Instructions: Complete sections 1 and/or 2 for the participant’s home according to the responses on the MESA Air Trigger questionnaire.

Check here if Air Questionnaire is completed by a proxy

Section 1: Home Characteristics

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/coop (4 floors or more)
   - Low rise apartment/condo/coop (1-3 floors)
   - Other, please specify:

1a. What floor do you live on?
   - Basement
   - Ground floor
   - Second floor
   - Third floor or higher. Which floor?

2. What is the approximate age of your building?
   Age of building: [ ] [ ] [ ] or Year built: [ ] [ ] [ ]

3. Is there an attached garage or an underneath garage in your building?
   - Yes
   - No (Skip to Question 4)

3a. Is this garage used for: (Choose one)
   - Parking one car
   - Parking two cars
   - Parking more than two cars
   - Storage only
   - Other, please specify:

Affix ID Label Here
4. Do you use air conditioning in your residence?

- Yes
- No  (Skip to Question 5)

4a. What type of air conditioning does your residence have?

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

4b. 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:

4c. 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:

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

- During the day (when at home): Temperature: [ ] [ ]  o degrees F  o degrees C
- During the night: Temperature: [ ] [ ]  o degrees F  o degrees C

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

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Don't know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Radiators (steam or hot water)</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>Forced air (vents)</td>
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<td>o</td>
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<tr>
<td>Electric space heater</td>
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<td>Baseboard heat</td>
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<td>Kerosene space heater</td>
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<td>Wood burning stove</td>
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<td>Fireplace</td>
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<td>Open stove</td>
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<td>o</td>
</tr>
<tr>
<td>Other, please specify</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Follow-Up 12 Air Questionnaire -- Page 3

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

- During the day (when at home): Temperature: [ ] [ ] °F °C
- During the night: Temperature: [ ] [ ] °F °C

8. Does your residence have storm windows?

- Yes
- No (Skip to Question 9)
- I don't know (Skip to Question 9)

8a. Do you use storm windows on all, most, or a few of your windows during any season?

- All
- Most
- A Few

9. Does your residence have double pane windows?

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

9a. Are there double pane windows on all, most, or a few of your windows?

- All
- Most
- A Few

10. 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.):

10a. How many windows did you usually have open?

- None (Skip to Question 10d)
- All
- Some

10b. 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%)

10c. 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.):

**10d.** How many windows did you usually have open?
- None  
- All  
- Some

**10e.** 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%)

**10f.** 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:

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

- Yes
- No  

**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
12. What type of oven is used in your household?
   - Gas
   - Electric
   - Don't know
   - Other, please specify:

13. What type of stove or range is used in your household?
   - Gas
   - Electric
   - Don't know
   - Other, please specify:

14. 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:

15. Is there an exhaust fan over the cooking stove, range, oven, or elsewhere in the kitchen area?
   - Yes
   - No (Skip to Question 16)
   - Not Applicable, no cooking area in residence (Skip to Question 16)

15a. How often is the fan used during cooking?
   - Never (Skip to Question 16)
   - Occasionally
   - Most of the time
   - Every time the stove or the oven is used
   - Other, please specify:

15b. Where does this fan exhaust the air?
   - Kitchen exhaust vented outside
   - Recirculation back to kitchen
   - Don't know
   - Other, please specify:
Inside your residence is there a pilot light on a:

- 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:

- Furnace:  
  - Yes
  - No
  - Don't know
  - If yes, location of furnace:

- Other, please specify:

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End Section 1- go to next section or End on General Health Form

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**Section 2: Location/Activities**

17. 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  
  - Yes  

18. 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.  

  Street

  City

  State

  ZIP

18a. Is this an indoor location or an outdoor location?

  - Indoor location
  - Outdoor location
THE NEXT FEW QUESTIONS WILL ASK YOU ABOUT THE LOCATION OR ACTIVITY YOU MENTIONED IN THE LAST QUESTION.

