



## APPENDIX AVAILABLE ON REQUEST

### Research Report 160

## Personal and Ambient Exposures to Air Toxics in Camden, New Jersey

Paul J. Liroy et al.

### Appendix C. Baseline Questionnaire

Note: Appendices Available on the Web appear in a different order than in the original Investigators' Report. HEI has not changed these documents. Appendices were relettered as follows:

**Appendix C was originally Appendix I**

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# **BASELINE QUESTIONNAIRE**

**FOR HEI STUDY OF “PERSONAL AND  
AMBIENT EXPOSURES TO AIR TOXICS IN  
CAMDEN, NEW JERSEY”**

November, 2005

**This instrument is based in part on the NHEXAS and RIOPA Questionnaires.**

## BASELINE QUESTIONNAIRE

### 1. LOCATION DATA – (Technical completed – address/ID label)

A	Street Address:	Apt. #
B	City/State:	Zip Code:
C	Interviewer/Technician ID:	

### 2. ADULT PARTICIPANT

A	Name of Adult Participant:	
B	Date: -- -- / -- -- / -- -- -- -- (month/day/year)	[ENTER FOUR DIGITS FOR YEAR]
C	Home Phone: (        )        -	
D	If not, a telephone were you can receive calls? (        )        -	
E	Work Phone: (        )        -	

### 3. CHILD PARTICIPANT

A	Name of Child Participant:	
B	Completed by:	(if other than participant)
C	Relation to Participant	
D	Date: -- -- / -- -- / -- -- -- -- (month/day/year)	[ENTER FOUR DIGITS FOR YEAR]
E	Home Phone: (        )        -	
F	If not, a telephone were you can receive calls? (        )        -	
G	Name of School Attended by Child: _____ (CIRCLE ONE) Is it a public school?    Y        Is it a private school?    Y	
H	Name of after school program or daycare attended by child? _____	[ENTER <u>NO</u> IF CHILD DOES NOT ATTEND]

Hello, my name is [INTERVIEWER'S NAME] from EOHSI. We are part of the research team for the study of "Personal and Ambient Exposures to Air Toxics in Camden, New Jersey." Based on the conversation we had over the telephone on [ date ] you agreed to be our subject **[HAND A COPY OF THE SUMMARY OF THE STUDY TO THE RESPONDENT. ALLOW TIME FOR READING AND ANSWER ANY QUESTIONS.]**

**BASELINE ON PARTICIPANTS**

First, I would like to ask a few general questions about you [IF THERE ARE TWO PARTICIPANTS IN THE HOUSEHOLD, ADULT AND CHILD, ENTER ANSWERS FOR BOTH OF THEM]

4. [ENTER THE **SEX** OF PARTICIPANTS, ASK IF NOT OBVIOUS.]

	Adult	Child
A. Male		
B. Female		

5. What is the **birth year**? [ENTER 4 DIGITS]

	Adult	Child
A. Birth year		

The following question asks about your race and cultural background.

6. What is your race? [ENTER ALL THAT APPLY] Write in the country that best resembles your cultural background.

		Adult	Child
Race	A American Indian or Alaska Native		
	B Asian		
	C Black or African American		
	D Native Hawaiian or Other Pacific Islander		
	E White		
Ethnicity	A Hispanic or Latino		
	B Not Hispanic or Latino		

7. How much **schooling** have you completed? [READ CHOICES AND ENTER THE HIGHEST LEVEL COMPLETED OR DEGREE RECEIVED. IF CURRENTLY ENROLLED, ENTER THE LEVEL OF THE LAST COMPLETED YEAR.]

Education	Adult	Child
A. No schooling completed or kindergarten only		
B. Primary or middle school (grade 1 through 8)		
C. Some high school (grade 9 through 11)		
D. High school graduate (Grade 12 or GED)		
E. Some college or technical school.		
F. Undergraduate degree received.		
G. Some graduate school.		
H. Graduate degree received.		

