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)?**