19. What do you do at this location?
   - School (Skip to Question 22)
   - Work
   - Volunteer
   - Other, please specify:

19a. Briefly describe the industry you work or volunteer in:

19b. Briefly describe your activities when you work or volunteer:

19c. Are you regularly exposed there to vapors, gases, dusts, or fumes?
   - Yes
   - No

20. On average, how many days per week do you go there or perform the activity?
   - 1
   - 2
   - 3
   - 4
   - 5
   - 6
   - 7

21. 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

22. How many people smoke in your immediate work/volunteer area or during your specified activity?

23. On average, how many hours each day do you spend doing the following during your travel time:
   a. walking or biking
   b. in a private car or taxi
   c. on a bus
   d. on a train or subway
   e. other

   Please specify:
24. 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

25. 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

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

- Sunday
- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday
- Not Applicable.

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

- Sunday
- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday
- Not Applicable.

Interviewers: Use the answers in 26 and 27 above to complete questions 28 and 30. 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.
Follow-Up 12 Air Questionnaire -- Page 9

28. 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?

WINTER (Dec. - Feb.)

<table>
<thead>
<tr>
<th>CODE</th>
<th>LOCATION DESCRIPTION</th>
<th>SUN or Typical Weekend Day</th>
<th>MON or typical Weekday</th>
<th>TUES</th>
<th>WED</th>
<th>THURS</th>
<th>FRI</th>
<th>SAT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Home indoors (including sleeping)</td>
<td>○ Sun ○ Mon ○ Tues ○ Wed ○ Thurs ○ Fri ○ Sat</td>
<td>○ Sun ○ Mon ○ Tues ○ Wed ○ Thurs ○ Fri ○ Sat</td>
<td>○ Sun ○ Mon ○ Tues ○ Wed ○ Thurs ○ Fri ○ Sat</td>
<td>○ Sun ○ Mon ○ Tues ○ Wed ○ Thurs ○ Fri ○ Sat</td>
<td>○ Sun ○ Mon ○ Tues ○ Wed ○ Thurs ○ Fri ○ Sat</td>
<td>○ Sun ○ Mon ○ Tues ○ Wed ○ Thurs ○ Fri ○ Sat</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Home outdoors</td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Work, volunteer, school, indoors</td>
<td>○ Sun ○ Mon ○ Tues ○ Wed ○ Thurs ○ Fri ○ Sat</td>
<td>○ Sun ○ Mon ○ Tues ○ Wed ○ Thurs ○ Fri ○ Sat</td>
<td>○ Sun ○ Mon ○ Tues ○ Wed ○ Thurs ○ Fri ○ Sat</td>
<td>○ Sun ○ Mon ○ Tues ○ Wed ○ Thurs ○ Fri ○ Sat</td>
<td>○ Sun ○ Mon ○ Tues ○ Wed ○ Thurs ○ Fri ○ Sat</td>
<td>○ Sun ○ Mon ○ Tues ○ Wed ○ Thurs ○ Fri ○ Sat</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Work, volunteer, school, outdoors</td>
<td>○ Sun ○ Mon ○ Tues ○ Wed ○ Thurs ○ Fri ○ Sat</td>
<td>○ Sun ○ Mon ○ Tues ○ Wed ○ Thurs ○ Fri ○ Sat</td>
<td>○ Sun ○ Mon ○ Tues ○ Wed ○ Thurs ○ Fri ○ Sat</td>
<td>○ Sun ○ Mon ○ Tues ○ Wed ○ Thurs ○ Fri ○ Sat</td>
<td>○ Sun ○ Mon ○ Tues ○ Wed ○ Thurs ○ Fri ○ Sat</td>
<td>○ Sun ○ Mon ○ Tues ○ Wed ○ Thurs ○ Fri ○ Sat</td>
<td></td>
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<tr>
<td>5</td>
<td>In transit (car, bus, train, bike, walk, etc.)</td>
<td>○ Sun ○ Mon ○ Tues ○ Wed ○ Thurs ○ Fri ○ Sat</td>
<td>○ Sun ○ Mon ○ Tues ○ Wed ○ Thurs ○ Fri ○ Sat</td>
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<td>○ Sun ○ Mon ○ Tues ○ Wed ○ Thurs ○ Fri ○ Sat</td>
<td>○ Sun ○ Mon ○ Tues ○ Wed ○ Thurs ○ Fri ○ Sat</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Other indoor places</td>
<td>○ Sun ○ Mon ○ Tues ○ Wed ○ Thurs ○ Fri ○ Sat</td>
<td>○ Sun ○ Mon ○ Tues ○ Wed ○ Thurs ○ Fri ○ Sat</td>
<td>○ Sun ○ Mon ○ Tues ○ Wed ○ Thurs ○ Fri ○ Sat</td>
<td>○ Sun ○ Mon ○ Tues ○ Wed ○ Thurs ○ Fri ○ Sat</td>
<td>○ Sun ○ Mon ○ Tues ○ Wed ○ Thurs ○ Fri ○ Sat</td>
<td>○ Sun ○ Mon ○ Tues ○ Wed ○ Thurs ○ Fri ○ Sat</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Other outdoor places</td>
<td>○ Sun ○ Mon ○ Tues ○ Wed ○ Thurs ○ Fri ○ Sat</td>
<td>○ Sun ○ Mon ○ Tues ○ Wed ○ Thurs ○ Fri ○ Sat</td>
<td>○ Sun ○ Mon ○ Tues ○ Wed ○ Thurs ○ Fri ○ Sat</td>
<td>○ Sun ○ Mon ○ Tues ○ Wed ○ Thurs ○ Fri ○ Sat</td>
<td>○ Sun ○ Mon ○ Tues ○ Wed ○ Thurs ○ Fri ○ Sat</td>
<td>○ Sun ○ Mon ○ Tues ○ Wed ○ Thurs ○ Fri ○ Sat</td>
<td></td>
</tr>
</tbody>
</table>

