

FOLLOW-UP HOME INFORMATION QUESTIONNAIRE

ID NUMBER:	□	□	□	□	□	□	□	□	□
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FORM CODE: HIF
VERSION: 1.0 10/21/2022

Event: _____

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

0b) Staff Code: □ □ □

Instructions: This form should be completed during the participant's 18-month follow-up phone call and 3-year follow-up clinic visit.

Notes:

- For the 18-month follow-up phone call, all questions should be answered thinking back to the baseline visit as the last SOURCE contact.
- For the 3-year follow-up clinic visit, all questions should be answered thinking back to the 18-month follow-up phone call as the last SOURCE contact.

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 SOURCE (clinic visit or telephone contact)?

No₀ → **Go to 3**
 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: _____

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

No₀
 Yes₁

Air Conditioning (A/C) and Heating Systems

3) Do you use air conditioning in your residence?

No₀ → **Go to 4**
 Yes₁

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

- Central₁ → **Go to 3b**
- Window Units₂
- Other₃ → **Go to 3a2**

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

→ **Go to 3b**

3a2) If Other, please specify: _____

3b) 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

3b1) If Other, please specify: _____

3c) 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

3c1) If Other, please specify: _____

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

4a) Mechanism:

- Forced air₁ → **Go to 4a2**
- Radiator/baseboard₂ → **Go to 4b**
- Stove/fireplace₃ → **Go to 4b**
- Space heater₄ → **Go to 4b**
- Other/Unknown₅

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

4a2) If forced air mechanism:

- Filter₁
- No filter₂
- Unknown₃

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

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

4b1) If Other/Unknown, please specify: _____

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

5a) Mechanism:

- Not applicable₁ → **Go to 6**
- Forced air₂ → **Go to 5a2**
- Radiator/baseboard₃ → **Go to 5b**
- Stove/fireplace₄ → **Go to 5b**
- Space heater₅ → **Go to 5b**
- Other/Unknown₆

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

5a2) If forced air mechanism:

- Filter₁
- No filter₂
- Unknown₃

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

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

5b1) If Other/Unknown, please specify: _____

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

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

- None₁ → **Go to 7**
- All₂
- Some₃

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6b) How often do 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

6b1) If Other, please specify: _____

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

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

- None₁ → **Go to 8**
- All₂
- Some₃

7b) How often do 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: _____

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

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

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Combustion Sources

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

- Gas₁
- Electric₂
- Other₃
- Don't know₄

9a) If Other, please specify: _____

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

- Gas₁
- Electric₂
- Other₃
- Don't know₄

10a) If Other, please specify: _____

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

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

11a) If Other, please specify: _____

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

- No₀ → **Go to End**
- Yes₁

12a) How often is the exhaust fan used?

- Never₁ → **Go to End**
- Occasionally₂
- Most of the time₃
- Every time the stove or oven is used₄
- Other₅

12a1) If Other, please specify: _____

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Event: _____

12b) Where does this fan exhaust the air?

- Kitchen exhaust vented outside₁
- Recirculation back to the kitchen₂
- Other₃
- Don't know₄

12b1) If Other, please specify: _____

END OF FORM