

# Multi-Ethnic Study of Atherosclerosis



Home Information Questionnaire  
For ALL subjects in the MESA Air cohort  
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. Completion of the Home Information Questionnaire takes approximately 20 minutes. All responses are voluntary.

## A. Location Characteristics

Participant's  
Address:

1. Is the address, listed above, your primary physical street address?

- Yes (Skip to Question 2, if the address above is not a PO Box, otherwise continue to Question 1a.)
- No

1a. What is your street address?  
(please give physical address; no  
PO Box)

Street

City

State

ZIP

## B. Building Characteristics

2. What type of building do you live in?

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

2a. What floor do you live on?

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

3. What is the approximate age of your building?

Age of building:

or Year built:

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

- Yes →
- No **(Skip to Question 5)**

4a. Is this garage used for (choose one):

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

**C. Air Conditioning (A/C) and Heating Systems**

5. Do you use air conditioning in your residence?

- Yes →
- No **(Skip to Question 6)**

5a. What type of air conditioning does your residence have?

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

5b. 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 use also)
- Other, please specify:

5c. 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:

6. Approximately how cool do you keep your residence in the summer during the day and over night?

During the day (when at home): Temperature:     degrees F  degrees C

During the night: Temperature:     degrees F  degrees C

7. What are the heating sources used in your residence? Please check all 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: 300px; height: 20px;" type="text"/>		

8. Approximately how warm do you keep your residence in the winter during the day and over night?

During the day (when at home): Temperature:     degrees F  degrees C

During the night: Temperature:     degrees F  degrees C

9. Does your residence have storm windows?

- Yes →
- No **(Skip to Question 10)**
- I don't know **(Skip to Question 10)**

**9a.** Do you use storm windows on all, most, or a few of your windows during any season?

- All
- Most
- A Few

10. Does your residence have double pane windows?

- Yes →
- No **(Skip to Question 11)**
- I don't know **(Skip to Question 11)**

**10a.** Are there double pane windows on all, most, or a few of your windows?

- All
- Most
- A Few

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

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

- 11a. How many windows did you usually have open?

- None **(Skip to Question 11d)**  
 All  
 Some

- 11b. On average, how open were they?

- Cracked open (10% or less)  
 Partially open (11 - 20%)  
 Halfway open (21 - 50%)  
 Mostly open (51 - 80%)  
 Wide open (more than 80%)

- 11c. 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.):

- 11d. How many windows did you usually have open?

- None **(Skip to Question 12)**  
 All  
 Some

- 11e. On average, how open were they?

- Cracked open (10% or less)  
 Partially open (11 - 20%)  
 Halfway open (21 - 50%)  
 Mostly open (51 - 80%)  
 Wide open (more than 80%)

- 11f. 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:

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

- Yes →
- No  
(Skip to Question 13)

12a. 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:

12b. 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

**D. Combustion Sources**

13. What type of oven is used in your household?

- Gas
- Electric
- Don't know
- Other, please specify:

14. What type of stove or range is used in your household?

- Gas
- Electric
- Don't know
- Other, please specify:

15. How often do you or does someone else cook in your residence?

- Never
- A few days a month
- More than half of the days of the month, but less than daily
- Almost daily
- Other, please specify:

16. Is there an exhaust fan over the cooking stove, range, oven, or elsewhere in the kitchen area?

- Yes →
- No **(Skip to Question 17)**
- Not Applicable, no cooking area in residence **(Skip to Question 17)**

16a. How often is the fan used during cooking?

- Never **(Skip to Question 17)**
- Occasionally
- Most of the time
- Every time the stove or the oven is used
- Other, please specify:

16b. Where does this fan exhaust the air?

- Kitchen exhaust vented outside
- Recirculation back to kitchen
- Don't know
- Other, please specify:

17. Inside your residence is there a pilot light on a (please check all that apply):

- Gas range:     Yes     No     Don't know
- Oven:          Yes     No     Don't know
- Clothes dryer:  Yes     No     Don't know    If yes, location of dryer:
- Water heater:   Yes     No     Don't know    If yes, location of water heater:
- Furnace:        Yes     No     Don't know    If yes, location of furnace:
- Other, please specify

18. Did anyone smoke in your residence in the past 12 months (this includes you)?

- Yes →
- No **(Skip to Question 19)**
- Don't know **(Skip to Question 19)**

18a. On average, how often did someone smoke in your residence in the past 12 months?

