

## FOLLOW-UP HOME INFORMATION QUESTIONNAIRE

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FORM CODE: HIF  
 VERSION: 1.0 03/06/2025

Event: \_\_\_\_\_

0a) Date of Collection: □ □ / □ □ / □ □ □ □

0b) Staff Code: □ □ □

**Instructions:** This form should be completed during the participant's clinic visit

**The information you provide on this form will allow us to study how the structure and location of your home(s) are related to your exposure to air pollutants.**

0c) Have you changed addresses since your last study visit?

- No<sub>0</sub> → **Go to 2b**  
 Yes<sub>1</sub>

1) What type of building do you live in?

- Single family or free standing<sub>1</sub>
- Manufactured home/mobile home<sub>2</sub>
- Row house/townhouse/brownstone<sub>3</sub>
- Duplex/Triplex, free-standing<sub>4</sub>
- High rise apartment/Condo/Co-op (4 floors or more)<sub>5</sub>
- Low rise apartment/Condo/Co-op (1-3 floors)<sub>6</sub>
- Other<sub>7</sub>

1a) If Other, specify: \_\_\_\_\_

1b) In what year was the building you live in built? (If you don't know exactly, please provide your best estimate.) □ □ □ □

2) Is there an attached garage or an underneath garage in your building?

- No<sub>0</sub>  
 Yes<sub>1</sub> → **Go to 2a**

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2a) Is this garage used for....?

- Parking 1 car<sub>1</sub>
- Parking 2 cars<sub>2</sub>
- Parking more than 2 cars<sub>3</sub>
- Storage only<sub>4</sub>

2b) How many hours per day do you spend outdoors?

2b1) In spring   hrs

2b2) In summer   hrs

2b3) In fall   hrs

2b4) In winter   hrs

2c) On average, how many hours per day do you spend in your home?

  hrs

2d) How much time per each day do you spend commuting in traffic to work in total (i.e., both ways)?

- None<sub>1</sub>
- 1-30 minutes<sub>2</sub>
- 30-60 minutes<sub>3</sub>
- More than 60 minutes (1 hour)<sub>4</sub>
- More than 120 minutes (2 hours)<sub>5</sub>

2d1) How many days per week do you commute to work?

 days

**Air Conditioning (A/C) and Heating Systems**

3) Do you use air conditioning in your residence?

- No<sub>0</sub> → **Go to 4**
- Yes<sub>1</sub>

3a) What type of air conditioning does your residence have?

- Central<sub>1</sub> → **Go to 3a3**
- Window Units<sub>2</sub>
- Other<sub>3</sub> → **Go to 3a2**

3a1) How many window units does your residence have?

 → **Go to 3a3**

3a2) If Other, please specify: \_\_\_\_\_

3a3) How many months out of the year do you use your air conditioner?

 months

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3b) How often was the air conditioning used this past July?

- Not at all<sub>1</sub>
- A few days a month<sub>2</sub>
- More than half of the days, but less than daily<sub>3</sub>
- Almost daily<sub>4</sub>
- Other<sub>5</sub>

3b1) If Other, please specify: \_\_\_\_\_

3c) How often was the air conditioning used this past January?

- Not at all<sub>1</sub>
- A few days a month<sub>2</sub>
- More than half of the days, but less than daily<sub>3</sub>
- Almost daily<sub>4</sub>
- Other<sub>5</sub>

3c1) If Other, please specify: \_\_\_\_\_

4) What is the primary heating source used at your residence?

4a) Mechanism:

- Forced air<sub>1</sub> → **Go to 4a2**
- Radiator/baseboard<sub>2</sub> → **Go to 4b**
- Stove/fireplace<sub>3</sub> → **Go to 4b**
- Space heater<sub>4</sub> → **Go to 4b**
- Other/Unknown<sub>5</sub>

4a1) If Other/Unknown, please specify: \_\_\_\_\_ → **Go to 4b**

4a2) If forced air mechanism:

- Filter<sub>1</sub>
- No filter<sub>2</sub>
- Unknown<sub>3</sub>

4b) What is the primary fuel type used at your residence?

- Gas<sub>1</sub>
- Electric<sub>2</sub>
- Thermal<sub>3</sub>
- Wood<sub>4</sub>
- Coal<sub>5</sub>
- Pellet<sub>6</sub>
- Other/Unknown<sub>7</sub>

4b1) If Other/Unknown, please specify: \_\_\_\_\_

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5) What is the secondary heating source used at your residence?

