

#4

PARENT/GUARDIAN STUDY ID _____

DAUGHTER STUDY ID _____

TODAY'S DATE _____ / _____ / _____
MONTH DAY YEAR

The LEGACY Girls Study

Follow-up #2

Parent/Guardian Questionnaire

Physical and Social Environment Questionnaire

Self-administered

- A. Daughter's home**
- B. Mother / female guardian occupation**
- C. Father / male guardian occupation**
- D. Daughter's medical history**
- E. Daughter's personal product use**
- F. Home and community environment**
- G. Attitudes about daily life**
- H. Your place in society**

SECTION A. DAUGHTER'S HOME

When completing section A, we would like you to answer these questions with respect to your first visit with us, which would have taken place approximately 12 months ago. We would like to know if there have been any changes since your first visit with our study.

A1. Since your first visit with us, about 12 months ago, has there been a change in household structure, including any of the following: (Please check all that apply)

- Someone new is living in the household
- Someone is no longer living in the household
- Daughter is living in a new primary home
- Daughter is living in a new secondary home
- Daughter is no longer living in a secondary home
- Change in parental partner
- No change to daughter's household structure
- Other (**please specify**) _____

IF THERE HAS BEEN NO CHANGE TO YOUR DAUGHTER'S HOUSEHOLD → please go to section B

IF THERE HAS BEEN A CHANGE TO YOUR DAUGHTER'S HOUSEHOLD → please continue completing section A

A2. How many homes does your daughter currently live in?

- Daughter lives in one home
- Daughter lives in two homes: **The questions below will refer to your daughter's primary and secondary home**

A3. What language is mainly spoken in your daughter's (primary) home?

- English
- Other (**please specify**) _____

A4. How many rooms are there in your daughter's (primary) home? (Please include the kitchen, living room, dining room, bedrooms, dens and family rooms).

_____ NUMBER OF ROOMS

A5. As of today, how many people, including your daughter, live in her (primary) home?

_____ NUMBER OF PEOPLE

A6. Please tell us about each person who lives with your daughter in her primary home. This may include her birth parents or parent figures; brothers and sisters, including adopted siblings; grandparents and other relatives, family friends and others. We would also like to know if these individuals are blood relatives of your daughter.

Relationship to your daughter		
Birth mother	Full sister	Other female person
Birth father	Full brother	Other male person
Adoptive mother	Half-sister	
Adoptive father	Half-brother	
Step-mother	Step-sister	
Step-father	Step-brother	
Foster mother or female guardian	Grandmother	
Foster father or male guardian	Grandfather	
	Age	Blood relative
#1 _____	___ YEARS	<input type="checkbox"/> YES <input type="checkbox"/> NO
#2 _____	___ YEARS	<input type="checkbox"/> YES <input type="checkbox"/> NO
#3 _____	___ YEARS	<input type="checkbox"/> YES <input type="checkbox"/> NO
#4 _____	___ YEARS	<input type="checkbox"/> YES <input type="checkbox"/> NO
#5 _____	___ YEARS	<input type="checkbox"/> YES <input type="checkbox"/> NO
#6 _____	___ YEARS	<input type="checkbox"/> YES <input type="checkbox"/> NO
#7 _____	___ YEARS	<input type="checkbox"/> YES <input type="checkbox"/> NO
#8 _____	___ YEARS	<input type="checkbox"/> YES <input type="checkbox"/> NO
#9 _____	___ YEARS	<input type="checkbox"/> YES <input type="checkbox"/> NO
#10 _____	___ YEARS	<input type="checkbox"/> YES <input type="checkbox"/> NO

IF YOUR DAUGHTER LIVES IN ONE HOME → please go to section B

IF YOUR DAUGHTER LIVES IN TWO HOMES → please continue to complete questions A7-A10

A7. What language is mainly spoken in your daughter's secondary home?

- English
- Other (**please specify**) _____
- Don't know

A8. How many rooms are there in your daughter's secondary home? Please include the kitchen, living room, dining room, bedrooms, dens and family rooms.

_____ NUMBER OF ROOMS

A9. As of today, how many people, including your daughter, live in her secondary home?