- Less than once a month
- A few days each month
- More than half of the days of the month, but less than daily
- Every day or almost every day

18b. On average, how many cigarettes per day were smoked in the residence by each smoker in the past 12 months?

- Smoker 1:   cigarette(s) per day
- Smoker 2:   cigarette(s) per day
- Smoker 3:   cigarette(s) per day

18c. On average, how many cigars per day were smoked in the residence by each smoker in the past 12 months?

- Smoker 1:   cigar(s) per day
- Smoker 2:   cigar(s) per day

19. On average, how often would you say you were exposed to tobacco smoke (either your own smoke or secondhand smoke) in the past 12 months? (This includes both in your residence and at other places)
- Never
  - A few days each month
  - More than half of the days of the month, but less than daily
  - Daily

**E. Secondary Residence**

20. Do you spend more than four weeks per year living at another address (secondary residence)?
- Yes
  - No **(Skip to Question 23)**

21. What is the street address? Please give physical address; no PO Box.

Street

City State ZIP Country

22. How many weeks per season do you spend there during:

Winter (Dec. - Feb.):

Spring (Mar-May):

Summer (Jun-Aug):

Fall (Sep-Nov):

**F. Location/Activities**

23. 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?

- No **(Skip to Question 29)**
- Yes

24. If you go to a specific location, 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 26)**

Street

City State ZIP

- 24a. Is this an indoor location or an outdoor location?

- Indoor location
- Outdoor location

**QUESTIONS 25 through 28 WILL ASK YOU ABOUT THE LOCATION OR ACTIVITY YOU REFERRED TO IN QUESTION #23.**

25. What do you do at this location?

- School **(Skip to Question 28)**
- Work —————→
- Volunteer —————→
- Other, please specify:


25a. Briefly describe the industry you work or volunteer in:


25b. Briefly describe your activities when you work or volunteer:


25c. Are you regularly exposed there to vapors, gases, dusts, or fumes?

- Yes
- No

26. On average, how many days per week do you go there or perform the activity?

- 1
- 2
- 3
- 4
- 5
- 6
- 7

27. On average, how many hours per day do you usually spend at the location or performing the activity?

- 1-2
- 3-4
- 5-6
- 7-8
- More than 8

28. How many of the people smoke when they are in your immediate work/volunteer area or during your specified activity?

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29. 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:



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

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

Other major, heavily traveled roads or streets    %

Residential or lightly traveled roads, streets, or paths    %

31. 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
- N/A, I travel by train or subway

**G. Activity Information**

We are now going to talk about how you spend time on different days of the week in terms of time spent indoors and outdoors.

32. What days of the week do you consider your "weekends"?

- Sunday
- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday
- Not Applicable. Everyday is different.

33. What days of the week do you consider to be your typical "weekdays"?

- Sunday
- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday
- Not applicable; everyday is different

*Interviewers: Use the answers in 32 and 33 above to complete questions 34 and 36. On a typical weekend day, how much time does the participant spend in each of the following locations? On a typical weekday how much time does the participant spend in each of the following locations? Use the "same as" option if two or more days are identical.*

34. Please indicate the number of hours you typically spend each day in the following locations in the winter (Dec. - Feb.) (estimate to the nearest hour).

