

TLC Trial Form HOUSES.04  
 Residence Information  
 Pre-Randomization Visit 1

Center ID:	_____ - _____
Screening ID:	S _____ - _____
Visit Code:	V 1

*INSTRUCTIONS: This form is to be filled out at TLC Pre-Randomization Visit 1 (V1). The personal information on this form is for Clinical Center use only and is not to be released to personnel outside this Clinical Center. A copy of this form should be provided to the TLC Environmental Team at your Center.*

I am going to ask you some questions about the different places where <insert child s name> spends time on a regular basis, places like "home", "daycare", "babysitter", "grandmother", or "neighbor". For each place, I need to find out how many hours <insert child s name> spends there every week, including both nighttime and daytime hours. We will go through it by days of the week. Thinking back over the last month, where did <insert child s name> usually wake up on Sunday morning?

*Starting with Sunday, describe the places where the child spends time and the hours spent there. As you finish each day, check to see whether the total number of hours recorded for that day is 24 hours. As you finish the week, check to see that the total number of hours recorded for the week is 168 hours. If there are discrepancies, review the information with the parent. When finished, calculate and record the total number of hours per week for each place.*

Place description (home, daycare, babysitter, grandmother, neighbor)	SUN	MON	TUE	WED	THU	FRI	SAT	TOTAL

Keep at:  
 TLC Clinical Center

Center ID: \_\_\_\_\_ - \_\_\_\_

Screening ID: S \_\_\_\_\_ - \_\_\_\_

Visit Code: V 1

Place description (home, daycare, babysitter, grandmother, neighbor)	SUN	MON	TUE	WED	THU	FRI	SAT	TOTAL
TOTALS	24	24	24	24	24	24	24	168

Center ID: \_\_\_\_\_ - \_\_\_\_

Screening ID: S \_\_\_\_\_ - \_\_\_\_

Visit Code: V 1

Now I need to know the addresses of the four places where <insert this child s name> spends the **most** time during a normal week.

Starting with the place that has the highest total number of hours per week, obtain the address, name and phone number of the responsible persons.

HOUSE ID#	PLACE DESCRIPTION ADDRESS NAME OF RESPONSIBLE PERSON TELEPHONE	HOURS PER WEEK
1		
2		
3		
4		

INTERVIEWER: Please transfer this information to TLC FORM VISIT1 page 5.

Keep at:  
TLC Clinical Center

Center ID:	_____ - _____
Screening ID:	S _____ - _____
Visit Code:	V 1

### OTHER CHILDREN IN HOUSEHOLD

Now I need to know the names of any other children **under the age of 3 years** who live in the same household with *<insert child's name>*.

a.	_____	_____	_____	____/____/____
	<i>Last</i>	<i>First</i>	<i>age</i>	<i>date of birth</i>
b.	_____	_____	_____	____/____/____
	<i>Last</i>	<i>First</i>	<i>age</i>	<i>date of birth</i>
c.	_____	_____	_____	____/____/____
	<i>Last</i>	<i>First</i>	<i>age</i>	<i>date of birth</i>
d.	_____	_____	_____	____/____/____
	<i>Last</i>	<i>First</i>	<i>age</i>	<i>date of birth</i>
e.	_____	_____	_____	____/____/____
	<i>Last</i>	<i>First</i>	<i>age</i>	<i>date of birth</i>

### ADMINISTRATIVE MATTERS

**Date of interview**    \_\_\_\_/\_\_\_\_/\_\_\_\_ *mm/dd/yy*

**Interviewer**    \_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*TLC Code*

### COMMENTS

Keep at:  
TLC Clinical Center