_____ NUMBER OF PEOPLE

A10. Please tell us about each person who lives with your daughter in her secondary home. This may include her birth parents or parent figures; brothers and sisters, including adopted siblings; grandparents and other relatives, family friends and others. We would also like to know if these individuals are blood relatives of your daughter.

Relationship to your daughter		
Birth mother	Full sister	Other female person
Birth father	Full brother	Other male person
Adoptive mother	Half-sister	
Adoptive father	Half-brother	
Step-mother	Step-sister	
Step-father	Step-brother	
Foster mother or female guardian	Grandmother	
Foster father or male guardian	Grandfather	
	Age	Blood relative
#1 _____	___ YEARS	<input type="checkbox"/> YES <input type="checkbox"/> NO
#2 _____	___ YEARS	<input type="checkbox"/> YES <input type="checkbox"/> NO
#3 _____	___ YEARS	<input type="checkbox"/> YES <input type="checkbox"/> NO
#4 _____	___ YEARS	<input type="checkbox"/> YES <input type="checkbox"/> NO
#5 _____	___ YEARS	<input type="checkbox"/> YES <input type="checkbox"/> NO
#6 _____	___ YEARS	<input type="checkbox"/> YES <input type="checkbox"/> NO
#7 _____	___ YEARS	<input type="checkbox"/> YES <input type="checkbox"/> NO
#8 _____	___ YEARS	<input type="checkbox"/> YES <input type="checkbox"/> NO
#9 _____	___ YEARS	<input type="checkbox"/> YES <input type="checkbox"/> NO
#10 _____	___ YEARS	<input type="checkbox"/> YES <input type="checkbox"/> NO

SECTION B: MOTHER OR FEMALE GUARDIAN OCCUPATION

When completing sections B, we would like you to answer these questions with respect to your first visit with us, which would have taken place approximately 12 months ago. We would like to know if there have been any changes since your first visit with our study.

B1. During the last 12 months, have you had a paid job?

- Yes, one job → please go to questions B1a – B1c
- Yes, two jobs → please answer the next 3 questions (B1a – B1c) about the job that provided the largest proportion of your income in the past year
- No → please go to Section C



B1a. What is the title of your job? _____

B1b. In what industry or business is this job?

- Sales and related occupations
- Service occupations
- Office and administrative support occupations
- Installation, maintenance and repair occupations
- Construction and extraction occupations
- Transportation and material moving occupations
- Production occupations
- Healthcare practitioners and technical occupations
- Education, legal, community service, arts and media occupations
- Computer, engineering and science occupations
- Management, business and financial occupations
- Farming, fishing and forestry occupations
- Military specific occupations

B1c. How many hours a week did you work in this job? _____ HOURS PER WEEK

SECTION C. FATHER OR MALE GUARDIAN OCCUPATION

When completing section C, we would like you to answer these questions with respect to your first visit with us, which would have taken place approximately 12 months ago. We would like to know if there have been any changes since your first visit with our study.

Please answer the following questions for your daughter's father or for the father figure with whom she lives most of the time.

C1. During the last 12 months, has your daughter's father worked at a job for pay?

- Yes, one job → please go to questions C1a – C1c
- Yes, two jobs → please answer the next 3 questions (C1a – C1c) about the job that provided the largest proportion of your income in the past year
- No → please go to section D



C1a. What is the title of his job? _____

C1b. In what industry or business is this job?

- Sales and related occupations
- Service occupations
- Office and administrative support occupations
- Installation, maintenance and repair occupations
- Construction and extraction occupations, production occupations
- Transportation and material moving occupations
- Production occupations
- Healthcare practitioners and technical occupations
- Education, legal, community service, arts and media occupations
- Computer, engineering and science occupations
- Management, business and financial occupations
- Farming, fishing and forestry occupations
- Military specific occupations

C1c. How many hours a week did he work in this job? _____ HOURS PER WEEK

SECTION D. DAUGHTER'S MEDICAL HISTORY

D1. During the last 12 months, has your daughter taken a prescription or non-prescription medication for 6 months or longer?

- Yes → **please go to questions D1a - D1d**
- No → **please go to D2**
- Don't know → **please go to D2**



D1a. What was the name of the medication she took?	D1b. Why did she take this medicine?	D1c. At what age did she start taking this medicine?	D1d. At what age did she stop taking this medicine?
a.			
b.			
c.			

