

**Text in italics should be read out loud.**

**Please read the following aloud to before you begin the survey:**

*“Thank you for participating in this survey. It is part of a national effort to assess the impact of integrated pest management within housing developments. Integrated pest management or ‘IPM’ is the coordinated use of pest and environmental information with available pest control methods to prevent unacceptable levels of pest infestation by the most economical means and with the least possible hazard to people, property, and the environment.*

*We are interested in seeing if IPM decreases pests in your housing units and also if IPM helps to decrease asthma related health issues. Your participation is critical in helping us to understand how well the IPM program works. Before we begin, I need to complete the consent process.”*  
(PROVIDE RESIDENT WITH CONSENT FORM).

READ CONSENT FORM

*Thank you again for participating in this survey.*

*I will now go through the survey and record your answers.*

LOCATION, DATE AND GENDER SHOULD BE COMPLETED BY ADMINISTRATOR

Name \_\_\_\_\_ Age \_\_\_\_\_

Location \_\_\_\_\_ Date \_\_\_\_\_

Gender:  Male  Female

Ethnicity:  White  African American  Hispanic  Asian  Native American  Other

READ THROUGH EACH QUESTIONS, MAKE SURE TO SAY THE NUMBER YOU ARE ON.

1. *How many people reside in your unit? \_\_\_\_\_*
2. *How many years have you lived in your unit? \_\_\_\_\_*
3. *How satisfied are you with the maintenance of your unit over the past 12 months?*
  - a) *Very satisfied*
  - b) *Somewhat satisfied*
  - c) *Neither satisfied or dissatisfied*
  - d) *Somewhat dissatisfied*
  - e) *Very dissatisfied*
  - f) *Don't Know*

4. During the past 12 months, have you seen any of the following pests in your unit? (MARK ALL THAT APPLY)

- a) Cockroaches/roaches
- b) Rats
- c) Mice
- d) Other \_\_\_\_\_ (just list one if there is more than one. List the one that the resident report seeing most often).

a. If yes, how often have you seen them? (circle the response)

1. Cockroaches/roaches

- a. Once or twice during the past 12 months
- b. About once or twice a month during the past 12 months
- c. About once or twice a week during the past 12 months
- d. Daily during the last 12 months

2. Rats

- a. Once or twice during the past 12 months
- b. About once or twice a month during the past 12 months
- c. About once or twice a week during the past 12 months
- d. Daily during the last 12 months

3. Mice

- a. Once or twice during the past 12 months
- b. About once or twice a month during the past 12 months
- c. About once or twice a week during the past 12 months
- d. Daily during the last 12 months

4. Other

- a. Once or twice during the past 12 months
- b. About once or twice a month during the past 12 months
- c. About once or twice a week during the past 12 months
- d. Daily during the last 12 months

5. How many maintenance requests have you submitted over the past 12 months?

- a) 0
- b) 1-2
- c) 3-4
- d) Five or more

6. If you have submitted a maintenance request, were any of them for pest problems?

\_\_\_ No    \_\_\_ Yes

a. If yes, how many were pest related? \_\_\_\_\_

And for what type of pest(s) and number of requests submitted? (circle all that apply)

- 1. Cockroaches/roaches  
Number of requests \_\_\_\_\_
- 2. Rats  
Number of requests \_\_\_\_\_
- 3. Mice  
Number of requests \_\_\_\_\_
- 4. Other

Number of requests \_\_\_\_\_

7. Has anyone from the housing authority discussed pest control with you?

\_\_\_ No \_\_\_ Yes

8. Has a doctor or health professional ever told you that you or anyone residing in the household has Asthma?

\_\_\_ No \_\_\_ Yes

If no, this is the end of the survey, thank you very much for your time.

a. If yes:

Do you or any others residing in the household still have asthma symptoms?

\_\_\_ No \_\_\_ Yes

1. If more than one person in the household has asthma, how many? \_\_\_\_\_

9. Would you describe the health difficulties caused by the household members with asthma as: (please check the answer).

Once in a while

(Intermittent):

Minor:

Moderate:

Severe:

Infrequent symptoms, which do not get in the way of regular activity

more than once a week, but less than once a day, attacks may affect activity.

Daily, attacks affect activity

Continuous, limited physical activity

If more than one household member, please provide a first name so we know who to refer to for the follow-up survey next year.

a) Household Member One: \_\_\_ Intermittent \_\_\_ minor \_\_\_ moderate \_\_\_ severe

First Name: \_\_\_\_\_

b) Household Member Two: \_\_\_ Intermittent \_\_\_ minor \_\_\_ moderate \_\_\_ severe

First Name: \_\_\_\_\_

c) Household Member Three: \_\_\_ Intermittent \_\_\_ minor \_\_\_ moderate \_\_\_ severe

First Name: \_\_\_\_\_

10. DURING THE PAST 30 DAYS how often did you take asthma medication that was prescribed or given to you by doctor? This includes using an inhaler.

a) Household Member One: # of times: \_\_\_\_\_

b) Household Member Two: # of times \_\_\_\_\_

c) Household Member Three: # of times: \_\_\_\_\_

11. DURING THE PAST 30 DAYS, how many days did you take a prescription asthma medication to PREVENT an asthma attack from occurring?

a) Household Member One: # of times: \_\_\_\_\_

b) Household Member Two: # of times \_\_\_\_\_

c) Household Member Three: # of times: \_\_\_\_\_

12. During the past 12 months, have you or your child or children had an episode of asthma or an asthma attack?

- a) Household Member One: \_\_\_ No \_\_\_ Yes
- b) Household Member Two: \_\_\_ No \_\_\_ Yes
- c) Household Member Three: \_\_\_ No \_\_\_ Yes

13. During the past 12 months, have you or your child or children stayed overnight in a hospital because of [his/her] asthma?

- a) Household Member One: \_\_\_ No \_\_\_ Yes
- b) Household Member Two: \_\_\_ No \_\_\_ Yes
- c) Household Member Three: \_\_\_ No \_\_\_ Yes

14. Overall, would you say asthma puts a burden on your family:

- a) a great deal
- b) a medium amount
- c) a little
- d) not at all

**THE NEXT QUESTION SHOULD ONLY BE ANSWERED BETWEEN OCTOBER-MAY IF CHILDREN ARE PRESENT IN UNIT. IF NOT YOU ARE DONE WITH THE SURVEY.**

15. During the past 30 days, has your child or children missed any days at school because of (his/her) asthma?

\_\_\_ No      \_\_\_ Yes

a) If yes, how many days?

- 1. 1-2
- 2. 3-4
- 3. 5-7
- 4. More than 7

The survey is now complete. Thank you again for your time.