



INSTRUCTIONS FOR HOME INFORMATION QUESTIONNAIRE FORM HIQ, VERSION 2.0, QUESTION BY QUESTION (QxQ)

I. GENERAL INSTRUCTIONS

The Home Information Questionnaire Form is filled out by the study coordinator at the participant's clinic visit.

This form is to be completed at Visit 5.

Header Information: The header information consists of key fields which uniquely identify each recorded instance of a form. For the Event field, record if this is happening at Visit 5 or another event.

0a. Date of Collection: Record the date the data was collected or abstracted. Select the date from the pop-up calendar in the data management system (DMS) or type the date in the space provided. Dates should be entered in the mm/dd/yyyy format.

0b. Staff Code: Record the SPIROMICS staff code of the person who collected or abstracted the data. This code is assigned to each person at each site by the GIC. If you do not have a staff code and are collecting SPIROMICS data, please contact the GIC in order to receive your own individual staff code.

II. DETAILED INSTRUCTIONS FOR EACH ITEM

Item 0c. **Address Change** Select only one option among the two possible choices.

- Select No if the subject has not changed address since his/her last visit. **[GO to 4]**.
- Select Yes if the subject has changed address since his/her last visit.

Item 1. **Type of Building** Select only one option among the seven possible choices.

- Select single family or free standing if the subject lives in a single family or free standing building.
- Select manufactured home/mobile home if the subject lives in a manufactured home/mobile home.
- Select row house/townhouse/brownstone if the subject lives in a row house/townhouse/brownstone.
- Select duplex/triplex, free-standing if the subject lives in a duplex/triplex, free-standing building.
- Select high rise apartment/condo/co-op (4 floors or more) if the subject lives in a high rise apartment/condo/co-op (4 floors or more).
- Select low rise apartment/condo/co-op (1-3 floors) if the subject lives in a low rise apartment/condo/co-op (1-3 floors).
- Select other if the subject lives in a type of building not listed above.

Item 1a. **Specify other** Specify the other type of building where the subject lives.

Note: Item 2 has been removed.

Item 3. **Garage** Select only one option among the two possible choices.

- Select No if there is not an attached garage or an underneath garage in the subject's building.
- Select Yes if there is an attached garage or an underneath garage in the subject's building.

- Item 4. **Air conditioning** Select only one option among the two possible choices.
- Select No if there is not an air conditioning in the subject's residence. **[Go to 5]**
 - Select Yes if there is air conditioning in the subject's residence.
- Item 4a. **Type of air conditioning** Select only one option among the three possible choices.
- Select Central if the subject has central air conditioning in his/her residence. **[Go to 4b]**
 - Select Window Units if the subject has window unit air conditioning in his/her residence. **[Go to 4a1]**
 - Select Other if the subject has another type of air conditioning in his/her residence. **[Go to 4a2]**
- Item 4a1. **Number of window units** Record the number of window units in the subject's residence. **[Go to 4b]**
- Item 4a2. **Other, specify** Specify the other type of air conditioning in the subject's residence.
- Item 4b. **How often use air conditioning in July** Select only one option among the five possible choices.
- Select Not at all if the subject has not used air conditioning in the past July.
 - Select A few days a month if the subject used air conditioning a few days a month in the past July.
 - Select More than half of the days, but less than daily if the subject used air conditioning more than half of the days, but less than daily in the past July.
 - Select Almost daily (thermostat use also) if the subject used air conditioning almost daily (thermostat use also) in the past July.
 - Select Other if the subject's use of air conditioning in the past July was other than the above mentioned choices.
- Item 4b1. **Other, specify** Specify how often the subject used air condition in the past July.
- Item 4c. **How often use air conditioning in January** Select only one option among the five possible choices.
- Select Not at all if the subject has not used air conditioning in the past January.
 - Select A few days a month if the subject used air conditioning a few days a month in the past January.
 - Select More than half of the days, but less than daily if the subject used air conditioning more than half of the days, but less than daily in the past January.
 - Select Almost daily (thermostat use also) if the subject used air conditioning almost daily (thermostat use also) in the past January.
 - Select Other if the subject's use of air conditioning in the past January was other than the above mentioned choices.
- Item 4c1. **Other, specify** Specify how often the subject used air condition in the past January.
- Item 5a1. **Primary heating source** Select only one option among the five possible choices.
- Select Forced air if the subject's primary heating source is any system that pushes air through ducts to heat their home. **[Go to 5a3]**
 - Select Radiator/baseboard if the subject's primary heating source is radiator/baseboard. **[Go to 5b1]**
 - Select Stove/fireplace if the subject's primary heating source is stove/fireplace. **[Go to 5b1]**
 - Select Space heater if the subject's primary heating source is a space heater. **[Go to 5b1]**
 - Select Other/Unknown if the subject's primary heating source is another source or is unknown.

Item 5a2. **Other, specify** Specify the other type of primary heat source the subject has in his/her residence.

Item 5a3. **Forced air mechanism** Select only one option among the three possible choices.