D2. During the last 12 months, has your daughter had other conditions that required medical attention?

- Yes → **please go to questions D2a and D2b**
- No → **please go to section E**
- Don't know → **please go to section E**



D2a. What kind of conditions has your daughter had?

D2b. How old was your daughter when you first learned about the condition?
_____ YEARS

SECTION E. DAUGHTER'S PERSONAL PRODUCT USE

This section has questions regarding products that may be used directly by your daughter.

Thinking back over the last 12 months, how often did she usually use each of the following products?

<p>E1. Shampoo</p> <p><input type="checkbox"/> No → please go to next product</p> <p><input type="checkbox"/> Yes → please tell us how many days</p>	<p>_____ DAYS</p>	<p><input type="checkbox"/> Per week</p> <p><input type="checkbox"/> Per month</p> <p><input type="checkbox"/> Per year</p> <p><input type="checkbox"/> Don't know</p>
<p>E2. Any hair conditioner or detangler</p> <p><input type="checkbox"/> No → please go to next product</p> <p><input type="checkbox"/> Yes → please tell us how many days</p>	<p>_____ DAYS</p>	<p><input type="checkbox"/> Per week</p> <p><input type="checkbox"/> Per month</p> <p><input type="checkbox"/> Per year</p> <p><input type="checkbox"/> Don't know</p>
<p>E3. A hair styling product such as gel, mousse or hairspray</p> <p><input type="checkbox"/> No → please go to next product</p> <p><input type="checkbox"/> Yes → please tell us how many days</p>	<p>_____ DAYS</p>	<p><input type="checkbox"/> Per week</p> <p><input type="checkbox"/> Per month</p> <p><input type="checkbox"/> Per year</p> <p><input type="checkbox"/> Don't know</p>
<p>E4. Body lotion, hand lotion, or face lotion (moisturizer), not including any petroleum jelly</p> <p><input type="checkbox"/> No → please go to next product</p> <p><input type="checkbox"/> Yes → please tell us how many days</p>	<p>_____ DAYS</p>	<p><input type="checkbox"/> Per week</p> <p><input type="checkbox"/> Per month</p> <p><input type="checkbox"/> Per year</p> <p><input type="checkbox"/> Don't know</p>
<p>E5. Perfume, fragrance or cologne</p> <p><input type="checkbox"/> No → please go to next product</p> <p><input type="checkbox"/> Yes → please tell us how many days</p>	<p>_____ DAYS</p>	<p><input type="checkbox"/> Per week</p> <p><input type="checkbox"/> Per month</p> <p><input type="checkbox"/> Per year</p> <p><input type="checkbox"/> Don't know</p>

<p>E6. Chapstick or other lip balm, not including any petroleum jelly</p> <p><input type="checkbox"/> No → please go to next product</p> <p><input type="checkbox"/> Yes → please tell us how many days</p>	<p>_____ DAYS</p>	<p><input type="checkbox"/> Per week</p> <p><input type="checkbox"/> Per month</p> <p><input type="checkbox"/> Per year</p> <p><input type="checkbox"/> Don't know</p>
<p>E7. Lipstick or lip gloss</p> <p><input type="checkbox"/> No → please go to next product</p> <p><input type="checkbox"/> Yes → please tell us how many days</p>	<p>_____ DAYS</p>	<p><input type="checkbox"/> Per week</p> <p><input type="checkbox"/> Per month</p> <p><input type="checkbox"/> Per year</p> <p><input type="checkbox"/> Don't know</p>
<p>E8. Eye shadow, eye liner or mascara</p> <p><input type="checkbox"/> No → please go to next product</p> <p><input type="checkbox"/> Yes → please tell us how many days</p>	<p>_____ DAYS</p>	<p><input type="checkbox"/> Per week</p> <p><input type="checkbox"/> Per month</p> <p><input type="checkbox"/> Per year</p> <p><input type="checkbox"/> Don't know</p>
<p>E9. Foundation or blush</p> <p><input type="checkbox"/> No → please go to next product</p> <p><input type="checkbox"/> Yes → please tell us how many days</p>	<p>_____ DAYS</p>	<p><input type="checkbox"/> Per week</p> <p><input type="checkbox"/> Per month</p> <p><input type="checkbox"/> Per year</p> <p><input type="checkbox"/> Don't know</p>
<p>E10. Nail polish</p> <p><input type="checkbox"/> No → please go to next product</p> <p><input type="checkbox"/> Yes → please tell us how many days</p>	<p>_____ DAYS</p>	<p><input type="checkbox"/> Per week</p> <p><input type="checkbox"/> Per month</p> <p><input type="checkbox"/> Per year</p> <p><input type="checkbox"/> Don't know</p>
<p>E11. Deodorant or antiperspirant</p> <p><input type="checkbox"/> No → please go to next product</p> <p><input type="checkbox"/> Yes → please tell us how many days</p>	<p>_____ DAYS</p>	<p><input type="checkbox"/> Per week</p> <p><input type="checkbox"/> Per month</p> <p><input type="checkbox"/> Per year</p> <p><input type="checkbox"/> Don't know</p>
<p>E12. Sunscreen</p> <p><input type="checkbox"/> No → please go to next section</p> <p><input type="checkbox"/> Yes → please tell us how many days</p>	<p>_____ DAYS</p>	<p><input type="checkbox"/> Per week</p> <p><input type="checkbox"/> Per month</p> <p><input type="checkbox"/> Per year</p> <p><input type="checkbox"/> Don't know</p>