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

NUMBER OF HOURS EACH DAY								
CODE	LOCATION DESCRIPTION	SUN or Typical Weekend Day	MON or typical Weekday	TUES	WED	THURS	FRI	SAT
	<b>SAME AS:</b>	<input type="radio"/> Sun <input type="radio"/> Mon <input type="radio"/> Tues <input type="radio"/> Wed <input type="radio"/> Thurs <input type="radio"/> Fri <input type="radio"/> Sat	<input type="radio"/> Sun <input type="radio"/> Mon <input type="radio"/> Tues <input type="radio"/> Wed <input type="radio"/> Thurs <input type="radio"/> Fri <input type="radio"/> Sat	<input type="radio"/> Sun <input type="radio"/> Mon <input type="radio"/> Tues <input type="radio"/> Wed <input type="radio"/> Thurs <input type="radio"/> Fri <input type="radio"/> Sat	<input type="radio"/> Sun <input type="radio"/> Mon <input type="radio"/> Tues <input type="radio"/> Wed <input type="radio"/> Thurs <input type="radio"/> Fri <input type="radio"/> Sat	<input type="radio"/> Sun <input type="radio"/> Mon <input type="radio"/> Tues <input type="radio"/> Wed <input type="radio"/> Thurs <input type="radio"/> Fri <input type="radio"/> Sat	<input type="radio"/> Sun <input type="radio"/> Mon <input type="radio"/> Tues <input type="radio"/> Wed <input type="radio"/> Thurs <input type="radio"/> Fri <input type="radio"/> Sat	<input type="radio"/> Sun <input type="radio"/> Mon <input type="radio"/> Tues <input type="radio"/> Wed <input type="radio"/> Thurs <input type="radio"/> Fri <input type="radio"/> Sat
1	Home <b>indoors</b> (including sleeping)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Home <b>outdoors</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	Work, volunteer, school, <b>indoors</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	Work, volunteer, school, <b>outdoors</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	In transit (car, bus, train, bike, walk, etc.)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6	Other <b>indoor</b> places	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7	Other <b>outdoor</b> places	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>Interviewer should total the hours</i>	<b>TOTAL</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>Interviewer to complete if the total does not equal 24 hours</i>	<b>Did you round?</b>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

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

- Yes
- No

Interviewers: Use the answer to question 35 above to complete question 36 below. If the amount of time the participant spends in each category for each day is identical in the winter and summer, complete question 36 after the interview using the answers from question 34.

36. Please indicate the number of hours you typically spend each day in the following locations in the summer (Jun. - Aug.) (estimate to the nearest hour).

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

NUMBER OF HOURS EACH DAY								
CODE	LOCATION DESCRIPTION	SUN	MON	TUES	WED	THURS	FRI	SAT
	<b>SAME AS:</b>	<input type="radio"/> Sun <input type="radio"/> Mon <input type="radio"/> Tues <input type="radio"/> Wed <input type="radio"/> Thurs <input type="radio"/> Fri <input type="radio"/> Sat	<input type="radio"/> Sun <input type="radio"/> Mon <input type="radio"/> Tues <input type="radio"/> Wed <input type="radio"/> Thurs <input type="radio"/> Fri <input type="radio"/> Sat	<input type="radio"/> Sun <input type="radio"/> Mon <input type="radio"/> Tues <input type="radio"/> Wed <input type="radio"/> Thurs <input type="radio"/> Fri <input type="radio"/> Sat	<input type="radio"/> Sun <input type="radio"/> Mon <input type="radio"/> Tues <input type="radio"/> Wed <input type="radio"/> Thurs <input type="radio"/> Fri <input type="radio"/> Sat	<input type="radio"/> Sun <input type="radio"/> Mon <input type="radio"/> Tues <input type="radio"/> Wed <input type="radio"/> Thurs <input type="radio"/> Fri <input type="radio"/> Sat	<input type="radio"/> Sun <input type="radio"/> Mon <input type="radio"/> Tues <input type="radio"/> Wed <input type="radio"/> Thurs <input type="radio"/> Fri <input type="radio"/> Sat	<input type="radio"/> Sun <input type="radio"/> Mon <input type="radio"/> Tues <input type="radio"/> Wed <input type="radio"/> Thurs <input type="radio"/> Fri <input type="radio"/> Sat
1	Home <b>indoors</b> (including sleeping)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Home <b>outdoors</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	Work, volunteer, school, <b>indoors</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	Work, volunteer, school, <b>outdoors</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	In transit (car, bus, train, bike, walk, etc.)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6	Other <b>indoor</b> places	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7	Other <b>outdoor</b> places	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>Interviewer should total the hours</i>	<b>TOTAL</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>Interviewer to complete if the total does not equal 24 hours</i>	<b>Did you round?</b>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Interviewer: Did the Participant give a specific indoor location for Question 24? (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 37.
- If no, stop. End of questionnaire.

In Questions 24 and 24a, you 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.

37. 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 describe:

38. Does the building use mechanical or natural (windows) ventilation?

- Mechanical (e.g., central heating and/or air conditioning)
- Natural (e.g., open windows and doors)
- Both
- Other, please describe:
- Don't know

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

- Yes
- No
- Don't know

40. 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"/>

For MESA Field Center Use Only:

Administered:  In Clinic  Via Telephone

Interviewer ID:




Reviewer ID:




Data Entry ID: