

## BASELINE HOME INFORMATION QUESTIONNAIRE

ID NUMBER:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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FORM CODE: HIQ  
VERSION: 1.0 02/25/2021

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.

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: \_\_\_\_\_

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

- No<sub>0</sub>
- Yes<sub>1</sub>

### **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 3b**
- Window Units<sub>2</sub>
- Other<sub>3</sub> → **Go to 3a2**

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

→ **Go to 3b**

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

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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 6**
- 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: \_\_\_\_\_

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>

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

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**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 End**
- 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 End**
- Yes<sub>1</sub>

12a) How often is the exhaust fan used?

- Never<sub>1</sub> → **Go to End**
- 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: \_\_\_\_\_

**END OF FORM**