SECTION F. HOME AND COMMUNITY ENVIRONMENT EXPOSURES

This section asks about the home and community environment where your daughter spends most of her time.

F1. Does your daughter take a shower at least once per week?

- Yes → please go to question F1a
- No → please go to F3
- Don't know → please go to F3



F1a. About how many minutes does she spend in the **shower** each time?

_____ MINUTES

Don't know

F2. Does your daughter take showers at any of the following locations? **(please select all that apply)**

- Home → please go to question F2a
- School → please go to question F2b
- Other location **(please specify)** _____ → please go to question F2c
- None → please go to F3
- Don't know → please go to F3

F2a. About how many **showers** does your daughter usually take at **home** each week?

_____ SHOWERS PER WEEK

Don't know

F2b. About how many **showers** does she take at **school** each week?

_____ SHOWERS PER WEEK

Don't know

F2c. About how many **showers** does she take **[other location filled in above]** each week?

_____ SHOWERS PER WEEK

Don't know

F3. About how many times does she take a **bath at home** each week?

_____ BATHS/WEEK

- None → **please go to question F5**
- Don't know → **please go to question F5**

F4. About how many minutes does she spend in the **bath** each time?

_____ MINUTES

- Don't know

F5. When you purchase cleaning supplies for use in your daughter's home, do you specifically choose items that are environmentally friendly products?

- Never
- Rarely (<20% of the time)
- Sometimes (20-39% of the time)
- About half the time (40-59%)
- More often than not (60-79%)
- Most of the time or always (80-100% of the time)
- Don't know

Now, please think of the room where your daughter usually sleeps.

F6. In the room where your daughter usually sleeps, what are the window curtains, shades and blinds made of? (**please check all that apply**)

- None
- Plastic
- Vinyl
- Wood
- Metal
- Fabric
- Other (**please specify**) _____
- Don't know

F7. In the room where your daughter usually sleeps, are the walls painted, covered with vinyl wallpaper, or covered with another type of wallpaper?

- Painted
- Vinyl wallpaper
- Other wallpaper
- Other (**please specify**) _____
- Don't know

F8. In the room where your daughter usually sleeps, what is the floor covering?

- Wood
- Vinyl
- Linoleum
- Ceramic tile
- Carpet
- Other (**please specify**) _____
- Don't know

The next set of questions is about pesticide products that have been used inside your daughter's home over the past 12 months. Pesticides are products that kill or control unwanted pests such as insects and rodents. These questions refer to the home where your daughter spends most of her time. Try to visualize the products used in this home.

F9. During the last 12 months, were any pesticides used inside your daughter's home? Please include use by household members, exterminators, or fumigators.

- Yes → **please go to question F9a**
- No → **please go to question F10**
- Don't know → **please go to question F10**

F9a. During the last 12 months, how often has an exterminator or a household member, including yourself, "bombed" or "fumigated" your daughter's home? (Bombing is applying a spray or using a fumigator that continues over a few hours [while residents leave the home].)

