

Data Collection Worksheet

Please Note: The Data Collection Worksheet (DCW) is a tool to aid investigators to integrate the collection of PhenX measures in your study. The PhenX measures that you selected and added to your Cart are presented in the DCW in alphabetical order. The DCW includes worksheets for data collection. Variables derived from the collected data are shown in the Data Dictionary (DD) with variable names and unique PhenX variable identifiers. The collection of DCWs produced by the Toolkit is not designed as a data collection instrument. Each investigator will decide how to integrate PhenX measures into data collection for their study.

1. In the past year has there been a major renovation to this house or apartment, such as adding a room, putting up or taking down a wall, replacing windows, or refinishing floors? When was the last one?

READ CHOICES, ENTER ONE.

- A. Yes, when was the last one?
Type of renovation: _____
Date: _____
- B. Yes, I don't know when.
Type of renovation: _____
- C. Not renovated
- D. Don't know

2. Within the last six months were rugs, drapes or furniture professionally cleaned? Inside the house? When? What items?

- A. Yes, they were cleaned on
In the house
Somewhere else
Date: _____
Items: _____
- B. Yes, I don't know when
In the house
Somewhere else
Items: _____
- C. Not professionally cleaned
In the house
Somewhere else
- D. Don't know

3. The next two questions refer to activities that happened last year.

In the past year, was the inside of this house or apartment painted? When was the last time? On how many rooms?

READ CHOICES, ENTER ONE.

- A. Yes, it was painted on
Date: _____
No. of Rooms _____
- B. Yes it was painted, but I don't know when
No. of Rooms _____
- C. Not painted
- D. Don't know

4. In the past year were new carpets or rugs installed?

READ CHOICES, ENTER ONE.

- A. Yes, it was carpeted on
Date: _____
No. of Rooms _____
- B. Yes it was installed but I don't know when
No. of Rooms _____
- C. No new carpet installed
- D. Don't know

The next two questions ask about things that you may have done, or been in contact with, during the past week. Please check either No or Yes.

5. Did you go to the dry cleaners during the past week?

No

Yes

6. Did you bring home any items from the cleaners that were dry-cleaned during the past week?

No

Yes

The following questions are about things that you may have used or may have been used by someone near you in the last 48 hours. Enter all that applies, if Yes, write for how long.

7. Paints or solvents (paint thinners and removers, typewriter corrective fluids)?

A. No (GO TO THE NEXT QUESTION)

B. Did you handle them yourself? If Yes, for how long?

No

Yes Hrs _____ Min _____

C. Were you near somebody else who handled them? If Yes, for how long?

No

Yes Hrs _____ Min _____

8. Glues and adhesives, such as contact cement, super glues, and aerosol adhesives that contain chemical solvents?)

A. No (GO TO THE NEXT QUESTION)

B. Did you handle them yourself? If Yes, for how long?

No

Yes Hrs _____ Min _____

C. Were you near somebody else who handled them? If Yes, for how long?

No

Yes Hrs _____ Min _____

9. Gasoline lawn mower?

A. No (GO TO THE NEXT QUESTION)

B. Did you handle them yourself? If Yes, for how long?

No

Yes Hrs _____ Min _____

C. Were you near somebody else who handled them? If Yes, for how long?

No

Yes Hrs _____ Min _____

10. Chain saw or other gasoline equipment?

A. No (GO TO THE NEXT QUESTION)

B. Did you handle them yourself? If Yes, for how long?

No

Yes Hrs _____ Min _____

C. Were you near somebody else who handled them? If Yes, for how long?

No

Yes Hrs _____ Min _____

11. Sander and/or saw?

A. No (GO TO THE NEXT QUESTION)

B. Did you handle them yourself? If Yes, for how long?

No

Yes Hrs _____ Min _____

C. Were you near somebody else who handled them? If Yes, for how long?

No

Yes Hrs _____ Min _____

12. Pesticides sprayed?

A. No (GO TO THE NEXT QUESTION)

B. Did you handle them yourself? If Yes, for how long?

No

Yes Hrs _____ Min _____

C. Were you near somebody else who handled them? If Yes, for how long?

No

Yes Hrs _____ Min _____

13. Vacuuming?

A. No (GO TO THE NEXT QUESTION)

B. Did you handle them yourself? If Yes, for how long?

No

Yes Hrs _____ Min _____

C. Were you near somebody else who handled them? If Yes, for how long?

No

Yes Hrs _____ Min _____

14. Sweeping indoors?

A. No (GO TO THE NEXT QUESTION)

B. Did you handle them yourself? If Yes, for how long?

No

Yes Hrs _____ Min _____

C. Were you near somebody else who handled them? If Yes, for how long?

No

Yes Hrs _____ Min _____

15. Dusting?

A. No (GO TO THE NEXT QUESTION)

B. Did you handle them yourself? If Yes, for how long?

No

Yes Hrs _____ Min _____

C. Were you near somebody else who handled them? If Yes, for how long?

No

Yes Hrs _____ Min _____

16. Did you use or were you near somebody else who used cleaning solutions (including household cleaners and chemicals)?

A. No (GO TO THE NEXT QUESTION)

B. Did you handle them yourself? If Yes, for how long?

No

Yes Hrs _____ Min _____

C. Were you near somebody else who handled them? If Yes, for how long?

No

Yes Hrs _____ Min _____

17. Gardening?

A. No (GO TO THE NEXT QUESTION)

B. Did you handle them yourself? If Yes, for how long?

No

Yes Hrs _____ Min _____

C. Were you near somebody else who handled them? If Yes, for how long?

No

Yes Hrs _____ Min _____

18. Woodworking?

A. No (GO TO THE NEXT QUESTION)

B. Did you handle them yourself? If Yes, for how long?

No

Yes Hrs _____ Min _____

C. Were you near somebody else who handled them? If Yes, for how long?

No

Yes Hrs _____ Min _____

19. Metal working/welding?

A. No (GO TO THE NEXT QUESTION)

B. Did you handle them yourself? If Yes, for how long?

No

Yes Hrs _____ Min _____

C. Were you near somebody else who handled them? If Yes, for how long?

No

Yes Hrs _____ Min _____

20. Broiling, smoking, grilling or frying inside the house?

A. No (GO TO THE NEXT QUESTION)

B. Did you handle them yourself? If Yes, for how long?

No

Yes Hrs _____ Min _____

C. Were you near somebody else who handled them? If Yes, for how long?

No

Yes Hrs _____ Min _____

D. Did you turn on the kitchen or stove exhaust fan?

No

Yes Hrs _____ Min _____

21. Broiling, smoking, grilling or frying outside the house?

A. No (GO TO THE NEXT QUESTION)

B. Did you handle them yourself? If Yes, for how long?

No

Yes Hrs _____ Min _____

C. Were you near somebody else who handled them? If Yes, for how long?

No

Yes Hrs _____ Min _____

- D. What is the distance from the grill to the house?_____ft
22. During the last 48 hours (the study period) did you or anyone else park a car or other motor vehicle in...
- A. A garage attached to your home?
 - B. A detached garage?
 - C. A carport attached to your home?
23. During the last 48 hours (the study period) did you or anyone else start a car or other motor vehicle in...
- A. A garage attached to your home?
 - B. A detached garage?
 - C. A carport attached to your home?
24. During the last 48 hours (the study period) was there any diesel vehicles parked around the house?
- A. Yes
 - B. No
 - C. Don't know
25. During the last 48 hours (the study period) have you operated or been near diesel engines, (e.g. bus terminal, truck stop)?
- A. Yes
 - B. No
 - C. Don't know