Interviewer should total the hours
TOTAL

Interviewer to complete if the total does not equal 24 hours

Did you round?  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ○ Yes  ||
29. Is the amount of time you spend indoors and outdoors daily the same in the summer as in the winter?

- Yes
- No

30. 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?

### SUMMER (Jun. - Aug.)

<table>
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<th>CODE</th>
<th>LOCATION DESCRIPTION</th>
<th>SUN or Typical Weekend Day</th>
<th>MON or typical Weekday</th>
<th>TUES</th>
<th>WED</th>
<th>THURS</th>
<th>FRI</th>
<th>SAT</th>
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<td>SAME AS:</td>
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<tr>
<td>1</td>
<td>Home indoors</td>
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<td></td>
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<td></td>
</tr>
<tr>
<td></td>
<td>(including sleeping)</td>
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<td>Home outdoors</td>
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<td></td>
</tr>
<tr>
<td>3</td>
<td>Work, volunteer, school, indoors</td>
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<tr>
<td>4</td>
<td>Work, volunteer, school, outdoors</td>
<td></td>
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<td>5</td>
<td>In transit (car, bus, train, bike, walk, etc.)</td>
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<tr>
<td>6</td>
<td>Other indoor places</td>
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**Interviewer should total the hours**

**TOTAL**

**Interviewer to complete if the total does not equal 24 hours**

**Did you round?**

- Yes
- No
Interviewer: Did the Participant give a specific indoor location for Question 18? (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 31.
- If no, stop. End of questionnaire.

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.

31. 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:

32. 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

33. Is there a parking garage or underground garage in your building?
   - Yes
   - No
   - Don't know

34. If the building uses windows and doors for ventilation when you are there, how often are the windows or doors open during:
   - Winter (Dec - Feb):
     - Never (0%)
     - Almost Never (25%)
     - Sometimes (50%)
     - Often (75%)
     - Always (100%)
   - Summer (Jun - Aug):
     - Never (0%)
     - Almost Never (25%)
     - Sometimes (50%)
     - Often (75%)
     - Always (100%)

End Section 2- go to End on General Health Form