5a) Mechanism:

- Not applicable<sub>1</sub> → **Go to 5c**
- Forced air<sub>2</sub> → **Go to 5a2**
- Radiator/baseboard<sub>3</sub> → **Go to 5b**
- Stove/fireplace<sub>4</sub> → **Go to 5b**
- Space heater<sub>5</sub> → **Go to 5b**
- Other/Unknown<sub>6</sub>

5a1) If Other/Unknown, please specify: \_\_\_\_\_ → **Go to 5b**

5a2) If forced air mechanism:

- Filter<sub>1</sub>
- No filter<sub>2</sub>
- Unknown<sub>3</sub>

5b) What is the secondary fuel type used at your residence?

- Gas<sub>1</sub>
- Electric<sub>2</sub>
- Thermal<sub>3</sub>
- Wood<sub>4</sub>
- Coal<sub>5</sub>
- Pellet<sub>6</sub>
- Other/Unknown<sub>7</sub>

5b1) If Other/Unknown, please specify: \_\_\_\_\_

5c) Does your residence have double-paned windows?

- No<sub>0</sub>
- Yes<sub>1</sub>
- Don't know<sub>2</sub>

6) In Summer (June - August)...

6a) How many windows do you usually have open?

- None<sub>1</sub> → **Go to 7**
- All<sub>2</sub>
- Some<sub>3</sub>

6b) How often do you open the windows?

- A few days a month<sub>1</sub>
- More than half of the days of the month, but less than daily<sub>2</sub>
- Daily or almost daily<sub>3</sub>
- Other<sub>4</sub>

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6b1) If Other, please specify: \_\_\_\_\_

### 7) In Winter (December - February)...

7a) How many windows do you usually have open?

- None<sub>1</sub> → **Go to 8**
- All<sub>2</sub>
- Some<sub>3</sub>

7b) How often do you open the windows?

- A few days a month<sub>1</sub>
- More than half of the days of the month, but less than daily<sub>2</sub>
- Daily or almost daily<sub>3</sub>
- Other<sub>4</sub>

7b1) If Other, please specify: \_\_\_\_\_

8) Is an air cleaner/filter used in your residence (stand-alone or central)?

- No<sub>0</sub> → **Go to 9**
- Yes<sub>1</sub>
- Don't know<sub>2</sub> → **Go to 9**

8a) If Yes, is it...

- Stand-alone/portable<sub>1</sub>
- Central<sub>2</sub>
- Both<sub>3</sub>
- Don't know<sub>4</sub>

8b) How often is the air cleaner/filter used?

- Never<sub>1</sub>
- A few days a month<sub>2</sub>
- More than half of the days of the month, but less than daily<sub>3</sub>
- Daily or almost daily<sub>4</sub>
- Don't know<sub>5</sub>

### Combustion Sources

9) What type of oven is used in your household?

- Gas<sub>1</sub>
- Electric<sub>2</sub>
- Other<sub>3</sub>
- Don't know<sub>4</sub>

9a) If Other, please specify: \_\_\_\_\_

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10) What type of stove or range is used in your household?

- Gas<sub>1</sub>
- Electric<sub>2</sub>
- Other<sub>3</sub>
- Don't know<sub>4</sub>

10a) If Other, please specify: \_\_\_\_\_

11) How often do you or someone else cook in your residence?

- Never<sub>1</sub> → **Go to 13**
- A few days a month<sub>2</sub>
- More than half of the days of the month, but less than daily<sub>3</sub>
- Daily or almost daily<sub>4</sub>
- Other<sub>5</sub>

11a) If Other, please specify: \_\_\_\_\_

12) Is there an exhaust fan over the stove, range, oven, or elsewhere in the cooking area?

- No<sub>0</sub> → **Go to 13**
- Yes<sub>1</sub>

12a) How often is the exhaust fan used?

- Never<sub>1</sub> → **Go to 13**
- Occasionally<sub>2</sub>
- Most of the time<sub>3</sub>
- Every time the stove or oven is used<sub>4</sub>
- Other<sub>5</sub>

12a1) If Other, please specify: \_\_\_\_\_

12b) Where does this fan exhaust the air?

- Kitchen exhaust vented outside<sub>1</sub>
- Recirculation back to the kitchen<sub>2</sub>
- Other<sub>3</sub>
- Don't know<sub>4</sub>

12b1) If Other, please specify: \_\_\_\_\_

13) Inside your residence is there a pilot light on the....

