

ANNOTATED HOUSING CHARACTERISTICS (HOQ)

SPID# _____ **HHID#** _____ **Date:** _____ **Interviewer:** _____

Now I'd like to ask you a few questions about your home. [This is asked of the first adult in the household to be interviewed and skipped for all subsequent household members.]

HOQ.040. When was this {mobile home/house/building} originally built?

HOQ040

FMT_NUMERIC

[_] [_] [_] [_]

Enter year (Skip to HOQ.050)

Refused .R

Don't Know .D

[For those who do not know the year the dwelling was built.]

HOQ.040.10. Was it ...?

HOQ040_A

FMT_HOQ040_A_

In or before 1978 1

After 1978 2

Refused .R

Don't know .D

HOQ.050. How many rooms are in this home? Count the kitchen but not the bathrooms.

[_] [_] [_]

HOQ050

FMT_NUMERIC

Enter number of rooms

Refused .R

Don't Know .D

HOQ.055.

How many bathrooms are in this home?

HOQ055

FMT_NUMERIC

[_] . [_] [_]

Enter number of bathrooms

Refused .R

Don't Know .D

HOQ.060.

How long has your family lived at this address?

HOQ060_N

FMT_NUMCAT

[_] [_] [_]

Enter number (of months or years)

Less than one month 0

Refused .R

Don't Know .D

HOUSING CHARACTERISTICS (HOQ)

Enter unit

HOQ060_U FMT_FREQ_MONTHS_YEARS
Months 1
Years 2

HOQ.065. Does someone in your family own this dwelling, rent this dwelling, or do you have some other arrangement to live here?

HOQ065 FMT_HOQ065_
Owned or being bought 1
Rented 2
Other arrangement 3
Refused .R
Don't Know .D

HOQ.066. Do you have a basement in this home?

HOQ066 FMT_YES_NO
Yes 1
No 2 (Skip to HOQ.066.20)
Refused .R (Skip to HOQ.066.20)
Don't Know .D (Skip to HOQ.066.20)

[For those who have a basement.]

HOQ.066.10. Is the basement finished, partially finished or unfinished?

HOQ066_A FMT_HOQ066_A_
Finished 1
Partially finished 2
Unfinished 3
Refused .R
Don't Know .D

HOQ.066.20. Have you tested for radon in this home?

HOQ066_B FMT_YES_NO
Yes 1
No 2 (Skip to HOQ.067)
Refused .R (Skip to HOQ.067)
Don't Know .D (Skip to HOQ.067)

HOUSING CHARACTERISTICS (HOQ)

[For those who tested for radon.]

HOQ.066.21. What was the result of the test?

HOQ066_C *FMT_HOQ066_C_*

- Positive but below recommended action level **1**
- Positive and above recommended action level **2**
- Positive but don't remember recommended action level **3**
- Negative **4**
- Refused **.R**
- Don't Know **.D**

HOQ.067. What is the **main** type of heating system in this home?

HOQ067FMT_HOQ067_

HOQ067_OTHER *\$FMT_CHAR*

- Steam radiators **1**
- Hot water radiators/heaters **2**
- Forced air system (gas or fuel oil) **3**
- Active Solar **4**
- Wood burning stoves **5**
- Portable electric space heaters **6**
- Other types space heaters (Specify: _____) **7**

Other (Specify: _____) 8

Refused .R

Don't Know **.D**

HOQ.070. Is your home connected to a private well or to a community water supply?

HOQ070 *FMT_HOQ070_*

- Community water supply **1** **(Skip to HOQ.080)**
- Private well **2**
- Something else **3** **(Skip to HOQ.080)**
- Refused **.R** **(Skip to HOQ.080)**
- Don't Know **.D** **(Skip to HOQ.080)**

[For those who have a private well.]

HOQ.075. How deep is your well?

HOQ075FMT_HOQ075_

- <50 feet **1**
- 50-99 feet **2**
- 100-149 feet **3**
- >150 feet **4**
- Refused **77**
- Don't Know **99**

HOUSING CHARACTERISTICS (HOQ)

HOQ.080. Do you use a home water filter/treatment system in the home for drinking water?

HOQ080 **FMT_YES_NO**
Yes **1**
No **2**
Refused **.R**
Don't Know **.D**

HOQ.083. Are any of the water filter/treatment systems listed on this card used in your home?
[HAND CARD. ENTER ALL THAT APPLY.]

