW CARD PE-2

What was your main source of drinking water?

- Municipal water supply
- Household well
- Spring
- Bottled water
- Another source

PE-2

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



PE-3

SHOW CARD PE-4

Lawn Pests

- Insects
- Dandelions
- Crabgrass
- Other weeds



PE-4

SHOW CARD PE-5

**Pests of Outdoor
Plants and Trees**

Weeds

Insects

- Gypsy moths
- Japanese beetles
- Aphids
- Bees
- Wasps
- Other insects



Diseases

- Blackspot
- Crown rot
- Powdery mildew
- Other diseases

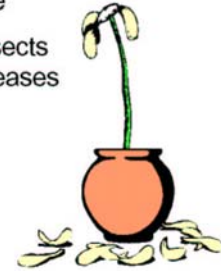


PE-5

SHOW CARD PE-6

**Pests of
Indoor Plants**

- Aphids
- White fly
- Rust
- Root rot
- Bull's-eye
- Other insects
or diseases



PE-6

SHOW CARD PE-7

Flying Insects

- Flies
- Mosquitoes
- Bees
- Wasps
- Hornets
- Moths
- Other flying insects



PE-7

SHOW CARD PE-8

Crawling Insects

- Ants
- Roaches
- Silverfish
- Spiders
- Other crawling insects



PE-8

SHOW CARD PE-9

Rodents

- Mice
- Rats
- Squirrels
- Gophers
- Moles
- Bats
- Other rodents



PE-9

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?



Where were they applied?

- Inside the home
- In the garage
- Outside

PE-4-9

SHOW CARD PE-10

Fleas and Ticks on Pets



Who applied the treatments?

- You
- A veterinarian or professional 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
- Dip
- Collar
- Pet Shampoo
- Powder
- Other

PE-10

SHOW CARD PE-11

Fleas and Ticks Inside and Outside the 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?



Where were they applied?

- Inside the home
- In the garage
- Outside

PE-11

SHOW CARD PE-12

Termites Carpenter Ants

Any wooden structures of the home, such as:

- The foundation
- Outside steps
- Doors and door sills
- Window sills and shutters
- Porches
- Eaves



PE-12

SHOW CARD PE-13

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

PE-13