8. How many **hours per week** do you usually work on your jobs and/or attend classes?

	Adult	Child
A. At work and/or school in (hr/week)		

9. Which of the following best describes your current **work**, if you work ten or more hours per week, **or school status**? [READ ALL CHOICES FIRST, THEN ENTER ONE]

Work/school status	Adult	Child	
A. Adult working full time			→ GO TO 10
B. Adult working part time			→ GO TO 10
C. Student and working			→ GO TO 10
D. Student without working			→ GO TO 18
E. Self employed working at home or full time homemaker			→ GO TO 18
F. Out of work just now but usually employed			→ GO TO 18
G. Retired			→ GO TO 18
H. Disabled or unable to work			→ GO TO 18
I. Child attending summer camp or day camp			→ GO TO 18

10. What **type of business** or industry is this? [READ AS EXAMPLES: TV AND RADIO MANUFACTURING, RETAIL SHOE STORE, STATE LABOR DEPARTMENT, FARM, SCHOOL?]

A. Adult's Primary job: \_\_\_\_\_

B. Adult's Secondary job: \_\_\_\_\_

C. Child's Primary job: \_\_\_\_\_

D. Child's Secondary job: \_\_\_\_\_

11. What **kind of work** do you perform? [READ AS EXAMPLES, ELECTRICAL ENGINEER, STOCK CLERK TYPIST, FARMER]

A. Adult, specify, \_\_\_\_\_

B. Child, specify, \_\_\_\_\_

12. What are the most important activities or duties at that job? [READ IF NEEDED, TYPING, KEEPING ACCOUNTS BOOKS, FILING, SELLING CARS, OPERATING PRINTING PRESS, FINISHING CONCRETE]

A. Adult, specify, \_\_\_\_\_

B. Child specify, \_\_\_\_\_

Now we will ask about **work activities** that may have happened in the past week. [IF ON VACATION OR SICK-LEAVE, REFER TO THE LAST WEEK ACTUALLY WORKED.]

13. Was most of this work or school **time spent outside** the home?

	<b>Adult</b>	<b>Child</b>
A. Yes		
B. No		
C. Don't know		

14. Do you work in a **dusty** environment?

	<b>Adult</b>	<b>Child</b>
A. Yes		
B. No		
C. Don't know		

15. Do you typically work in a **smoky** environment, like near fires, cooking stoves or heavy cigarette smoking?

	<b>Adult</b>	<b>Child</b>
A. Yes		
B. No		
C. Don't know		

16. Do you typically work with or around **chemicals**, paint, solvents or cleaners?

	<b>Adult</b>	<b>Child</b>
A. Yes		
B. No		
C. Don't know		

17. Which of these best describes the **work area** where you spend most of the time while at work? [READ CHOICES]

	<b>Adult</b>	<b>Child</b>
A. Office		
B. Retail/commercial		
C. Industrial		
D. Outdoors		
E. Motor vehicle		
F. Other, specify	_____	_____
G. Don't know		

The next three questions are asked to place your responses in the appropriate group. Please remember that all the data you provide is held in strict confidence. [COMPLETE TABLES]

18. Approximately how tall are you without shoes? [IF THEY REFUSE TO ANSWER ENTER YOUR BEST ESTIMATE]

A. <b>Adult</b>	_____ ft _____ in
B. <b>Child</b>	_____ ft _____ in

19. Approximately how much do you weigh? [IF THEY REFUSE TO ANSWER ENTER YOUR BEST ESTIMATE]

A. <b>Adult</b>	_____ pounds
B. <b>Child</b>	_____ pounds



20. Approximately what is the gross annual **income** for all family members in this household? [HAND CARD AND GIVE NUMBER.]

<b>Total income</b>	<b>Household</b>
A. Less than \$16,500	
B. \$16,500 - \$24,999	
C. \$25,000 – \$49,999	
D. \$50,000 - \$74,999	
E. \$75,000 - \$99,999	
F. \$100,000 or more	
G. Don't know	
H. Refuse	

**HOUSING CHARACTERISTICS**

The next questions are about your home. Please feel free to ask another member of your household for assistance if necessary.

21. Which best describes this **building**? Include all apartments, flats, etc., even if vacant/ [READ CHOICES AND ENTER ONE.]

A. Mobile home or trailer	
B. One family house or townhouse detached from any other house	
C. One family house or townhouse attached on one side to another unit	
D. One family house or townhouse attached on both sides to houses	
E. Building with 2 apartments, condos or co-ops	
F. Building with 3 or 4 apartments, condos or co-ops	
G. Building with 5 to 9 apartments, condos or co-ops	
H. Building with 10 to 19 apartments, condos or co-ops	
I. Building with 20 to 49 apartments, condos or co-ops	
J. Building with 50 or more apartments, condos or co-ops	
K. Other, Specify _____	

22. How many **rooms** are there in this house or apartment? Do not count bathrooms, porches, balconies, foyers, halls or half-rooms.

