

**COCKROACH PILOT  
FOLLOW-UP 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.  
KITCHEN (OR KITCHEN AREA)**

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.]

B1. RECORD IF ANY OF THE FOLLOWING ARE PRESENT IN THE KITCHEN?		<u>YES</u>	<u>NO</u>
	B1a	OVERFLOWING TRASH CAN .....	1 0
	B1b	DIRTY DISHES .....	1 0
	B1c	DIRTY COOKING POTS .....	1 0
	B1d	GREASE ON OR AROUND STOVE.....	1 0
	B1e	LIVING COCKROACHES.....	1 0
	B1f	DEAD COCKROACHES (OR PARTS) .....	1 0
	B1g	STANDING WATER (IN SINK, ON STOVE, IN FLOWER POTS, ETC.).....	1 0

B2. RECORD IF ANY OF THE FOLLOWING ARE PRESENT.		<u>YES</u>	<u>NO</u>
	B2a	COCKROACH STAINS .....	1 0
	B2b	LIVING COCKROACHES.....	1 0
	B2c	DEAD COCKROACHES (OR PARTS) .....	1 0

B3. ARE THERE ANY MOISTURE OR LEAKS CURRENTLY PRESENT?, [OBSERVE CEILING ,WINDOWS, WALLS, PLUMBING.]	YES.....	1
	NO .....	0

B4. RECORD THE FLOOR COVERING THAT IS PRESENT?		<u>YES</u>	<u>NO</u>
	B4a	WALL TO WALL COVERING .....	1 0
	B4b	LARGE RUG .....	1 0
	B4c	SCATTER RUG .....	1 0
	B4d	LINOLEUM TILE .....	1 0
	B4e	WOOD .....	1 0
	B4f	CONCRETE.....	1 0
	B4g	OTHER.....	1 0
		SPECIFY: B4g1 _____	

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

C1. RECORD IF ANY OF THE FOLLOWING ARE PRESENT?		<u>YES</u>	<u>NO</u>
	C1a COCKROACH STAINS .....	1	0
	C1b LIVING COCKROACHES.....	1	0
	C1c DEAD COCKRAOCHES (OR PARTS) .....	1	0

C2. ARE THERE MOISTURE OR LEAKS CURRENTLY PRESENT? [OBSERVE CEILING, WINDOWS, WALLS, AND PLUMBING.]	YES .....	1	
	NO .....	0	

C3. RECORD THE FLOOR COVERING THAT IS PRESENT?		<u>YES</u>	<u>NO</u>
	C3a WALL TO WALL COVERING .....	1	0
	C3b LARGE RUG .....	1	0
	C3c SCATTER RUG .....	1	0
	C3d LINOLEUM TILE .....	1	0
	C3e WOOD .....	1	0
	C3f CONCRETE.....	1	0
	C3g OTHER.....	1	0
	SPECIFY: C3g1 _____		

C4. RECORD TEMPERATURE AND HUMIDITY IN ROOM.

C4a. TEMPERATURE IN THE ROOM.

F°		

C4b. HUMIDITY IN THE ROOM.

%				

**SECTION D.  
PRIMARY BEDROOM**

INSTRUCTION:

- USING THE HOME LAYOUT MAP,  
GO TO THE PRIMARY BEDROOM/BED

D1. RECORD NUMBER OF BEDS IN THIS BEDROOM.

NUMBER		

D2. RECORD THE SIZE OF THE SAMPLE BED :

TWIN.....	1
DOUBLE.....	2
QUEEN.....	3
KING.....	4
OTHER SIZE .....	5
SPECIFY: D2a _____	

D3. RECORD IF ANY OF THE FOLLOWING  
ARE PRESENT.

YES NO

D3a	COCKROACH STAINS .....	1	0
D3b	LIVING COCKROACHES.....	1	0
D3c	DEAD COCKROACHES (OR PARTS) .....	1	0

D4. ARE THERE MOISTURE OR LEAKS?  
[OBSERVE CEILING, WINDOWS,  
WALLS, PLUMBING.]

YES.....	1
NO .....	0

D5. RECORD THE FLOOR COVERING THAT  
IS PRESENT.