(If you do not have the item in your residence, check "No.") (check only one for each item):

13a) Gas range

- No<sub>0</sub>
- Yes<sub>1</sub>
- Don't know<sub>2</sub>

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13b) Oven

- No<sub>0</sub>
- Yes<sub>1</sub>
- Don't know<sub>2</sub>

13c) Clothes dryer

- No<sub>0</sub>
- Yes<sub>1</sub>
- Don't know<sub>2</sub>

13d) Water heater

- No<sub>0</sub>
- Yes<sub>1</sub>
- Don't know<sub>2</sub>

13e) Furnace

- No<sub>0</sub>
- Yes<sub>1</sub>
- Don't know<sub>2</sub>

13f) Other

- No<sub>0</sub>
- Yes<sub>1</sub>
- Don't know<sub>2</sub>

13f1) Other specified: \_\_\_\_\_

### Location/Activities

14) Do you usually spend 2 hours or more per day or 10 hours or more per week at a single location (working, school, volunteering, socializing, etc.) or doing a specific activity away from your household?

- No<sub>0</sub> → **Go to 19**
- Yes<sub>1</sub>

15) Do you go to a specific address at this location?

- No<sub>0</sub> → **Go to 16**
- Yes<sub>1</sub>

15a) If you go to a specific location, what is the street address? Please give a physical address, not a PO Box.

15a1) Street: \_\_\_\_\_

15a2) City: \_\_\_\_\_

15a3) State:

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15a4) Zip Code:      -

16) Is this an indoor or outdoor location?

- Indoor<sub>1</sub>
- Outdoor<sub>2</sub>

**The next two items will ask you about the location or activity you referred to in the item above.**

17) What do you do at this location?

- School<sub>1</sub>
- Work<sub>2</sub>
- Volunteer<sub>3</sub>
- Other<sub>4</sub>

17a) Other specified: \_\_\_\_\_

18) On average, how many hours per week do you go there or perform the activity?

- 1-10 (1-2 hours per day)<sub>1</sub>
- 11-20 (3-4 hours per day)<sub>2</sub>
- 21-35 (5-7 hours per day)<sub>3</sub>
- 36-45 (about 8 hours per day)<sub>4</sub>
- >45 (more than 8 hours per day)<sub>5</sub>

**Activity Information**

**We are now going to talk about how you spend time indoors and outdoors.**

19) In a typical **winter** week (**Dec – Feb**), about how much time do you spend in each of the following locations:

19a) **Home indoors** (inside the house)

19a1) Days per week: \_\_\_\_\_ 19a2) Hours per day: \_\_\_\_\_

19b) **Non-Home Indoors** (i.e., work, school, volunteer activity, etc.) at any location other than your house

19b1) Days per week: \_\_\_\_\_ 19b2) Hours per day: \_\_\_\_\_

19c) **Outdoors** (outside or in a vehicle i.e., car, bus, train, walk or bike near traffic, etc.)

19c1) Days per week: \_\_\_\_\_ 19c2) Hours per day: \_\_\_\_\_

*Confirm that hours spent in a day added up to a total of 24 hours OR 168 hrs per week. If hours add to more than 24/day, please check participant response.*



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20) Is the amount of time you spend in these locations the same in the summer as in the winter?

- No<sub>0</sub>  
 Yes<sub>1</sub> → **Go to 23**

21) In a typical **summer week (Jun – Aug)**, about how much time do you spend in each of the following locations:

21a) **Home indoors** (inside the house)

21a1) Days per week: \_\_\_\_\_ 21a2) Hours per day: \_\_\_\_\_

21b) **Non-Home Indoors** (i.e., work, school, volunteer activity, etc.) at any location other than your house

21b1) Days per week: \_\_\_\_\_ 21b2) Hours per day: \_\_\_\_\_

21c) **Outdoors** (outside or in a vehicle i.e., car, bus, train, walk or bike near traffic, etc.)

21c1) Days per week: \_\_\_\_\_ 21c2) Hours per day: \_\_\_\_\_

*Confirm that hours spent in a day added up to a total of 24 hours OR 168 hrs per week. If hours add to more than 24/day, please check participant response.*

22) We will assume that all of the time not otherwise specified above is spent at home indoors in a typical **summer week (Jun – Aug)** (including sleeping). Does that sound right?

- No<sub>0</sub> → **Go to 22a**  
 Yes<sub>1</sub>

22a) Comment: \_\_\_\_\_

**Secondary Residence**

23) Do you spend more than 4 weeks per year living at another address (secondary residence)?

- No<sub>0</sub> → **Go to End**  
 Yes<sub>1</sub>

24) What is the street address of your secondary residence? Please give a physical address, not a P.O. box.

24a) Street: \_\_\_\_\_

24b) City: \_\_\_\_\_

24c) State:

24d) Zip Code:      -

**END OF FORM**