- Select Filter at all if the forced air mechanism in the subject's residence has a filter.
- Select No filter at all if the forced air mechanism in the subject's residence does not have a filter.
- Select Unknown if the subject does not know whether his/her residence has a filter.

Item 5b1. **Primary fuel** Select only one option among the seven possible choices.

- Select Gas if the subject's primary fuel type is gas.
- Select Electric if the subject's primary fuel type is electric.
- Select Thermal if the subject's primary fuel type is thermal.
- Select Wood if the subject's primary fuel type is wood.
- Select Coal if the subject's primary fuel type is coal.
- Select Pellet if the subject's primary fuel type is pellet.
- Select Other/Unknown if the subject's primary heating source is another source or is unknown.

Item 5b2. **Other, specify** Specify the other type of primary fuel type the subject has in his/her residence.

Item 5c1. **Secondary heating source** Select only one option among the six possible choices.

- Select Not applicable if the subject does not have a secondary heating source in his/her residence. **[Go to 7a]**
- Select Forced air if the subject's secondary heating source is forced air. **[Go to 5c1b]**
- Select Radiator/baseboard if the subject's secondary heating source is radiator/baseboard. **[Go to 5d1]**
- Select Stove/fireplace if the subject's secondary heating source is stove/fireplace. **[Go to 5d1]**
- Select Space heater if the subject's secondary heating source is a space heater. **[Go to 5d1]**
- Select Other/Unknown if the subject's secondary heating source is another source or is unknown.

Item 5c1a. **Other, specify** Specify the other type of secondary heat source the subject has in his/her residence. **[Go to 5d1]**

Item 5c1b. **Forced air mechanism** Select only one option among the three possible choices.

- Select Filter at all if the forced air mechanism in the subject's residence has a filter.
- Select No filter at all if the forced air mechanism in the subject's residence does not have a filter.
- Select Unknown if the subject does not know whether his/her residence has a filter.

Item 5d1. **Secondary fuel** Select only one option among the seven possible choices.

- Select Gas if the subject's secondary fuel type is gas.
- Select Electric if the subject's secondary fuel type is electric.
- Select Thermal if the subject's secondary fuel type is thermal.
- Select Wood if the subject's secondary fuel type is wood.
- Select Coal if the subject's secondary fuel type is coal.
- Select Pellet if the subject's secondary fuel type is pellet.
- Select Other/Unknown if the subject's secondary heating source is another source or is unknown.

Item 5d1a. **Other, specify** Specify the other type of secondary fuel type the subject has in his/her residence.

Note: Item 6 has been removed.

Item 7a. **Summer open windows** Select only one option among the three possible choices.

- Select None if the subject reported opening no windows in summer (June-August). **[Go to 7c]**
- Select All if the subject reported opening all windows in summer (June-August).
- Select Some if the subject reported opening some windows in summer (June-August).

Item 7b. **How often summer windows open** Select only one option among the four possible choices.

- Select A few days a month if the subject reports opening windows in summer (June-August) a few days a month.
- Select More than half of the days of the month, but less than daily if the subject reports opening windows more than half of the days of the month, but less than daily in summer (June-August) a few days a month.
- Select Daily or almost daily if the subject reports opening windows daily or almost daily in summer (June-August) a few days a month.
- Select Other/Unknown if the subject reports opening windows in summer (June-August) more or less often than the above responses or if the subject does not know how often s/he opens the windows.

Item 7b1. **Other, specify** Specify how often the subject reported opening the windows in summer (June-August).

Item 7c. **Winter open windows** Select only one option among the three possible choices.

- Select None if the subject reported opening no windows in winter (December-February). **[Go to 8]**
- Select All if the subject reported opening all windows in winter (December-February).
- Select Some if the subject reported opening some windows in winter (December-February).

Item 7d. **How often winter windows open** Select only one option among the four possible choices.

- Select A few days a month if the subject reports opening windows in winter (December-February) a few days a month.
- Select More than half of the days of the month, but less than daily if the subject reports opening windows more than half of the days of the month, but less than daily in winter (December-February) a few days a month.
- Select Daily or almost daily if the subject reports opening windows daily or almost daily in winter (December-February) a few days a month.
- Select Other/Unknown if the subject reports opening windows in winter (December-February) more or less often than the above responses or if the subject does not know how often s/he opens the windows.

Item 7d1. **Other, specify** Specify how often the subject reported opening the windows in winter (December-February).

Item 8. **Air cleaner/filter** Select only one option among the three possible choices.

- Select No if the subject reports not having an air cleaner/filter in his/her residence. **[GO to 9]**.
- Select Yes if the subject reports having an air cleaner/filter in his/her residence.

- Select Don't know if the subject does not know if s/he has an air cleaner/filter in his/her residence. **[GO to 9]**.

Item 8a. **Type of air cleaner/filter** Select only one option among the four possible choices.

