

Indoor Air Quality Home Survey

Date (mm/dd/yyyy): _____

Name of researcher: _____

Home number: _____

Survey Instructions:

The following survey is to be completed by the researcher, in discussion with the individual in the household. All questions should be read, in order, to the participant, and the researcher will record the response. If more space is needed for a response, please write on the back of the page and indicate that you have done so with an arrow. For the questions that include tables (i.e., 25, 26, 33-35) it will be easiest to show the participant the table and fill it in with them.

Please read the following *italicized text* to the individual in the home who will be answering the survey questions:

Thank you for agreeing to participate in this study of air quality. The purpose of this survey is to obtain information about factors that may affect the monitoring results from homes. These factors include things like the activities that occur in the home, ventilation practices, renovations, and furnishings. We are asking the same questions at each household in the study. All information will be kept confidential. If used in publications, presentations, etc., we will ensure that households are not identifiable. If you do not feel comfortable answering one of the questions, you do not need to answer it. This survey should take less than 30 minutes to complete. Your responses to these questions will be connected to the air quality data collected in the home. The person who responds to these questions should be the same person who agreed to your household's participation in the project, and who signed the consent form.

The first block of questions relates to the household in general, while the second block relates to the time monitoring was occurring at the home. Please ask me any questions you may have about the survey.



Home number: _____

1. How would you describe the dwelling in which you live? *Please tick one box.*

☐ Apartment

○ What floor (e.g., ground level, second)? _____

☐ Row dwelling

☐ Pol dwelling

☐ Bungalow

☐ Other, please describe:

2. In approximately what year was the building constructed? _____

3. How would you classify the neighbourhood in which you live?

☐ Predominantly residential (there are only homes; no shops, industry, etc.)

☐ Mixed use (please describe, e.g., are there shops? Restaurants? Factories nearby?)

4. What is immediately below the floor of the home? *Please tick one box.*

☐ The ground

☐ Another apartment

☐ Garage

☐ Other (e.g., shop, restaurant; please describe):

5. What is immediately above the home? *Please tick one box.*

☐ The roof (e.g., it is a top floor apartment)

☐ Another apartment

☐ Other (e.g., shop, restaurant; please describe):

6. Do you have a garage?

☐ Yes

☐ No → skip to question 11

7. Is the garage part of your home (e.g. directly connected to your home in some way)?

☐ Yes

☐ No → If no, please go to Part B

8. How frequently is a vehicle kept in the garage (this does not include bicycles or other person-powered vehicles)?
- ☐ Usually (i.e., almost every day)
 - ☐ Often (i.e., at least once a week)
 - ☐ Occasionally (i.e., at least once a month)
 - ☐ Never → skip to question 11
9. What type of vehicle is kept in the garage? *If there are multiple, indicate number and type (e.g., 1 motorcycle; 1 car).*
- _____

10. What type of fuel does the vehicle run on? *If there are multiple vehicles, indicate the type of fuel used for each vehicle.*
- _____

11. What material is the roof of the household made of?

- ☐ Tiles, slate, shingle
- ☐ Asbestos cement sheets
- ☐ Concrete
- ☐ Other materials not stated: _____
- ☐ Don't know

12. What material are the walls of the household made of?

- ☐ Unburnt bricks
- ☐ Burnt bricks
- ☐ Other materials not stated: _____
- ☐ Don't know

13. What material are the floors of the household made of?

- ☐ Wood/planks
- ☐ Bamboo or logs
- ☐ Brick, stone, lime
- ☐ Cement
- ☐ Mosaic/tiles
- ☐ Other materials not stated: _____
- ☐ Don't know

14. How would you describe the kitchen of the household?

- ☐ Indoor kitchen with partition
- ☐ Indoor kitchen without partition
- ☐ Separate indoor kitchen outside the house
- ☐ Open air kitchen outside the house

15. Does the household have central heating/air conditioning?
- ☐ Yes
 - ☐ No
16. Is there another type of heating or air conditioning (e.g., a window air conditioning unit, a woodstove) used in the household?
- ☐ Yes, please specify: _____
 - ☐ No
17. What is the main type of fuel used in the household for cooking? *Select one.*
- ☐ Liquid petroleum gas (LPG)
 - ☐ Natural gas
 - ☐ Other, please specify: _____
18. What additional types of fuel are commonly used in the household for cooking or heating? *Select all that apply.*
- ☐ Wood
 - ☐ Coal/coke/lignite
 - ☐ Charcoal
 - ☐ Kerosene
 - ☐ Electricity
 - ☐ Liquid petroleum gas (LPG)
 - ☐ Biogas
 - ☐ Other, please specify: _____
 - ☐ No other types
19. What is the main source of lighting for the household?
- ☐ Electricity
 - ☐ Other, please specify: _____
20. Is any of the following air cleaning equipment used in the home (e.g., a filter in a central air conditioning/heating system, a portable purifier)? *Select all that apply.*
- ☐ Activated carbon air cleaner
 - ☐ Electronic air cleaner
 - ☐ HEPA (high efficiency particulate air) filter
 - ☐ Ultraviolet (UV) air purifier
 - ☐ Other, please describe: _____
 - ☐ There is an air cleaner on our central system, but I don't know what kind
 - ☐ Nothing is used to clean the air
 - ☐ I don't know

Home number: _____

21. How many people in each age category currently live in the home? *Please complete the table below.*

Age Category	Number of people
0-12 months	
13 months – 3 years	
4 – 5 years	
6 - 11 year-olds	
12 - 19 year-olds	
20 - 39 year-olds	
40 - 59 year-olds	
60 - 79 year-olds	
79 years +	

22. Do any of the current residents smoke (cigarettes, cigars, etc.)?

- ☐ Yes, daily
- ☐ Yes, a few times a week
- ☐ Yes, a few times a month
- ☐ No
- ☐ Don't know