Number of rooms? _____
------------------------

23. Is this house or apartment.... [READ CHOICES AND ENTER ONE.]

A. Owned by you or someone in this household?	
B. Rented?	
C. Occupied without payment, for example in exchange for maintenance?	
D. Subsidized housing?	

24. About when was this building first **built**? If not sure ask other household members [ENTER ONE]

A. 1995 to present	
B. 1985 to 1994	
C. 1975 to 1984	
D. 1960 to 1975	
E. 1945 to 1959	
F. 1900 to 1944	

G. Before 1900	
H. Don't know	

25. When did you **move into** this house or apartment? If not sure ask other household members [ENTER ONE]

A. 1995 to present	
B. 1990 to 1994	
C. 1980 to 1989	
D. 1970 to 1979	
E. 1960 to 1969	
F. 1959 or earlier	
G. Don't know	

26. In the **past year** has there been a major **renovation** to this house or apartment, such as adding a room, putting up or taking down a wall, replacing windows, or refinishing floors? When was the last one? [READ CHOICES, ENTER ONE]

A. Yes, when was the last one?		Date: _____
B. Yes, I don't know when.		
C. Not renovated		
D. Don't know		

27. Within the **last six months** were **rugs, drapes or furniture professionally cleaned? Inside the house? When? What items?**

	In the house	Somewhere else		
A. Yes, they were cleaned on			Date: _____	Items: _____
B. Yes, I don't know when				Items: _____
C. Not professionally cleaned				
D. Don't know				

**NOTE FOR THE PROGRAMMER: In Q 26A and 27A the date needs to have day as optional but month and year are a must. E.g. 5-25-1999 = May 25, 1999 is OK; 6-1999 = June 1999 is also OK**

28. Is there a **garage attached** to this house or apartment?

A. YES		
B. NO		→ GO TO 32

29. Where is the attached garage? [READ CHOICES AND ENTER ONE.]

A. Underneath the main living quarters	
B. Same level as the main living quarters	
C. Other, Specify _____	

30. Is there a doorway leading directly from the garage into the living quarters? [ENTER ONE]

A. YES	
B. NO	

31. Are automobiles, vans, trucks, or other motor **vehicles** usually parked in this **attached garage**? [ENTER ONE]

A. YES	
B. NO	

32. Are any **gasoline powered devices** stored in any room, basement, or attached garage in this house or apartment? Do not include cars, vans, or trucks. Do include motorcycles, gas-powered lawnmowers, trimmers, blowers, boat engines, etc. [ENTER ONE]

A. YES	
B. NO	
C. Don't know	

33. Do most of the **windows** in this house or apartment open?

A. YES	
B. NO	

34. Is **air conditioning** (refrigeration) used to cool this house or apartment? [ENTER ONE]

A. YES		
B. NO		→ GO TO 38

35. Which **types** of air conditioning units do you use? [READ CHOICES AND ENTER ALL THAT APPLY]

A. Central unit/units		
B. Window or wall unit/units	How many rooms? _____	Which rooms? _____
C. Portable unit/units		
D. Evaporative cooler		
E. Other, specify _____		

36. During what **month** do you usually **start using air conditioning** to cool this house or apartment? During what month do you usually **stop** using air conditioning? [ENTER THE START AND STOP MONTHS]

	Start month	Stop month
A. January		
B. February		
C. March		
D. April		
E. May		
F. June		
G. July		
H. August		
I. September		
J. October		
K. November		
L. December		

37. At what **outdoor temperature** do you usually **start** using **air conditioning** to cool this house or apartment?.[ ENTER ONE]

A. 70 – 75 °F	
B. 75 – 80 °F	
C. 80 – 85 °F	
D. 85 – 90 °F	
E. 90 – 95 °F	
F. +95 °F	

38. Which **fuels** are used for **heating** this house or apartment. [READ CHOICES IF NEEDED AND ENTER CIRCLE ALL THAT APPLY.]

