



APPENDIX AVAILABLE ON REQUEST

Research Report 162

Assessing the Impact of a Wood Stove Replacement Program on Air Quality and Children's Health

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Appendix D. Data Collection for Residential Sampling

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APPENDIX D. DATA COLLECTION FOR RESIDENTIAL SAMPLING

Home Characteristics

Residential address: _____ GPS coordinates: _____

Days of sampling: _____ M Tu W Th F Sa Su (circle two)
mm/dd – mm/dd/yyyy

Type of home: Single family Trailer Duplex Other: _____

Number of floors (not incl. bsmnt): 1 2 3 Basement?: yes no

Year home built: _____ Attached garage?: yes no

Do you _____ Own _____ Rent (from application)

Approximate square feet of home: _____ (from application)

Average wood usage per year _____ cords (from application)

Chimney (from application):

 Masonry Interior/Exterior Condition: _____

 Class A Interior/Exterior Condition: _____

Existing appliance (from application): Fireplace Woodstove Furnace Insert

Current woodstove info (from application):

 Woodstove model: _____ Year of stove: _____

Other Comments (from application): _____

Type of primary heating: woodstove electrical propane oil Other: _____

Type of secondary heating: woodstove electrical propane oil Other: _____

Location of woodstove: _____ Location of samplers: _____

Distance from woodstove to sampler: _____ feet

Distance from door to sampler: _____ feet

Distance from window to sampler: _____ feet

Home Activities

For the purposes of this survey, the sampling period is 2:00 PM to 2:00 PM.

1. Did any of the following cooking activities occur during the sampling period (please indicate time(s))?

Frying	No	Yes	Time(s):_____
Deep fat frying	No	Yes	Time(s):_____
Indoor grilling	No	Yes	Time(s):_____
Outdoor grilling	No	Yes	Time(s):_____
Baking	No	Yes	Time(s):_____

2. Were any of the following heating appliances used in the home during the sampling period?

Woodstove	No	Yes	Time(s):_____
Electrical	No	Yes	Time(s):_____
Propane	No	Yes	Time(s):_____
Oil	No	Yes	Time(s):_____
Other, specify:_____			Time(s):_____

3. Where any of the following used in the home during the sampling period?

Air conditioner	No	Yes	Time(s):_____
House fan	No	Yes	Time(s):_____
Ceiling fan	No	Yes	Time(s):_____
Floor fan / Portable fan	No	Yes	Time(s):_____

4. Do any of the following types of animals reside INSIDE the home?

Dog	No	Yes
Cat	No	Yes
Bird	No	Yes
Other, specify:_____		

5. Did any of the following activities or conditions occur in the home during the last 24 hours?

Smoking by anyone in the home (cigarette, pipe, or other) No Yes Time(s): _____

Incense burning No Yes Time(s): _____

Candle burning No Yes Time(s): _____

Kerosene/oil lamp No Yes Time(s): _____

Open windows No Yes Time(s): _____

Door propped open No Yes Time(s): _____

6. Did any of the following cleaning activities occur in the home during the sampling period?

Vacuuming No Yes Time(s): _____

Sweeping No Yes Time(s): _____

Dusting No Yes Time(s): _____

7. Did any of these other activities occur in or around the home during the sampling period?

Outdoor landscaping activities No Yes

Indoor construction/remodeling No Yes

Outdoor construction/remodeling No Yes

Woodburning Log

This log sheet should be completed during the sampling period.

Please indicate the times that you loaded wood or stoked the woodstove

_____AM / PM	Stoked	Loaded	If loaded, how much:_____
_____AM / PM	Stoked	Loaded	If loaded, how much:_____
_____AM / PM	Stoked	Loaded	If loaded, how much:_____
_____AM / PM	Stoked	Loaded	If loaded, how much:_____
_____AM / PM	Stoked	Loaded	If loaded, how much:_____
_____AM / PM	Stoked	Loaded	If loaded, how much:_____
_____AM / PM	Stoked	Loaded	If loaded, how much:_____
_____AM / PM	Stoked	Loaded	If loaded, how much:_____
_____AM / PM	Stoked	Loaded	If loaded, how much:_____
_____AM / PM	Stoked	Loaded	If loaded, how much:_____
_____AM / PM	Stoked	Loaded	If loaded, how much:_____

During the sampling period, how would you describe the level of woodburning compared to a typical winter day (circle one):

Light burning

Average burning

Heavy burning