_____ TIMES

- per week
- per month
- per year
- Never → **please go to question F9c**
- Don't know → **please go to question F9c**

F9b. Did your daughter leave the home while the bomb was working?

- Yes, always
- Yes, for some of the time
- No
- Don't know

F9c. During the last 12 months, how often did an exterminator or fumigator use other methods (not “bombs”) to apply pesticides inside your daughter’s home?

_____TIMES

- Per week
- Per month
- Per year
- Never → **please go to question F10**
- Don't know → **please go to question F10**

F9d. What was the pest problem the exterminator used the pesticides for? Please be specific.

- a _____
- b _____
- c _____

F10. During the last 12 months, has your daughter spent time in her home yard, garden or community garden?

- Yes → **please go to question F10a**
- No → **please go to question F10b**
- Don't know → **please go to question F10b**

F10a. During the last 12 months, how often were pesticides or herbicides applied to the garden, yard or community garden?

_____ TIMES

- Never
- Per week
- Per month
- Per year
- Don't know

F10b. During the last 12 months, has your daughter lived with dogs, cats or other pets treated for fleas or ticks?

- Yes → **please go to question F10c**
- No → **please go to question F10e**
- Don't know → **please go to question F10e**

F10c. During the last 12 months, how often were these pets treated for fleas or ticks? Include shampoos or dips, powders, liquid drops, and collars.

_____ TIMES

- Per week
- Per month
- Per year
- Never → **please go to question F10e**
- Don't know → **please go to question F10e**

F10d. What types of treatments were used? **(please check all that apply)**

- Shampoos or dips
- Powders
- Collars
- Liquid drops
- Other **(please specify)** _____
- Don't know

F10e. During the last 12 months, how often were insect repellents, such as OFF, used on your daughter's skin, hair, or clothing?

_____ TIMES

- Per week
- Per month
- Per year
- Never → **please go to question F11**
- Don't know → **please go to question F11**

F10f. What brand of insect repellent was usually used? _____

F11. During the last 12 months, how often were any lice control products used on your daughter's skin, hair, or clothing?

_____ TIMES

- Per week
- Per month
- Per year
- Never → **please go to question F12**
- Don't know → **please go to question F12**

F11a. What brand of lice control was usually used? _____

The questions in this section are about the smoking habits of people your daughter spends time with:

F12. How many smokers currently live in your daughter's household, or visit at least once per week, for example, yourself or spouse, other relatives, friends, or a baby sitter?

_____ # SMOKERS

- None → **please go to question F13**
- Don't know → **please go to question F13**

F12a. Think about the person who smokes who spends the most time with your daughter. How is this person related to your daughter?

- Mother or female guardian
- Father or male guardian
- Other person

F12b. On average, about how many cigarettes per day, week, or month does this person usually smoke inside your daughter's home?

_____ # CIGARETTES

- Per day
- Per week
- Per month
- Don't know

F12c. Is there another smoker in the home?

- Yes → **please go to question F12d**
- No → **please go to question F13**

F12d. Think about the next person who smokes in your daughter's home. How is this person related to your daughter?

- Mother or female guardian
- Father or male guardian
- Other person

F12e. On average, about how many cigarettes per day, week, or month does this person usually smoke inside your daughter's home?

_____ # CIGARETTES

- Per day
- Per week
- Per month
- Don't know

F12f. Is there another smoker in the home?

- Yes → **please go to question F12g**
- No → **please go to question F13**

F12g. Think about the next person who smokes in your daughter's home. How is this person related to your daughter?

- Mother or female guardian
- Father or male guardian
- Other person

F12h. On average, about how many cigarettes per day, week, or month does this person usually smoke inside your daughter's home?

_____ # CIGARETTES

- Per day
- Per week
- Per month
- Don't know

F12i. Is there another smoker in the home?

- Yes → **please go to question F12j**
- No → **please go to question F13**

F12j. Think about the next person who smokes in your daughter's home. How is this person related to your daughter?

- Mother or female guardian
- Father or male guardian
- Other person

F12k. On average, about how many cigarettes per day, week, or month does this person usually smoke inside your daughter's home?

