

**Multi-Ethnic Study of Atherosclerosis
Follow Up 13**



Home Information Questionnaire

Interviewer Administered

Participant ID#:

Acrostic:

Date:

Month

Day

Year

The information you provide on this form will allow us to study how the structure and location of your home are related to your exposure to air pollutants. All responses are voluntary.

Section 1: Traffic Questions

The first few questions will ask about your travel time during the day.

1. On average, how many hours each day do you spend doing the following during your travel time:

a. walking or biking hours minutes

b. in a private car or taxi hours minutes

c. on a bus hours minutes

d. on a train or subway hours minutes

e. other hours minutes please specify:

2. On average, what percent of your travel time do you spend on or next to:

Participant does not leave home in a typical week (Skip to Question 3)

Freeways, expressways, highways, toll roads, etc. %

Other major, heavily traveled roads or streets %

Residential or lightly traveled roads, streets, or paths %

3. What traffic condition best describes the majority of your travel time during the day?

- Light traffic, moving at the speed limit
- Heavy traffic, moving below the speed limit
- Congested or "stop and go"
- Heavy traffic, moving at or above the speed limit
- Not applicable

The next two questions ask you about streets near your home. Please answer for the busiest street next to your home, where there is no building between your home and the street.

4. Are your bedroom windows facing an:

- Alley
- Side street with low traffic
- Side street with considerable traffic
- Busy road
- Highway
- No street

5. Are your living room windows facing an:

- Alley
- Side street with low traffic
- Side street with considerable traffic
- Busy road
- Highway
- No street

Section 2: Secondary Residence Characteristics

6. Do you spend more than four weeks per year living at another address (secondary residence)?

- Yes →
 - No
- (Skip to Question 10)**

6a. How many weeks per season do you spend at your secondary residence during:

Winter (Dec. - Feb.):

Spring (Mar-May):

Summer (Jun-Aug):

Fall (Sep-Nov):

Total Weeks:

6b. For interviewer only: Is total weeks at secondary residence 8 weeks or more?

- Yes → **Go to question 7**
- No → **Go to question 10**

The next few questions ask about the structure and characteristics of your secondary residence.

7. Do you use air conditioning in your residence?

- Yes →
- No **(Skip to Question 8)**

7a. What type of air conditioning does your residence have?

- Central A/C
- Window unit(s). How many of them are there?
- Other, please specify:

7b. How often was the air conditioning used in the past July?

- Not used at all
- A few days a month
- More than half of the days of the month, but less than daily
- Almost daily (thermostat used also)
- Other, please specify:

7c. How often was the air conditioning used in the past January?

- Not used at all
- A few days a month
- More than half of the days of the month, but less than daily
- Almost daily
- Other, please specify:

8. Please indicate the number of windows you usually had open in your secondary residence in the past summer and winter and how often you usually left the windows open.

8a. In **SUMMER** (Jun. - Aug.): How many windows did you usually have open?

- None
- All
- Some

8b. In **WINTER** (Dec.- Feb.): How many windows did you usually have open?

- None
- All
- Some

9. Is an air cleaner/filter used in your residence (stand-alone or central)?

- Yes →
- No
(Skip to Question 10)
- Don't know
(Skip to Question 10)

9a. What type of air cleaner/filter is used? (please check all that apply)

- HEPA filter
- Electrostatic precipitator
- Negative ion generator
- Ozone generator
- Regular or fiberglass furnace filter
- Don't know
- Other, please specify:

9b. How often is the air cleaner/filter used?

- Never
- A few days a month
- More than half of the days of the month, but less than daily
- Every day or nearly every day
- Don't know

Section 3: Primary Residence Characteristics

The next questions refer to your primary residence.

10. What type of building do you live in?

- Single family or free-standing **(Skip to Question 11)**
- Manufactured home/mobile home **(Skip to Question 11)**
- Row house/townhouse/brownstone →
- Duplex/triplex, free-standing →
- High rise apartment/condo/co-op (4 floors or more) →
- Low rise apartment/condo/co-op (1-3 floors) →
- Other, please specify:

10a. What floor do you live on?

- Basement
- Ground floor
- Second floor
- Third floor or higher. Which floor?

11. What is the approximate age of your building?

Age of building: or Year built:

12. Is there an attached garage or an underneath garage in your building?

- Yes →
- No **(Skip to Question 13)**

12a. Is this garage used for (choose one):

- Parking one car
- Parking two cars
- Parking more than two cars
- Storage only
- Other, please specify:

13. Do you use air conditioning in your residence?

- Yes →
- No **(Skip to Question 14)**

13a. What type of air conditioning does your residence have?

- Central A/C
- Window unit(s). How many of them are there?
- Other, please specify:

13b. How often was the air conditioning used in the past July?

- Not used at all
- A few days a month
- More than half of the days of the month, but less than daily
- Almost daily (thermostat used also)
- Other, please specify:

13c. How often was the air conditioning used in the past January?

