



APPENDIX AVAILABLE ON REQUEST

Research Report 160

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

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Appendix D. ACTIVITY 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 D was originally Appendix II

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This document was reviewed by the HEI Health Review Committee but did not undergo the HEI scientific editing and production process.

ACTIVITY 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.

ACTIVITY QUESTIONNAIRE

Subject ID: _____ Name of Participant: _____

Completed by: _____ (if other than participant)

Relation to Participant _____

Home Phone: _____

Work Phone: _____

Street Address: _____ Apt/Space # _____

City/State: _____ Zip Code: _____

Interviewer Name/Initial: _____ Date Completed: _____

Complete the questionnaire at the end of the study period (refer only to the last 24 hours).

For each question, answer No or Yes, if Yes, please enter the amount of time in hours and minutes in the “hrs” and “min” columns. All questions refer to the last 24 hours.

	No	Yes	
		hrs	min
1. Did you pump gas (self-service) in the last 24 hours? [IF NO →GO TO QUESTION 4]			
2. Did you sit in a car while it was being refueled (full service)?			
3. Were the car windows open during the refueling process?			
4. What is the make, model and year of the car? MAKE:_____ MODEL:_____ YEAR:_____			
5. Did you travel on roadways or highways in the last 24 hours?			
6. Did you spend time in an enclosed workshop or garage used as a workshop?			
7. Were doors and windows at your house left open for ventilation?			
8. Did you write using felt-tip markers or highlighters for more than half an hours?			
9. Were there any candles, oil or incense burnt in the house?			
10. Did you wear any face or body powder, hair spray, deodorant or perfume sprays, after shave?			
11. Did you use air freshener or odor reducer?			
12. Were any tobacco products smoked during the period in which the sampling backpack was worn? [IF NO→ GO TO QUESTION 16]			
13. Approximate the number of cigarettes that were smoked indoors while the sampling backpack was worn.			
14. Approximate the number of cigarettes that were smoked in a car you were riding in while the sampling backpack was worn.			
15. Approximate the number of cigarettes that were smoked outside while the sampling backpack was worn.			

The next set of questions is about things that may have used in your home during the last 24 hours. If Yes write for how long in hours and minutes. If you don't know, enter D in "No/DK" column.

	No/DK	Yes	
		hr	min
16. A central air conditioner? If Yes, At what temperature is it set? T: _____ °F What type is it? a) Re-circulate b) Outdoor intake c) Don't know.			
17. A window or wall air conditioning unit(s)? If yes, select the type of unit. Then, enter the rooms and the amount of time that the unit was on. [SELECT ONE]			
A. Re-circulating List Rooms _____			
B. Outdoor air List Rooms _____			
C. Don't know List Rooms _____			
18. A portable or ceiling fan?			
19. A window fan blowing in, not an A/C unit?			
20. An exhaust fan above the stove or a bathroom fan?			
21. Any heating devices?			
A. wood or coal burning stove or furnace			
B. oil burning furnace			
C. kerosene space heater or unvented gas fired space heater			
D. fireplace			
E. central heat			
If yes, when you used these devices, did you see or smell an unusually heavy smoke or other fumes coming into the room? _____ Yes _____ No			
22. Cooking using oven or range ?			
23. Humidifier? If Yes, for how long?			
24. Other air cleaning devices? If Yes, for how long?			
A. Portable HEPA filter B. Other, specify _____			
25. A dishwasher? If Yes, for how long?			
26. A clothes washer? If Yes, for how long?			
27. Clothes dryer? If Yes, for how long?			
28. Dry cleaning brought into the house? If Yes, how many hours after the start of the study period was brought into the house?			
29. Furniture or floor wax/polish? If Yes, for how long?			
30. Nail polish remover? If Yes, for how long?			

The following questions are about things that you may have used or may have been used by someone near you in the last 24 hours. Enter all that apply. If Yes, write for how long.

	No	Yes	
		hrs	Min
31. Paints or solvents (paint, typewriter corrective fluids)? If Yes, did you handle them yourself ___ or near somebody else who handled them ___			
32. Glues and adhesives, such as contact cement, super glues, and aerosol adhesives that contain chemical solvents? If Yes, did you handle them yourself ___ or near somebody else who handled them ___			
33. Chain saw or other gasoline equipment? If Yes, did you handle them yourself ___ or near somebody else who handled them ___			
34. Pesticides sprayed? If Yes, did you handle them yourself ___ or near somebody else who handled them ___			
35. Vacuuming? If Yes, did you handle them yourself ___ or near somebody else who handled them ___			
36. Sweeping indoors or dusting? If Yes, did you handle them yourself ___ or near somebody else who handled them ___			
37. Cleaning solutions (including household cleaners and chemicals)? If Yes, Which ones? _____ Did you handle them yourself ___ or near somebody else who handled them ___			
38. Gardening? If Yes, did you handle them yourself ___ or near somebody else who handled them ___			
39. Woodworking? If Yes, did you handle them yourself ___ or near somebody else who handled them ___			
40. Metal working/welding? If Yes, did you handle them yourself ___ or near somebody else who handled them ___			

41. Broiling, smoking, grilling or frying <u>inside</u> the house? If Yes, did you handle them yourself ___ or near somebody else who handled them ___ Did you turn on the kitchen or stove exhaust fan? ____			
42. Broiling, smoking, grilling or frying <u>outside</u> the house? If Yes, did you handle them yourself ___ or near somebody else who handled them ___ What is the distance from the grill to the house? _____ft			
43. During the last 24 hours (the study period), were there any diesel vehicles parked around the house?			
44. During the last 24 hours (the study period) have you operated or been near diesel engines, e.g. bus terminal, truck stop)?			

N/A: Not Applicable

D/N: Don't know