

COMPLIANCE INTERVIEW

“Would it be okay if I asked you a few questions about the t-shirt and backpack you wore?”

If no, thank child for participating and move on to ask the parent/guardian questions.

- **Did wearing the backpack hurt?**
 - Yes
 - No
 - Don't know
 - Refused

- **Was wearing the backpack annoying or uncomfortable?**
 - Yes
 - No
 - Don't know
 - Refused

- **Did you take the backpack off during the day at all today?**
 - Yes
 - No
 - Don't know
 - Refused

- **How many times did you take the backpack off? _____ Time(s)**
- **Did you leave it off for a long time (all school day) or short time?**
 - Long time
 - Short time
 - Don't know
 - Refused

- **Did you take the backpack off during the day at all yesterday?**
 - Yes
 - No
 - Don't know
 - Refused

- **How many times did you take the backpack off? _____ Time(s)**
- **Did you leave it off for a long time (all school day, or all the time at home) or a short time?**
 - Long time
 - Short time
 - Don't know
 - Refused

- **Did the special t-shirt and noise monitor hurt to wear?**
 - Yes
 - No
 - Don't know

- Refused
- **Was wearing the t-shirt and noise monitor annoying or uncomfortable?**
 - Yes
 - No
 - Don't know
 - Refused
- **Did you take the t-shirt off during the day at all today?**
 - Yes
 - No
 - Don't know
 - Refused
- **Did you take the noise monitor out of the t-shirt pocket today?**
 - Yes
 - No
 - Don't know
 - Refused
- **a. How many times did you take the t-shirt or noise monitor off today?**
_____ Time(s)
- **b. Did you leave it off for a long time (all school day, or all the time at home) or a short time?**
 - Long time
 - Short time
 - Don't know
 - Refused
- **Did you take the t-shirt off during the day at all yesterday?**
 - Yes
 - No
 - Don't know
 - Refused
- **Did you take the noise monitor out of the t-shirt pocket yesterday?**
 - Yes
 - No
 - Don't know
 - Refused
- **How many times did you take the t-shirt or noise monitor off yesterday?** _____
Time(s)
- **Did you leave it off for a long time (all school day, or all the time at home) or a short time?**
 - Long time
 - Short time
 - Don't know

- Refused

Compliance Survey

The following questions ask about your child's experience wearing the backpack and the special t-shirt, and your experience with the CREATE Project so far.

1. Did your child complain at all about wearing the backpack?

- ☐ Yes
- ☐ No
- ☐ Don't know

2. Did your child complain at all about wearing the t-shirt?

- ☐ Yes
- ☐ No
- ☐ Don't know

3. Did your child complain at all about wearing the noise monitor?

- ☐ Yes
- ☐ No
- ☐ Don't know

4. Did your child tell you that he or she took off the backpack at school?

- ☐ Yes
- ☐ No
- ☐ Don't know

5. Did your child tell you that he or she took off the t-shirt or noise monitor at school?

- ☐ Yes
- ☐ No
- ☐ Don't know

6. Did your child take off the backpack at all while at home (not including sleeping or bathing)?

- ☐ Yes
☐ No → Go to question 9
☐ Don't know

7. About how many times did your child take off the backpack?

For example:

| | |
|---|---|
| 0 | 2 |
|---|---|

 Time(s)

Fill in your answer below.

| | |
|--|--|
| | |
|--|--|

 Time(s)

☐ Don't Know

8. For about how long did your child take the backpack off each day?

For example:

| | |
|---|---|
| 0 | 1 |
|---|---|

 Hour(s)

| | |
|---|---|
| 1 | 5 |
|---|---|

 Minutes

Fill in your answer below.

| | |
|--|--|
| | |
|--|--|

 Hour(s)

| | |
|--|--|
| | |
|--|--|

 Minutes

☐ Don't Know

9. Did your child take off the t-shirt or noise monitor while at home (not including sleeping or bathing)?

- ☐ Yes
☐ No → Go to question 12
☐ Don't know

10. How many times per day did your child take off the t-shirt or noise monitor?

| | |
|--|--|
| | |
|--|--|

Time(s)

☐ Don't Know

11. For how long did your child take the t-shirt or noise monitor off?

| | |
|--|--|
| | |
|--|--|

Hour(s)

| | |
|--|--|
| | |
|--|--|

Minutes

☐ Don't Know

The following questions ask about your experience with the CREATE Project so far.

12. If given the option, would you like to receive results from the noise monitors?

- ☐ Yes
- ☐ No
- ☐ Don't know

13. If given the option, would you like to receive results from the air monitors?

- ☐ Yes
- ☐ No
- ☐ Don't know

14. Please provide any additional comments or feedback:
