

FOLLOW-UP HOME INFORMATION QUESTIONNAIRE

ID NUMBER:	□	□	□	□	□	□	□	□	□
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FORM CODE: HIF
 VERSION: 2.0 03/03/2026

Event: _____

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

0b) Staff Code: □ □ □

Instructions: This form should be completed during the participant's clinic visit. Additional occurrences of this form should be completed if a participant moves primary residences and relocates their environmental monitoring equipment. Items 14-24 do not need to be re-asked for a second or later occurrence.

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 study visit?

- No₀ → **Go to 2b**
 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: _____

1b) In what year was the building you live in built? (If you don't know exactly, please provide your best estimate.) □ □ □ □

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

- No₀
 Yes₁ → **Go to 2a**

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2a) Is this garage used for....?

- Parking 1 car₁
- Parking 2 cars₂
- Parking more than 2 cars₃
- Storage only₄

2b) How many hours per day do you spend outdoors?

2b1) In spring hrs

2b2) In summer hrs

2b3) In fall hrs

2b4) In winter hrs

2c) On average, how many hours per day do you spend in your home?

 hrs

2d) How much time per each day do you spend commuting in traffic to work in total (i.e., both ways)?

- None₁
- 1-30 minutes₂
- 30-60 minutes₃
- More than 60 minutes (1 hour)₄
- More than 120 minutes (2 hours)₅

2d1) How many days per week do you commute to work?

 days

Air Conditioning (A/C) and Heating Systems

3) Do you use air conditioning in your residence?

- No₀ → **Go to 4**
- Yes₁

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

- Central₁ → **Go to 3a3**
- Window Units₂
- Other₃ → **Go to 3a2**

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

 → **Go to 3a3**

3a2) If Other, please specify: _____

3a3) How many months out of the year do you use your air conditioner?

 months

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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

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: _____

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

5a) Mechanism:

- Not applicable₁ → **Go to 5c**
- 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: _____

5c) Does your residence have double-paned windows?

- No₀
- Yes₁
- Don't know₂

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

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

- None₁ → **Go to 7**
- All₂
- Some₃

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

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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

Combustion Sources

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

- Gas₁
- Electric₂
- Other₃
- Don't know₄

9a) If Other, please specify: _____

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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 13**
- 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 13**
- Yes₁

12a) How often is the exhaust fan used?

- Never₁ → **Go to 13**
- Occasionally₂
- Most of the time₃
- Every time the stove or oven is used₄
- Other₅

12a1) If Other, please specify: _____

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: _____

13) Inside your residence is there a pilot light on the....

(If you do not have the item in your residence, check "No.") (check only one for each item):

13a) Gas range

- No₀
- Yes₁
- Don't know₂

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13b) Oven

- No₀
- Yes₁
- Don't know₂

13c) Clothes dryer

- No₀
- Yes₁
- Don't know₂

13d) Water heater

- No₀
- Yes₁
- Don't know₂

13e) Furnace

- No₀
- Yes₁
- Don't know₂

13f) Other

- No₀
- Yes₁
- Don't know₂

13f1) Other specified: _____

13g) Is this the first occurrence of the HIF form?

- No₀ → **Go to End**
- Yes₁ → **Go to 14**

Location/Activities

14) Do you usually spend 2 hours or more per day or 10 hours or more per week at a single location (working, school, volunteering, socializing, etc.) or doing a specific activity away from your household?

- No₀ → **Go to 19**
- Yes₁

15) Do you go to a specific address at this location?

- No₀ → **Go to 16**
- Yes₁

15a) If you go to a specific location, what is the street address? Please give a physical address, not a PO Box.

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15a1) Street: _____

15a2) City: _____

15a3) State:

15a4) Zip Code: -

16) Is this an indoor or outdoor location?

Indoor₁

Outdoor₂

The next two items will ask you about the location or activity you referred to in the item above.

17) What do you do at this location?

School₁

Work₂

Volunteer₃

Other₄

17a) Other specified: _____

18) On average, how many hours per week do you go there or perform the activity?

1-10 (1-2 hours per day)₁

11-20 (3-4 hours per day)₂

21-35 (5-7 hours per day)₃

36-45 (about 8 hours per day)₄

>45 (more than 8 hours per day)₅

Activity Information

We are now going to talk about how you spend time indoors and outdoors.

19) In a typical **winter** week (**Dec – Feb**), about how much time do you spend in each of the following locations:

19a) **Home indoors** (inside the house)

19a1) Days per week: _____

19a2) Hours per day: _____

19b) **Non-Home Indoors** (i.e., work, school, volunteer activity, etc.) at any location other than your house

19b1) Days per week: _____

19b2) Hours per day: _____

19c) **Outdoors** (outside or in a vehicle i.e., car, bus, train, walk or bike near traffic, etc.)

19c1) Days per week: _____

19c2) Hours per day: _____

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Confirm that hours spent in a day added up to a total of 24 hours OR 168 hrs per week. If hours add to more than 24/day, please check participant response.

20) Is the amount of time you spend in these locations the same in the summer as in the winter?

No₀

Yes₁ → **Go to 23**

21) In a typical **summer** week (**Jun – Aug**), about how much time do you spend in each of the following locations:

21a) **Home indoors** (inside the house)

21a1) Days per week: _____

21a2) Hours per day: _____

21b) **Non-Home Indoors** (i.e., work, school, volunteer activity, etc.) at any location other than your house

21b1) Days per week: _____

21b2) Hours per day: _____

21c) **Outdoors** (outside or in a vehicle i.e., car, bus, train, walk or bike near traffic, etc.)

21c1) Days per week: _____

21c2) Hours per day: _____

Confirm that hours spent in a day added up to a total of 24 hours OR 168 hrs per week. If hours add to more than 24/day, please check participant response.

22) We will assume that all of the time not otherwise specified above is spent at home indoors in a typical **summer** week (**Jun – Aug**) (including sleeping). Does that sound right?

No₀ → **Go to 22a**

Yes₁

22a) Comment: _____

Secondary Residence

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

No₀ → **Go to End**

Yes₁

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

24a) Street: _____

24b) City: _____

24c) State:

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24d) Zip Code: -

END OF FORM