YES NO

D5A	WALL TO WALL COVERING.....	1	0
D5B	LARGE RUG .....	1	0
D5C	SCATTER RUG.....	1	0
D5D	LINOLEUM/TILE.....	1	0
D5E	WOOD .....	1	0
D5F	CONCRETE .....	1	0
D5G	OTHER.....	1	0

[QUESTIONS D7 THROUGH D9 SHOULD BE ASKED OF THE PRIMARY CONTACT DURING THE VISIT.]

D7. 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

D8. How many times in the last month did you change or wash the sheets on this bed?

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TIMES / MONTH  
[IF 0, SKIP TO D9]

D8a. On what temperature setting do you usually wash the sheets?

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

D9. How many times in the last month did you wash the blankets/covers on this bed?

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TIMES / MONTH

**SECTION E.  
OVERALL CONDITION**

E1. 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.]

E2. WALLS AND CEILING (I.E., PLASTER, WALLBOARD, PANELING).  
 INTACT .....1  
 FAIR .....2  
 POOR .....3

E3. FLOORS (LINOLEUM, WALL-TO-WALL CARPETING, WOOD, TILE, ETC.).  
 INTACT .....1  
 FAIR .....2  
 POOR .....3

E4. WINDOWS (GLASS AND SILLS, CASINGS, WELLS OR FRAMES).  
 INTACT .....1  
 FAIR .....2  
 POOR .....3

**SECTION F.**  
**GENERAL HOUSEKEEPING QUESTIONNAIRE**

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

F1. Which of these do you use to clean the floors of the TV/family room? [READ LIST]		<u>YES</u>	<u>NO</u>
	F1a vacuum cleaner	1	0
	F1b dust mop or dry mop .....	1	0
	F1c wet mop .....	1	0
	F1d broom.....	1	0
	F1e other.....	1	0
	SPECIFY: F1e1 _____		

[FOR EACH TYPE OF CLEANING CIRCLED IN F1, ASK:]

F2. 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]
	F2a vacuum .....	
	F2b dust mop or dry mop .....	
	F2c wet mop .....	
	F2d sweep with a broom .....	
	F2e other.....	

F3. Which of these do you use to clean the floors of the bedroom. [READ LIST.]		<u>YES</u>	<u>NO</u>
	F3a vacuum cleaner .....	1	0
	F3b dust mop or dry mop .....	1	0
	F3c wet mop .....	1	0
	F3d broom.....	1	0
	F3e other.....	1	0
	SPECIFY: F3e1 _____		

[FOR EACH TYPE OF CLEANING CIRCLED IN F3 ASK:]

F4. How many times in the last month did you [TYPE OF CLEANING FROM F3] the bedroom?	[TYPE OF CLEANING CIRCLED IN F3]	[# OF TIMES]
	F4a vacuum .....	
	F4b dust mop or dry mop .....	
	F4c wet mop .....	
	F4d sweep with a broom .....	
	F4e other.....	

F5. Which of these do you use to clean the floors of the kitchen? [READ LIST.]		<u>YES</u>	<u>NO</u>
	F5a vacuum cleaner .....	1	0
	F5b dust mop or dry mop .....	1	0
	F5c wet mop .....	1	0
	F5d broom.....	1	0
	F5e other.....	1	0
	SPECIFY: F5e1 _____		



[FOR EACH TYPE OF CLEANING CIRCLED IN F5, ASK:]

F6. How many times in the last month did you [TYPE OF CLEANING FROM F5] the kitchen?	[TYPE OF CLEANING CIRCLED IN F5]	[# OF TIMES]
	F6a vacuum .....	<input type="text"/> <input type="text"/>
	F6b dust mop or dry mop .....	<input type="text"/> <input type="text"/>
	F6c wet mop .....	<input type="text"/> <input type="text"/>
	F6d sweep with a broom .....	<input type="text"/> <input type="text"/>
	F6e other .....	<input type="text"/> <input type="text"/>

**SECTION G.  
COCKROACH EXTERMINATION QUESTIONS**

- |                                                                                                                                                                                                                  |                                                                                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| G1. 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 |
| G2. 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 H.**

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

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