A. Gas: from underground pipes serving the neighborhood		
B. Gas: bottled or from a tank		
C. Electricity		
D. Fuel oil, kerosene, etc		
E. Coal or coke		
F. Wood		
G. Solar energy		
H. Other fuel, Specify _____		
I. No fuel or no heating used		→ GO TO 50
J. Don't know		

39. Does this house or apartment have a **central heating** system with ducts that blow air into most rooms?

Yes	
No	

40. Do you use portable **kerosene heaters** in this house or apartment?

A. Yes, Specify how many kerosene heaters did you use last year?		
B. No		→ GO TO 42

41. During the heating season **how often** do you use your kerosene heater? [READ LIST AND ENTER ONE]

A. Less than once a month	
B. One to three times per month	
C. One or twice a week	
D. 3-5 times a week	
E. More than 5 times a week	

42. Is a portable or **unvented gas heater** used in this house or apartment?

A. Yes, Specify how many portable or unvented gas heaters did you use last year?		
B. No		→ GO TO 44

43. During the heating season **how often** is a portable or unvented gas heater used? [READ LIST AND ENTER ONE]

A. Less than once a month	
B. One to three times per month	
C. One or twice a week	
D. 3-5 times a week	
E. More than 5 times a week	

44. Is a **wood or coal-burning stove** used in this house or apartment? [READ LIST AND ENTER ONE]

A. Yes, Specify how many wood or coal burning stoves are in this house or apartment?		
B. No		→ GO TO 46

45. During the heating season **how often** is a wood-burning or coal-burning stove used? [READ LIST AND ENTER ONE]

A. Less than once a month	
B. One to three times per month	
C. One or twice a week	
D. 3-5 times a week	
E. More than 5 times a week	

46. What is usually **burned in the stove**? [READ LIST AND ENTER ONE]

A. Wood	
B. Coal	
C. Artificial logs	
D. Other, specify _____	

47. Is a **fireplace** used in this house or apartment? [READ LIST AND ENTER ONE]

A. Yes, Specify how many fireplaces are in this house or apartment?		
B. No		→ GO TO 50

48. During the heating season **how often** is a fireplace used? [READ LIST AND ENTER ONE]

A. Less than once a month	
B. One to three times per month	
C. One or twice a week	
D. 3-5 times a week	
E. More than 5 times a week	

49. **What** is burned in the fireplace? [READ LIST AND ENTER ONE]

A. Wood	
B. Artificial logs	
C. Vented Gas Flame	
D. Other, e.g. Unvented Gas or Coal, Specify _____	

50. Do you use in this house any of the following **products**? [READ LIST, ENTER ALL PRODUCTS USED]

A. Mothballs	
B. Deodorizers	
C. Room or air fresheners	
D. Scented candles	
E. Incense	
F. Other, specify _____	
G. Nothing	



51. Do you have **house pets**? [REAR LIST ENTER, MARK ALL PETS IN THE HOUSE]

A. No pets		<b>→ GO TO 53</b>
B. Dogs		
C. Cats		
D. Gerbils		
E. Hamsters		
F. Rabbits		
G. Guinea pigs		
H. Birds		
I. Other, specify _____		

52. Have you any of these **animals** routinely **inside** your home?

A. YES	
B. NO	

[FOR CHILDREN, CONTINUE WITH QUESTION 53 OTHERWISE GO TO QUESTION 61]

53. **How many** hours per week does the child spends routinely **away from the home**, for example, at daycare or an after school program or at work?

Hours per week away from home	
A. Yes	hr/week
B. No	<b>→ GO TO 55</b>

54. **Where** does the child spend time when away from home, besides attending elementary school, think of last week? [ENTER ALL THAT APPLY]

A. Another home	
B. A relative's home	
C. Daycare /After school center	
D. Other school	
E. Work	
F. Other, specify _____	_____

55. What methods of **transportation** did you usually use to go to work, school or daycare in the past week? [READ LIST AND ENTER ALL THAT APPLY]

	<b>Adult</b>	<b>Child</b>
A. Car, taxi , truck or van		
B. Bus or trolley bus (fuel)		
C. Streetcar or trolley car (electric)		
D. Subway or elevated		
E. Railroad		
F. Ferryboat		
G. Motorcycle		
H. Bicycle		
I. Walk		
J. Worked at home		
K. Other method, specify	_____	_____

56. How much **tobacco smoke** is there where you work or where you go to school most of the time? [ENTER ONE]

	<b>Adult</b>	<b>Child</b>
A. A lot of smoke most of the time		
B. Some smoke most of the time		
C. Some smoke occasionally		
D. Never smoky		
E. Don't know		

The next two questions refer to activities that happened **last year**.

