



HOME INFORMATION QUESTIONNAIRE

ID NUMBER:									
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FORM CODE: **HIQ**
VERSION: 2.0 3/12/18

Event: _____

0a) Date of Collection / / 0b) Staff Code

Instructions: Whenever numerical responses are required, enter the number so that the last digit appears in the rightmost box. Enter leading zeroes where necessary to fill all boxes.

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. All responses are voluntary.

0c) Since your last SPIROMICS visit, have you changed addresses?

- No₀ → **Go to 4**
 Yes₁

1) What type of building do you live in?

- Single family or free standing₁
 Manufactured home/mobile home₂
 Row house/townhouse/brownstone₃
 Duplex/Triplex, free-standing₄
 High rise apartment/Condo/Co-op (4 floors or more)₅
 Low rise apartment/Condo/Co-op (1-3 floors)₆
 Other₇

1a) If Other, specify: _____

Question 2 has been removed.

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

- No₀
 Yes₁

Air Conditioning (A/C) and Heating Systems

4) Do you use air conditioning in your residence?

- No₀ → **Go to 5**
 Yes₁

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4a) What type of air conditioning does your residence have?

- Central₁ → **Go to 4b**
- Window Units₂ → **Go to 4a1**
- Other₃ → **Go to 4a2**

4a1) How many window units does your residence have?

→ **Go to 4b**

4a2) If Other, please specify: _____

4b) How often was the air conditioning used this past July?

- Not at all₁
- A few days a month₂
- More than half of the days, but less than daily₃
- Almost daily₄
- Other₅

4b1) If Other, please specify: _____

4c) How often was the air conditioning used this past January?

- Not at all₁
- A few days a month₂
- More than half of the days, but less than daily₃
- Almost daily₄
- Other₅

4c1) If Other, please specify: _____

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

5a1) Mechanism:

- Forced air₁ → **Go to 5a3**
- Radiator/baseboard₂ → **Go to 5b1**
- Stove/fireplace₃ → **Go to 5b1**
- Space heater₄ → **Go to 5b1**
- Other/Unknown₅

5a2) If Other/Unknown, please specify: _____ → **Go to 5b1**

5a3) If forced air mechanism:

- Filter₁
- No filter₂
- Unknown₃

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5b1) What is the primary fuel type used at your residence?

- Gas₁
- Electric₂
- Thermal₃
- Wood₄
- Coal₅
- Pellet₆
- Other/Unknown₇

5b1a) If Other/Unknown, please specify: _____

5c1) What is the secondary heating source used at your residence?

Mechanism:

- Not applicable₁ → **Go to 7a**
- Forced air₂ → **Go to 5c1b**
- Radiator/baseboard₃ → **Go to 5d1**
- Stove/fireplace₄ → **Go to 5d1**
- Space heater₅ → **Go to 5d1**
- Other/Unknown₆

5c1a) If Other/Unknown, please specify: _____ → **Go to 5d1**

5c1b) If forced air mechanism:

- Filter₁
- No filter₂
- Unknown₃

5d1) What is the secondary fuel type used at your residence?

- Gas₁
- Electric₂
- Thermal₃
- Wood₄
- Coal₅
- Pellet₆
- Other/Unknown₇

5d1a) If Other/Unknown, please specify: _____

Question 6 has been removed.

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In Summer (June-August) ...

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

- None₁ → **Go to 7c**
- All₂
- Some₃

7b) How often did you open the windows?

- A few days a month₁
- More than half of the days of the month, but less than daily₂
- Daily or almost daily₃
- Other₄

7b1) If Other, please specify: _____

In Winter (December-February) ...

7c) How many windows did you usually have open?

- None₁ → **Go to 8**
- All₂
- Some₃

7d) How often did you open the windows?

- A few days a month₁
- More than half of the days of the month, but less than daily₂
- Daily or almost daily₃
- Other₄

7d1) If Other, please specify: _____

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

- No₀ → **Go to 9**
- Yes₁
- Don't know₂ → **Go to 9**

8a) If Yes, is it...

- Stand-alone/portable₁
- Central₂
- Both₃
- Don't know₄

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

- Never₁
- A few days a month₂
- More than half of the days of the month, but less than daily₃
- Daily or almost daily₄
- Don't know₅

Combustion Sources

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

- Gas₁
- Electric₂
- Don't know₃
- Other₄

9a) If Other, please specify: _____

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

- Gas₁ → **Go to 10b**
- Electric₂ → **Go to 10b**
- Don't know₃ → **Go to 14**
- Other₄

10a) If Other, please specify: _____ → **Go to 14**

10b) How often do you or someone else cook in your residence?

- Never₁ → **Go to 14**
- A few days a month₂
- More than half of the days of the month, but less than daily₃
- Daily or almost daily₄
- Other₅

10b1) If Other, please specify: _____

10c) Is there an exhaust fan over the stove, range, oven, or elsewhere in the cooking area?

- No₀ → **Go to 14**
- Yes₁

10d) How often is the exhaust fan used?

- Never₁
- Occasionally₂
- Most of the time₃
- Every time the stove or oven is used₄
- Other₅

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10d1) If Other, please specify: _____

10e) Where does this fan exhaust the air?

- Kitchen exhaust vented outside₁
- Recirculation back to the kitchen₂
- Don't know₃
- Other₄

10e1) If Other, please specify: _____

Questions 11-13 have been removed.

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

- No₀ → **Go to End**
- Yes₁

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

15a) Street: _____

15b) City: _____

15c) State:

15d) Zip Code: -

END OF FORM