_____ # CIGARETTES

- Per day
- Per week
- Per month
- Don't know

F13. In the last 12 months, was your daughter regularly around cigarette smoke at least one time a week somewhere away from home (i.e., at a friend or relative’s home, in building hallways, or in a car)?

- Yes
- No → **please go to question F14**
- Don’t know → **please go to question F14**

F13a. On average, about how many hours per week does she spend in other locations around persons who are smoking?

_____ HOURS PER WEEK

- Don’t know

F14. Have you ever used mothballs, naphthalene, or “alcánfor” in balls, squares (cubes), ointment or powder in your home? They can be used as deodorizers, air fresheners, insecticide, to treat colds or to ward off evil spirits.



- Yes
- No → **please go to Section G**
- Don’t know → **please go to Section G**

F14a. How often did you use mothballs, naphthalene, or “alcánfor” in balls, squares (cubes), ointment or powder in your home in the last year?

- 1-3 times
- 4-5 times
- 6-8 times
- Once a month
- More than once a month
- Don’t know

F14b. Do you still use mothballs, naphthalene, or “alcánfor” in balls, squares (cubes), ointment or powder in your home presently?

- Yes → **please go to question F14c**
- No → **please go to section G**
- Don’t know → **please go to section G**

F14c. Please check off all the forms in which you have used alcanfor or naphthalene:

	Yes	No
Balls	<input type="checkbox"/>	<input type="checkbox"/>
Squares or cubes	<input type="checkbox"/>	<input type="checkbox"/>
Ointment	<input type="checkbox"/>	<input type="checkbox"/>
Powder	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

SECTION G. ATTITUDES IN DAILY LIFE

The next questions are about your attitudes about daily life.

		Strongly Disagree	Disagree	Agree	Strongly Agree
G1.	My day-to-day life is too busy to think about the future.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G2.	If I want something now, I always buy it no matter what the price.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G3.	There's no sense in thinking about the future before it gets here.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G4.	What happens to me in the future is out of my control.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G5.	As long as I feel good now, I don't worry about having health problems later in life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G6.	I have a plan for what I want to do in the next 5 years of my life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G7.	I often save money or use layaway to buy things I can't afford right now.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G8.	The choices I have made in life clearly show that I think about the future.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G9.	When I plan a party or get-together, I always start weeks ahead of time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G10.	I often think about how my actions today will affect my health when I am older.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION H. YOUR PLACE IN SOCIETY

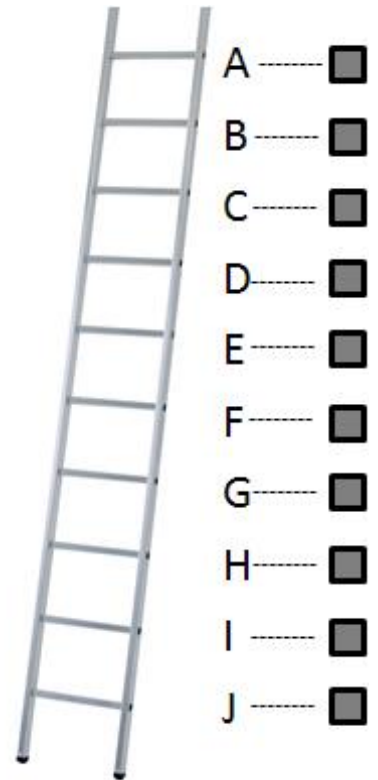
H1. Think of this ladder as representing where people stand in the United States.

- At the **top** of the ladder are the people who are the best off – those who have the most money, the most education and the most respected jobs.
- At the **bottom** are people who are the worst off – who have the least money, the least education, and the least respected jobs or no job.

The higher up you are on this ladder, the closer you are to the people at the very top; the lower you are, the closer you are to the people at the very bottom.

Where would you place yourself on this ladder?

Please check the box that best represents where you think you stand at this time in your life, relative to other people in the United States.



H2. Think of this ladder as representing where people stand in their communities. People define community in different ways; please define it in whatever way is most meaningful to you.

- At the **top** of the ladder are the people who have the highest standing in their community.
- At the **bottom** are the people who have the lowest standing in their community.

Where would you place yourself on this ladder?

Please check the box that best represents where you think you stand at this time in your life, relative to other people in your community.