- Not used at all
- A few days a month
- More than half of the days of the month, but less than daily
- Almost daily
- Other, please specify:

14. Is an air cleaner/filter used in your residence (stand-alone or central)?

- Yes →
- No **(Skip to Question 15)**
- Don't know **(Skip to Question 15)**

14a. What type of air cleaner/filter is used? (please check all that apply)

- HEPA filter
- Electrostatic precipitator
- Negative ion generator
- Ozone generator
- Regular or fiberglass furnace filter
- Don't know
- Other, please specify:

14b. How often is the air cleaner/filter used?

- Never
- A few days a month
- More than half of the days of the month, but less than daily
- Every day or nearly every day
- Don't know

15. What are the heating sources used in your residence? Please tell me of any that are used at least once a month.

	Yes	No	Don't know
Radiators (steam or hot water)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Forced air (vents)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Electric space heater	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Baseboard heat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gas space heater	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Kerosene space heater	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wood burning stove	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fireplace	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Open stove	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Other, please specify <input style="width: 200px;" type="text"/>			

16. Does your residence have double pane windows?

- Yes →
- No **(Skip to Question 17)**
- I don't know **(Skip to Question 17)**

16a. Are there double pane windows on all, most, or a few of your windows?

- All
- Most
- A Few

17. Please indicate the number of windows you usually had open in your residence in the past summer and winter and how often you usually left the windows open.

In **SUMMER** (Jun. - Aug.):

17a. How many windows did you usually have open?

- None **(Skip to Question 17c)**
- All
- Some

17b. How often did you open windows?

- A few days a month
- More than half of the days of the month, but less than daily
- Almost daily
- Other, please specify:

In **WINTER** (Dec. - Feb.):

17c. How many windows did you usually have open?

- None **(Skip to Question 18)**
- All
- Some

17d. How often did you open windows?

- A few days a month
- More than half of the days of the month, but less than daily
- Almost daily
- Other, please specify:

Section 4: Activity

18. 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?

- Yes
- No **————→ Skip to Question 26**

19. The next few questions refer to the activity that you perform 2 hours or more per day, or 10 hours or more per week. If you go to a specific location for your activity, what is the street address? (Please give physical address; no PO Box)

Not Applicable; I do not go to a specific location. **(Skip to Question 21)**

Street

City

State

ZIP

19a. Is this an indoor location or an outdoor location?

- Indoor location
- Outdoor location

20. What do you do at this location?

- School **(Skip to Question 21)**
- Work →
- Volunteer →
- Other, please specify:

20a. Briefly describe the industry you work or volunteer in:

20b. Briefly describe your activities when you work or volunteer:

20c. Are you regularly exposed there to vapors, gases, dusts, or fumes?

- Yes
- No

21. How many people smoke when they are in your immediate work or volunteer area or during your specified activity?

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Interviewer: Did the Participant give a specific indoor location for Question 19? (i.e. does the participant work/volunteer or perform an indoor activity for more than 2 hours per day or 10 hours per week?)

- If yes, continue with question 22
- If no, skip to Question 26.

You previously answered that you work, volunteer, or do an activity indoors. The next questions ask for information on the characteristics of the building at that location.

22. What type of building do you go to?

- Small residential style building (3 floors or fewer)
- Small retail style business (strip mall, neighborhood store, etc.)
- Large retail style building (large mall, etc.)
- Office-type building (low or high-rise)
- Industrial or warehouse
- Other, please specify:

23. Does the building use mechanical or natural ventilation?

- Mechanical (for example, central heating and/or air conditioning)
- Natural (for example, open windows and doors)
- Both
- Other, please specify:
- Don't know

24. Is there a parking garage or underground garage in your building?

- Yes
- No
- Don't know

25. If the building uses windows and doors for ventilation when you are there, how often are the windows or doors open during:

	Never (0%)	Almost Never (25%)	Sometimes (50%)	Often (75%)	Always (100%)
Winter (Dec - Feb):	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Summer (Jun - Aug):	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Building does not use window and doors for ventilation					

Section 5: Time/Location

26. We are now going to talk about how you typically spend your time in the summer and in the winter. The information you describe in the next questions will be used to estimate your exposure to indoor and outdoor air pollution from different locations. While no one does exactly the same thing each and every week, try to think about the habits and routines you have, on average. With that in mind, let's start with a typical week in the winter, December through February. Let's begin with Sunday. On most Sundays in the winter, do you leave your house, including just going outside in your yard or patio? If so, what time do you usually leave your house on a Sunday?

27. Is the amount of time you spend indoors and outdoors daily the same in the summer as in the winter?

- Yes **————→ END of questionnaire**
- No **————→ Go to question 28**

28. Now think about the activities you do or the places that you usually visit in an average week during the summer, June through August. Again, let's start with Sunday. On most Sundays in the summer, do you leave your house, including just going outside in your yard or patio? If so, what time do you usually leave your house on a Sunday during the summer?