Appendix D. Data Collection for Residential Sampling
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?

<table>
<thead>
<tr>
<th>Activity</th>
<th>Yes</th>
<th>No</th>
<th>Time(s):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smoking by anyone in the home (cigarette, pipe, or other)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Incense burning</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Candle burning</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Kerosene/oil lamp</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Open windows</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Door propped open</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Activity</th>
<th>Yes</th>
<th>No</th>
<th>Time(s):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vacuuming</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Sweeping</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Dusting</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Activity</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outdoor landscaping activities</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Indoor construction/remodeling</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Outdoor construction/remodeling</td>
<td></td>
<td>Yes</td>
</tr>
</tbody>
</table>
Woodburning Log

This log sheet should be completed during the sampling period.

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

<table>
<thead>
<tr>
<th>AM / PM</th>
<th>Stoked</th>
<th>Loaded</th>
<th>If loaded, how much:</th>
</tr>
</thead>
<tbody>
<tr>
<td>AM / PM</td>
<td></td>
<td>AM / PM</td>
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<td>AM / PM</td>
<td></td>
<td>AM / PM</td>
<td></td>
</tr>
</tbody>
</table>

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