



Exam 7 Environmental Exposures Questionnaire

Participant ID #:
 Acrostic:
 Technician ID:
 Date: / /
 Month Day Year

Section A: Primary Residence Characteristics

The following questions will help MESA investigators understand how the structure and location of your home are related to your exposure to air pollution.

The first set of questions refer to your primary residence.

1. What type of building do you live in?

- Single family or free-standing → **Skip to Question 2**
- Manufactured home/mobile home → **Skip to Question 2**
- 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: _____

1a. What floor do you live on?

- Basement
- Ground floor
- Second floor
- Third floor or higher

1b. Which floor? _____

2. Do you use air conditioning in your residence?

- Yes →
- No → **Skip to Question 3**

2a. What type of air conditioning does your residence have?

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

2b. 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: _____



Exam 7

Environmental Exposures Questionnaire

2c. 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 (thermostat used also)
- Other, please specify: _____

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

- Yes _____ →
- No → **Skip to Question 4**
- Don't know → **Skip to Question 4**

3a. 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: _____

3b. 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



Exam 7

Environmental Exposures Questionnaire

4. 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: _____			

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.

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

5a. How many windows did you usually have open?

- None → Skip to Question 6 (Winter)
- All
- Some

5b. 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:



Exam 7

Environmental Exposures Questionnaire

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

6a. How many windows did you usually have open?

- None → **Skip to Question 7 (Secondary residence)**
- All
- Some

6b. 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 B: Secondary Residence

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

- Yes →
- No

7a. 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:

7b. Is total weeks at secondary residence 8 weeks or more?

- Yes → **Go to Question 8**
- No → **Go to Question 12**



Exam 7 Environmental Exposures Questionnaire

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

8. Do you use air conditioning in this residence?

- Yes _____ →
- No → **Skip to Question 9**

8a. What type of air conditioning does this residence have?

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

8b. 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: _____

8c. 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 (thermostat used also)
- Other, please specify: _____

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

- None
- All
- Some

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

- None
- All
- Some



Exam 7

Environmental Exposures Questionnaire

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

- Yes _____ →
- No → **Skip to Question 12**
- Don't know → **Skip to Question 12**

11a. 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: _____

11b. 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 C: Transportation and Commuting

12. Do you commute, or otherwise travel, more than two days per week?

- Yes
- No → **Skip to Question 16**

13. 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: _____



Exam 7

Environmental Exposures Questionnaire

14. 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 %

15. 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

Section D: Location and Activities

16. 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 19**

17. Is this an indoor location or an outdoor location?

- Indoor location
- Outdoor location → **Skip to Question 19**

18. What do you do at this location?

- School → **Skip to Question 19**
- Work →
- Volunteer →
- Hobby
- Other, please specify: _____

18a. Briefly describe the industry you work or volunteer in:

18b. Briefly describe your activities when you work or volunteer:

18c. Are you regularly exposed there to vapors, gases, dusts, or fumes?

- Yes
- No



Exam 7

Environmental Exposures Questionnaire

19. Approximately what number of hours per day do you spend outdoors in each of the following four seasons?

Winter (Dec. - Feb.):

Spring (Mar-May):

Summer (Jun-Aug):

Fall (Sep-Nov):

Section E: Hobbies

20. Do you engage in any of the following hobbies or interests?

	Yes	No	Don't know
Jewelry making or repair	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stained glass making	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Soldering/welding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pottery and ceramics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Make, cut, or set tile	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recycle or fix batteries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Motor vehicle repair	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hunt with guns, firearm practice and/or cast bullets	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Exam 7

Environmental Exposures Questionnaire

Section F: Food Frequency Questionnaire

21. Now I'm going to ask you, on average, how often you've eaten certain foods during the past year. Your choices will be never, a few times a year, 2-3 times a month, once a week, twice a week, 3-4 times a week, 5-6 times a week, or every day.

	Never	A few times a year	2-3 times a month	Once a week	Twice a week	3-4 times a week	5-6 times a week	Every day
Apple juice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Grape juice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pear juice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
White rice or dishes made with white rice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Brown rice or dishes made with brown rice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rice milk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rice syrup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rice cereal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Liver	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Kidney meats	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spinach, lettuce, other green leafy vegetable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

22. Questionnaire completed by:

- Participant
- Proxy