

## PURPLE AIR (INDOOR AND OUTDOOR) RELOCATION

ID NUMBER:										
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FORM CODE: PRF  
 VERSION: 1.0 03/05/2026

Event: \_\_\_\_\_

0a) Date of Collection:   /   /

0b) Staff Code:

**Instructions:** This form should be completed during the participant's Purple Air Device Relocation Set Up Call when the participant has moved primary residences since the Purple Air Device(s) were set up at the participant's previous primary residence. The PRT and PTC should still be completed when the Purple Air Device(s) data collection is completed and the devices are being returned to the Environmental Core.

1) Did the participant relocate the Indoor Purple Air device at a new primary residence since the device was initially set up and recorded in the PAS?

- No<sub>0</sub> → **Go to 10**  
 Yes<sub>1</sub>

**Instructions:** Ask the participant the date and approximate time the Indoor Purple Air was unplugged at the participant's previous residence.

2) Indoor Purple Air stop date at previous residence:   /   /

3) Indoor Purple Air approximate stop time at previous residence:   :   AM<sub>1</sub> / PM<sub>2</sub>

**Instructions:** Follow the same procedures for Purple Air device set up that were followed when the PAS was completed.

4) Did you set up the Indoor Purple Air device according to instructions received before this phone call?

- No<sub>0</sub> → **Go to 7**  
 Yes<sub>1</sub>

5) In what room in your home did you place the Indoor Purple Air device?

- Bedroom<sub>1</sub>  
 Kitchen<sub>2</sub>  
 Living / Family Room<sub>3</sub>  
 Basement<sub>4</sub>  
 Dining Room<sub>5</sub>  
 Study / Den / Office<sub>6</sub>

Other<sub>7</sub>

5a) Other, please be specific: \_\_\_\_\_

6) Is this the room where you spend most of your time while you are awake?

No<sub>0</sub>

Yes<sub>1</sub> → **Go to 8**

7) In what room in your home do you spend most of your time while you are awake?

Bedroom<sub>1</sub>

Kitchen<sub>2</sub>

Living / Family Room<sub>3</sub>

Basement<sub>4</sub>

Dining Room<sub>5</sub>

Study / Den / Office<sub>6</sub>

Other<sub>7</sub>

7a) Other, please be specific: \_\_\_\_\_

**Instructions:** Ask the participant to place (or move) the Indoor Purple Air device in the room indicated in question 7 above. If the participant set up the Indoor Purple Air device before this set up call, complete questions 8 and 9 below by asking the participant when they set it up. If they did not set up the Indoor Purple Air device before this set up call, then enter the current date and time in questions 8 and 9.

8) Indoor Purple Air start date:   /   /

9) Indoor Purple Air approximate start time:   :   AM<sub>1</sub> / PM<sub>2</sub>

10) Participant was shipped or given the Outdoor Purple Air device.

No<sub>0</sub> = PAT item 4 = No → **Go to END**

Yes<sub>1</sub> = PAT item 4 = Yes

11) Did the participant relocate the Outdoor Purple Air device at a new primary residence since the device was initially set up and recorded in the PAS?

No<sub>0</sub> → **Go to END**

Yes<sub>1</sub>

**Instructions:** Ask the participant the date and approximate time the Outdoor Purple Air was unplugged at the participant's previous residence.

12) Outdoor Purple Air stop date at previous residence:   /   /

13) Outdoor Purple Air approximate stop time at previous residence:   :   AM<sub>1</sub> / PM<sub>2</sub>

14) Did you set up the Outdoor Purple Air device according to instructions received before this phone call?

No<sub>0</sub>

Yes<sub>1</sub> → **Go to 16**

15) Do you have outdoor power in a secure place on the exterior of your home for the Outdoor Purple Air device?

No<sub>0</sub> → **INSTRUCT PARTICIPANT NOT TO SET UP OUTDOOR PURPLE AIR DEVICE; END OF FORM**

Yes<sub>1</sub>

***Instructions:*** If the participant set up the Outdoor Purple Air device before this set up call, complete questions 16 and 17 by asking the participant when they set it up. If they did not set up the Outdoor Purple Air before this set up call, have them do so now and enter the current date and time in questions 16 and 17.

16) Outdoor Purple Air device start date:   /   /

17) Outdoor Purple Air device approximate start time:   :   AM<sub>1</sub> / PM<sub>2</sub>

**END OF FORM**