- Select Stand-alone/portable if the subject reports having a stand-alone/portable air cleaner/filter in his/her residence.
- Select Central if the subject reports having a Central air cleaner/filter in his/her residence.
- Select Both if the subject reports having both a stand-alone/portable air cleaner/filter and a central air cleaner/filter in his/her residence.
- Select Don't know if the subject does not know what type of air cleaner/filter is in his/her residence.

Item 8b. **How often air cleaner/filter used** Select only one option among the five possible choices.

- Select Never if the subject reports never using an air cleaner/filter in his/her residence.
- Select A few days a month if the subject reports using an air cleaner/filter a few days a month in his/her residence.
- Select More than half of the days of the month, but less than daily if the subject reports using an air cleaner/filter more than half of the days of the month, but less than daily in his/her residence.
- Select Daily or almost daily if the subject reports using an air cleaner/filter daily or almost daily in his/her residence
- Select Don't know if the subject does how often an air cleaner/filter is used in his/her residence.

Item 9. **Type of oven** Select only one option among the four possible choices.

- Select Gas if the subject's type of oven is gas.
- Select Electric if the subject's type of oven is electric.
- Select Don't know if the subject does not know what type of oven is in his/her residence.
- Select Other if the subject's type of oven is something other than gas or electric.

Item 9a. **Other, specify** Specify the other type of oven the subject reported having in his/her residence.

Item 10. **Type of stove or range** Select only one option among the four possible choices.

- Select Gas if the subject's type of stove or range is gas. **[Go to 10b]**
- Select Electric if the subject's type of stove or range is electric. **[Go to 10b]**
- Select Don't know if the subject does not know what type of stove or range is in his/her residence. **[Go to 14]**
- Select Other if the subject's type of stove or range is something other than gas or electric.

Item 10a. **Other, specify** Specify the other type of stove or range the subject reported having in his/her residence. **[Go to 14]**

Item 10b. **How often cook** Select only one option among the five possible choices.

- Select Never if the subject reports never cooking in his/her residence. **[Go to 14]**
- Select A few days a month if the subject reports cooking a few days a month in his/her residence.
- Select More than half of the days of the month, but less than daily if the subject reports cooking more than half of the days of the month, but less than daily in his/her residence.
- Select Daily or almost daily if the subject reports cooking daily or almost daily in his/her residence
- Select Other if the subject cooking is his/her residence at some other frequency than listed above.

Item 10b1. **Other, specify** Specify the other frequency that the subject reported cooking in his/her residence.

Item 10c. **Exhaust fan** Select only one option among the two possible choices.

- Select No if the subject reports not having an exhaust fan over the stove, range, oven, or elsewhere in the cooking area in his/her residence. **[GO to 14]**.
- Select Yes if the subject reports having an exhaust fan over the stove, range, oven, or elsewhere in the cooking area in his/her residence.

Item 10d. **How often use exhaust fan** Select only one option among the five possible choices.

- Select Never if the subject reports never using an exhaust fan over the stove, range, oven, or elsewhere in the cooking area in his/her residence.
- Select Occasionally if the subject reports occasionally using an exhaust fan over the stove, range, oven, or elsewhere in the cooking area in his/her residence.
- Select Most of the time if the subject reports never using an exhaust fan over the stove, range, oven, or elsewhere most of the time in the cooking area in his/her residence.
- Select Every time the stove or oven is used if the subject reports never using an exhaust fan over the stove, range, oven, or elsewhere every time the stove or oven is used in the cooking area in his/her residence.
- Select Other if the subject using an exhaust fan over the stove, range, oven, or elsewhere at some other frequency than listed above.

Item 10d1. **Other, specify** Specify the other frequency that the subject reported using an exhaust fan over the stove, range, oven, or elsewhere in his/her residence.

Item 10e. **Where fan exhaust air** Select only one option among the four possible choices.

- Select Kitchen exhaust vented outside if the subject reports the exhaust fan in his/her residence is vented outside.
- Select Recirculation back to the kitchen if the subject reports the exhaust fan in his/her residence recirculates back to the kitchen.
- Select Don't know if the subject does not know where the exhaust fan is vented.
- Select Other if the subject reports the exhaust fan is vented somewhere other than listed above.

Item 10e1. **Other, specify** Specify the other frequency where the subject reports that the exhaust fan is vented.

Note: Items 11-13 have been removed.

Item 14. **Secondary residence** Select only one option among the two possible choices.

- Select No if the subject reports not spending more than 4 weeks per year living at another address. **[GO to END]**.
- Select Yes if the subject reports spending more than 4 weeks per year living at another address.

Item 15a. **Address of secondary residence** Enter the street address of the subject's secondary residence. Please give a physical address, not a P.O. box.

Item 15b. **City of secondary residence** Enter the city of the subject's secondary residence.

Item 15c. **State of secondary residence** Enter the state of the subject's secondary residence as its two letter abbreviation.

Item 15d. **Zip code of secondary residence** Enter the zip code of the subject's secondary residence up to the 9-digit code.

Save and close the form.