57. In the **past year** was the inside of this house or apartment **painted**? When was the last time? On how many rooms? [READ CHOICES, ENTER ONE]

	<b>Date</b>	<b>No. of Rooms</b>
A. Yes, it was painted on		
B. Yes it was painted but I don't know when		
C. Not painted		
D. Don't know		

58. In the **past year** was **new carpeting or rugs** installed? [READ CHOICES, ENTER ONE]

	<b>Date</b>	<b>No. of Rooms</b>
A. Yes, it was carpeted on		
B. Yes it was installed but I don't know when		
C. No new carpet installed		
D. Don't know		

The next two questions ask about things that **you may have done** or been in contact with, **during the week before the study**. Please check either **No** or **Yes**.

	No	Yes
59. Did you go to the dry cleaners during the past week?		
60. Did you bring home any item from the cleaners that were dry-cleaned during the past week?		

61. What do you think are the major sources of air pollution that you might breathe, whether in your home, at work or in your neighborhood? [A] \_\_\_\_\_
62. There are serious environmental health problems where I live. [B] [*read choices, except DK option, circle number*]
- 1 strongly disagree
  - 2 disagree
  - 4 agree
  - 5 strongly agree
  - 3 don't know
63. How would you rate the quality of the air in [Waterfront South or the Copewood/Davis neighborhood] for odor? [B] [*read choices, except DK option, circle number*]
- 4 excellent
  - 3 good
  - 2 fair
  - 1 poor
  - 8 don't know
64. How would you rate the quality of the air in [Waterfront South or the Copewood/Davis neighborhood] for health? [B] [*read choices, except DK option, circle number*]
- 4 excellent
  - 3 good
  - 2 fair
  - 1 poor
  - 8 don't know
65. During the time you've experienced it, the quality of your area's air has [B] [*read choices, except DK option, circle number*]
- 1 improved
  - 2 stayed the same
  - 3 gotten worse
  - 8 don't know

**HEALTH STATUS**

66. Overall, how would you describe your current health? [READ OPTIONS AND ENTER ONE FOR EACH PARTICIPANT]

	<b>Adult</b>	<b>Child</b>
A. Very good		
B. Fair		
C. Poor		

The next questions ask about health conditions that you may have [READ CHOICES, IF YES, PLEASE ASK THE REST OF QUESTION. IF PARTICIPANT IS UNCERTAIN, ENTER “NO” AND CONTINUE WITH THE NEXT CONDITION.]

67. [ASTHMA]

	<b>Adult</b>			<b>Child</b>			
	<b>Yes</b>	<b>No</b>	<b>DK</b>	<b>Yes</b>	<b>No</b>	<b>DK</b>	
	A Do you have asthma?						
B A doctor or nurse told you that you have asthma?							
C Do you have asthma now?							
D How old were you when the first asthma symptom appeared?	___ yr			___ yr			

**DK = Don't know**

68. [BRONCHITIS]

	<b>Adult</b>			<b>Child</b>			
	<b>Yes</b>	<b>No</b>	<b>DK</b>	<b>Yes</b>	<b>No</b>	<b>DK</b>	
	A Do you have bronchitis?						
B A doctor or nurse told you that you have bronchitis?							
C Do you have bronchitis now?							
D How old were you when the first bronchitis symptom appeared?	___ yr			___ yr			

69. Do you have any other respiratory illness? [IF YES, ENTER NAME OF ILLNESS AND COMPLETE THE TABLE]

Name of illness: \_\_\_\_\_

	Adult			Child			
	Yes	No	DK	Yes	No	DK	
A You do not have any respiratory illness							<b>IF NO or DK → GO TO 70</b>
B A doctor or nurse told you that you have [NAME]?							
C Do you have [NAME] now?							
D How old were you when the first [NAME] symptom appeared?	_____ yr			_____ yr			

70. [HEART CONDITION]

	Adult			Child			
	Yes	No	DK	Yes	No	DK	
A Do you have a heart condition?							<b>IF NO or DK → END</b>
B A doctor or nurse told you that you have a heart condition?							
C Do you have a heart condition now?							
D How old were you when the first heart condition symptom appeared or you were first diagnosed?	_____ yr			_____ yr			

**END**