

PESTICIDE USE - PUQ

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.010) OR SINGLE FAMILY HOUSE DETACHED FROM OTHER HOUSES (CODE 2 IN HOQ.010) OR A SINGLE FAMILY HOME ATTACHED TO OTHER HOMES (CODE 3 IN HOQ.010), CONTINUE.
OTHERWISE, GO TO END OF SECTION.

PUQ.040 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.060 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.070 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)?** _____