No **1**
Brita or other pitcher water filter **2**
Ceramic or charcoal filter **3**
Water softener **4**
Aerator **5**
Reverse osmosis **6**
Other **8**
Refused **.R**
Don't Know **.D**

FIRST RESPONSE **HOQ083_A** **FMT_HOQ083_**
SECOND RESPONSE **HOQ083_B** **FMT_HOQ083_**
THIRD RESPONSE **HOQ083_C** **FMT_HOQ083_**
FOURTH RESPONSE **HOQ083_D** **FMT_HOQ083_**
FIFTH RESPONSE **HOQ083_E** **FMT_HOQ083_**
SIXTH RESPONSE **HOQ083_F** **FMT_HOQ083_**

HOQ.160. Are there any rooms in your home where you can see paint that is peeling, flaking or chipping off the walls, ceilings, doors, or windows?

HOQ160 **FMT_YES_NO**
Yes **1**
No **2**
Refused **.R**
Don't Know **.D**

HOUSING CHARACTERISTICS (HOQ)

HOQ.190. Can you see paint that is peeling, flaking or chipping on any **outside area** of your {house/building}?

HOQ190 FMT_YES_NO
 Yes **1**
 No **2**
 Refused **.R**
 Don't Know **.D**

HOQ.230. In the past 12 months, has your home had a mildew odor or musty smell?

HOQ230 FMT_YES_NO
 Yes **1**
 No **2**
 Refused **.R**
 Don't Know **.D**

HOQ.230.010. Is your bathroom caulk or grout turning black?

HOQ231FMT_YES_NO
 Yes **1**
 No **2**
 Refused **.R**
 Don't Know **.D**

HOQ.230.020. Do you have water stains on your walls or ceilings?

HOQ232FMT_YES_NO
 Yes **1**
 No **2**
 Refused **.R**
 Don't Know **.D**

HOQ.250. What kind of pets do you keep inside your home now? **[ENTER ALL THAT APPLY]**

None **0** (Skip to HOQ.255)
 Cat **1**
 Dog **2**
 Bird **3**
 Hamster, mice, guinea pig, gerbils **4**
 Other (specify): _____) **5**
(Skip to HOQ.255)
 Refused **.R**
 Don't Know **.D** (Skip to HOQ.255)

FIRST RESPONSE	HOQ250_A	FMT_HOQ250_
SECOND RESPONSE	HOQ250_B	FMT_HOQ250_
THIRD RESPONSE	HOQ250_C	FMT_HOQ250_
FOURTH RESPONSE	HOQ250_D	FMT_HOQ250_
FIFTH RESPONSE	HOQ250_E	FMT_HOQ250_
OTHER RESPONSE	HOQ250_OTHER	FMT_\$CHAR

HOUSING CHARACTERISTICS (HOQ)

[For those who keep pets inside the home.]

HOQ.250.010. How many of each do you have now?

Cat	
Dog	
Bird	
Hamster, mice, guinea pig, gerbils	
Other_____	

CATS *HOQ251_A* *FMT_NUMERIC*
DOGS *HOQ251_B* *FMT_NUMERIC*
BIRDS *HOQ251_C* *FMT_NUMERIC*
HAMPSTER... *HOQ251_D* *FMT_NUMERIC*
OTHER *HOQ251_E* *FMT_NUMERIC*

HOQ.255. Did your family keep indoor cats at anytime during your childhood?

HOQ255FMT_YES_N

Yes 1
 No 2 **(Skip to HOQ.258)**
 Refused .R **(Skip to HOQ.258)**
 Don't Know .D **(Skip to HOQ.258)**

HOUSING CHARACTERISTICS (HOQ)

[For those whose family kept indoor cats during childhood.]

HOQ.255.010. How old were you when your family kept indoor cats? **[Enter all that apply]**

HOQ256_A, B, C, D, E FMT_HOQ256_

- Age <1 1
- Age 1-4 2
- Age 5-15 3
- Age 16-18 4
- All years (birth-18) 5
- Refused .R
- Don't Know .D

FIRST RESPONSE	HOQ256_A	FMT_HOQ256_
SECOND RESPONSE	HOQ256_B	FMT_HOQ256_
THIRD RESPONSE	HOQ256_C	FMT_HOQ256_
FOURTH RESPONSE	HOQ256_D	FMT_HOQ256_
FIFTH RESPONSE	HOQ256_E	FMT_HOQ256_

HOQ.258 Which of the following would you say comes closest to what happens inside your home? Would you say that...? **[HAND CARD]**

- Smoking is not allowed inside your home 1
- Smoking is allowed everywhere 2
- Smoking is allowed only in certain areas inside your home 3
- Smoking is allowed only for special guests inside your home 4
- Other (Specify: _____) 5
- Have not thought about it 6**
- Refused .R
- Don't Know .D

MAIN RESPONSE	HOQ258	FMT_HOQ258_
OTHER RESPONSE	HOQ258_OTHER	FMT_CHAR

*This next section is about **chemicals**, such as insecticides and weed killers that may have been used outside or inside your home. These products could have been used by you, another household member, a landlord, or a company.*

HOUSING CHARACTERISTICS (HOQ)

[For Survey Participants who responded that chemicals were used outside the household during the last 12 months AND who applied the chemicals themselves.]

