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Supplemental Survey: Structured Environmental Health Survey

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Note. The authors submitted this supplemental survey as an additional resource for readers. The *Journal of Environmental Health* did not copy edit or format the text.

Supplemental Survey: Structured Environmental Health Survey

Home Health SURVEY

Name: _____

Date: _____

Instructions:

- Please answer all questions to the best of your ability. You may skip any question you do not wish to answer.

1. Do you regularly have any of the following complaints concerning the indoor air you breathe inside your home? (*check all that apply*)

- i. Temperature Dusty
- ii. Odors No Complaints
- iii. Humidity

b. If you checked any of the above, when do indoor air problems seem to be most notable?

- c. Morning Afternoon Night All day All
different times Never

2. Do you or others in your home regularly (*check all that apply*)

- i. Use any strong smelling cleaners, bleach etc.
- ii. Use air fresheners
- iii. Use Candles
- iv. Vape. If yes what brand?
- v. Smoke tobacco products. If yes what brand?

- vi. People
living in the
home
smoke or
vape daily.
- vii. If yes how many vape? _____
- viii. How many smoke? _____
- ix. Do they smoke and/or vape inside the home?

-
- x. Exposed
to second
hand smoke
inside your
home
 - xi. None of
the above

3. During the last 30 days while at home, have you experienced any of the following symptoms? (*check all that apply*)
- i. Frequent cough Nasal congestion
 - ii. Wheezing (except colds)/chest tightness Multiple colds (more than two)
 - iii. Runny nose, watery eyes Shortness of breath
4. Do most of the symptoms checked above go away within 1 hour after leaving home?
- i. Yes No Not applicable
- b. If no, do they go away when you are on vacation or away visiting family/friends?
- i. Yes No Not applicable
5. What percentage of your day do you typically spend inside your home?
- 25% 26% – 50% 51% – 75% 76% – 100%
6. What percentage of your day do you typically spend outdoors?
- 25% 26% – 50% 51% – 75% 76% – 100%
7. What percentage of your day do you typically spend at work?
- i. 0 – 25% 26% – 50% 51% – 75% 76% – 100%
 - ii. Not applicable
8. Do you work outside the home?
- i. Yes No
9. How many times a week do you typically vacuum?
- i. Daily Once per week 2 times per month Never
10. How many times a week do you typically dust?
- i. Daily Once per week 2 times per month Never
11. Please rank how dusty you think your home is?
- i. Extremely Sometimes dusty Not dusty More when windows closed
 - ii. More when windows open
12. Have there been any renovation/demolition related activities occurring in or just outside your home in the past 30 days? (i.e., new carpet, painting, HVAC work, etc.)
- i. No Yes – specify: _

13. Has there been evidence of water leaks or visible signs of more moisture than usual in your home? Yes No
14. Do you notice pests/rodents in your home? Yes No
15. Do you have a gas appliance(s) (please circle below) Yes No
- a. Gas Stove, Gas Dryer, Gas Water Heater
16. Do you have ventilation (oven range, vent) in your kitchen that you use regularly? Yes No
17. Do you have/use a woodstove? Yes No
18. Do you use gas, kerosene or propane space heaters? Yes No
19. Do you have and use a fireplace? Yes No
20. Do you have an attached garage? Yes No
21. Do you have a basement? Yes No
- a. If yes to question 18 above, is the basement moist/damp/wet? Yes No
- b. If yes to moist/damp/wet basement, in the past year would you say it has been wetter than prior years? Yes No
22. Do you have wall-to-wall carpeting in more than half of the rooms in your home?
 Yes No
23. Do you have any furry pets in your home? Yes No
24. How do you mostly cool your home? Central A/C Window
A/C Fans
 Windows open
25. How often would you say you leave your windows open when the weather is warm?
 Always Sometimes Never

Questions related you the outside air near your home

26. Are you concerned about the outdoor air in your community worsening your asthma?
 Yes No