23. Do smokers who do not live at the home visit the home frequently (i.e., at least once a week)?

- ☐ Yes
- ☐ No
- ☐ Don't know

24. How often are mothballs used in the home?

- ☐ Always
- ☐ Sometimes
- ☐ Never
- ☐ Don't know

25. For each room in the table below, please indicate if any of the following was done in the past year, including how many months ago this work was done. If work was done more than 1 year ago, indicate with an "X":

	Replacing flooring	Sanding/stripping	Painting	Other renovations*
Kitchen				
Living rooms				
Bedrooms				
Bathroom				
Other rooms (describe):				

*If other renovations were done in the last year, please provide additional details about the type of renovations here:

Home number: _____

26. Please indicate in the following table the total number of items within each category that are currently in the home and how many of these were purchased in the last 3 months.

Item	Number of items present	Number of new items purchased within the past 3 months (please do not include second hand items).
Mattress (es)		
Upholstered furniture item (s) (e.g., couch, chair, ottoman)		
Composite wood* dining table		
Composite wood* bed (s)		
Composite wood* dresser(s)		
Composite wood* desk (s)		
Composite wood* accent furniture (<i>i.e. bookcases, coffee/accent tables, entertainment units</i>)		
Other composite wood* product furniture item (s)		
Curtain sets		
Area rug(s)		
Foam floor tiles (<i>often used in children's play areas, home gyms, or workshops</i>)		
Desktop computer (s)		
Laptop computer (s)		
Computer monitor (s) (excluding laptop monitors)		
Computer printer(s)		
3D printer(s)		
Television(s)		
Tablets, cell phones, smart phones or portable media players (<i>i.e. ipod, mp3 player, etc</i>)		

**Note: Composite wood is man-made wood that includes product categories such as hardwood plywood, particle board, and medium density fiberboard (MDF). If a product contains both composite wood items and solid wood, please include it as a composite wood product*

The following questions apply to the period during which monitoring occurred at the home.

27. How many people spent at least 4 hours active (i.e., does not include sleeping) in the home?

28. If air conditioning or heating was used in the home, for approximately how many hours was it used?
If no air conditioning or heating was used, please write "N/A".

_____ hours

29. For approximately how many hours were windows and/or exterior doors open?

_____ hours

30. For approximately how much time was sweeping, dusting or vacuuming done in the home?

_____ minutes

31. Are any of the following items stored/used at the household currently? *Please check all that apply.*

- ☐ Open paints
- ☐ Closed paints
- ☐ Solvents
- ☐ Ink/toner
- ☐ Petrol
- ☐ Diesel
- ☐ Fertilizer
- ☐ Glues
- ☐ Photocopier
- ☐ Fax machines
- ☐ Printers

32. Where were household chemicals (i.e. cleaning products, paints, glues, solvents, gasoline) stored during the monitoring period? *Please check all that apply.*

- ☐ Attached garage
- ☐ Detached garage or shed
- ☐ Basement
- ☐ Laundry room
- ☐ Kitchen
- ☐ Bathroom
- ☐ Other, please specify: _____

33. Please complete the following table with information about the meals that were prepared at the home:

Meal type (e.g., breakfast, lunch, tea/snack, dinner)	Approximate time meal preparation began, in 24-hr clock (e.g., 06:30; 13:00)	Approximate duration of meal preparation (in minutes)	Did preparing this meal involve frying (e.g., deep, stir, pan) with oil?	If the stove was used during meal preparation, was an exhaust fan used?
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

34. Were any of the following used inside the home during the monitoring period?

Item (s)	Response		
a. Cigarettes/cigars	No	Yes	I don't know
b. Electronic cigarettes/vaping device	No	Yes	I don't know
c. Water pipe (hookah)	No	Yes	I don't know
d. Candles or incense	No	Yes	I don't know
e. Essential oil diffuser	No	Yes	I don't know
f. Continual release air freshener	No	Yes	I don't know
g. Spray fabric freshener/intermittent air freshener	No	Yes	I don't know
h. Paints	No	Yes	I don't know
i. Wood varnishes	No	Yes	I don't know
j. Grease, gear oils or lubricants	No	Yes	I don't know
k. Glue, adhesive, sealant	No	Yes	I don't know
l. Nail polish or nail polish remover	No	Yes	I don't know
m. Perfumes/body sprays	No	Yes	I don't know
n. Hair spray	No	Yes	I don't know
o. Stand-alone air cleaners	No	Yes	I don't know
p. Pesticides/rodenticide	No	Yes	I don't know
q. Computer printer	No	Yes	I don't know
r. 3D Printer	No	Yes	I don't know

35. Were any of the following cleaning products used inside the home during the monitoring period?

Item (s)		Response		
a.	Bleaches	No	Yes	I don't know
b.	Disinfectants and disinfectant cleaners	No	Yes	I don't know
c.	Tub, tile and sink cleaners	No	Yes	I don't know
d.	Toilet bowl cleaners	No	Yes	I don't know
e.	Glass cleaners	No	Yes	I don't know
f.	Drain openers	No	Yes	I don't know
g.	Hard water mineral removers	No	Yes	I don't know
h.	Multi-surface cleaners	No	Yes	I don't know
i.	Metal cleaners and polishes	No	Yes	I don't know
j.	Oven cleaners	No	Yes	I don't know
k.	Floor cleaners	No	Yes	I don't know
l.	Floor wax	No	Yes	I don't know
m.	Carpet and rug cleaners	No	Yes	I don't know
n.	Upholstery cleaners	No	Yes	I don't know
o.	Dusting products	No	Yes	I don't know
p.	Furniture polishes	No	Yes	I don't know

Thank you for completing this survey! Your time is greatly appreciated.