HOQ.260.030. When you applied any of these chemicals yourself what protective gear did you wear? **[HAND CARD. ENTER ALL THAT APPLY]**

HOQ263_A, B, C, D, E, F, G, H *FMT_HOQ263_268_*

- None 0
- Chemical resistant gloves 1
- Fabric or leather gloves 2
- Long sleeve fabric shirt and/or pants 3
- Other protective clothing (boots, waterproof apron or pants) 4
- Disposable clothes (like Tyvek) 5
- Goggles or face shield (not personal eyewear) 6
- Face mask over mouth and nose (disposable or cloth) 7
- Cartridge respirator or gas mask 8
- Refused .R
- Don't Know .D

[For those who responded that chemicals were used outside the household during the last 12 months.]

HOQ.260.040. What was the method of application for this product? **[Enter all that apply]**

HOQ264_A, B, C, D *FMT_HOQ264_*

- Spray 1
- Bomb 2
- Powder 3
- Strip 4
- Other (Specify: _____) 5
- Refused .R
- Don't Know .D

HOQ264_OTHER

\$FMT_CHAR

HOUSING CHARACTERISTICS (HOQ)

HOQ.265. During the last 12 months, were any pesticides used **inside** your home to kill or control insects or other pests?

HOQ265FMT_YES_NO

Yes 1

No 2 (End of Questionnaire)

Refused .R (End of Questionnaire)

Don't Know .D (End of Questionnaire)

[For those who responded that pesticides were used inside the home during the last 12 months.]

HOQ.265.010. During the last 12 months, when these chemical products were used inside your home, how many times were they applied?

HOQ266FMT_NUMERIC

||_|_|

Enter number of times

Refused .R

Don't Know .D

HOQ.265.020. Were these chemicals applied by you, another household member, a neighbor, a landlord or a company? **[Enter all that apply]**

HOQ267_A, B, C, D, E

FMT_HOQ262_267_

Survey Participant (SP) 1 (Go to HOQ.260.030 after marking all who applied chemicals)

Other household member 2 (Skip to HOQ.265.040)

A neighbor 3 (Skip to HOQ.265.040)

A landlord 4 (Skip to HOQ.265.040)

Some other person or company 5 (Skip to HOQ.265.040)

Refused .R (Skip to HOQ.265.040)

Don't Know .D (Skip to HOQ.265.040)

HOUSING CHARACTERISTICS (HOQ)

[For Survey Participants who responded that chemicals were used inside the home during the last 12 months AND who applied the chemicals themselves.]

HOQ.265.030. If you applied any of these chemicals yourself what protective gear did you wear? **[HAND CARD. Enter all that apply]**

HOQ268_A, B, C, D, E, F, G, H FMT_HOQ263_268_

None 0

Chemical resistant gloves 1

Fabric or leather gloves 2

Long sleeve fabric shirt and/or pants 3

Other protective clothing
(boots, waterproof apron or pants) 4

Disposable clothes (like Tyvek) 5

Goggles or face shield (not personal eyeware) 6

Face mask over mouth and nose (disposable or cloth) 7

Cartridge respirator or gas mask 8

Refused .R

Don't Know .D

[For those who responded that chemicals were used inside the home during the last 12 months.]

HOQ.265.040. What was the method of application for these chemicals? **[Enter all that apply]**

HOQ269_A, B, C, D, E FMT_HOQ269_

Spray 1

Bomb 2

Powder 3

Strip 4

Other (Specify: _____) 5

HOQ269_OTHER\$FMT_CHAR

Refused .R

Don't Know .D

HOUSING CHARACTERISTICS (HOQ)

[For those who responded that chemicals were used inside the home during the last 12 months.]

HOQ.265.050. Which rooms in your home were treated with this product? **[Enter all that apply]**

HOQ270_A, B, C, D, E, F, G FMT_HOQ270_

Kitchen **1**

Bathroom **2**

Living Room or Family Room **3**

Bedroom **4**

Laundry Room **5**

Basement **6**

Other **8**

Refused **.R**

Don't Know **.D**