

The HomeBiome Indoor Air Quality Survey

Page 1: Introduction and project overview

This questionnaire will take up to 10 minutes to complete and the information will be used to assist us in interpreting the results of the air data collected. Please simply skip any questions that do not apply or that you prefer not to answer.

Following air quality data collection in your home and its analysis we will send you a report of the results.

Page 2: Your contact details

1. Your name:

2. Home address (where the air quality sample was collected); please include postcode/area code or equivalent:

3. Email address (so we can e-mail you your air quality report):

Please note, your contact information will not be sold or shared with anyone other than members of the research team.

Page 3: OCCUPANTS OF THE HOUSEHOLD

4. How many people, including children, live in your home?

4.a. How many are 5 years old and younger? *(Skip this question if none)*

4.b. How many are 6-17 years? *(Skip this question if none)*

4.c. How many are 18 – 65 years? *(Skip this question if none)*

4.d. How many are 66 years and older? *(Skip this question if none)*

5. Please tell us how many members of your household are male. *(Skip this question if none)*

- 1
- 2
- 3
- 4
- 5

6+

6. Please tell us how many members of your household are female. (*Skip this question if none*)

1

2

3

4

5

6+

7. Please tell us how many members of your household identify their gender as other. (*Skip this question if none*)

1

2

3

4

5

6+

8. Does your household have a '*no outdoor shoes worn in the home*' policy (which is either strictly or usually followed)?

No

Yes (the whole house)

Yes (but just part of the house i.e. upstairs no outdoor shoes)

9. Do any occupants smoke tobacco products indoors (e.g. cigarette, pipe, cigar)?

- Yes
- No

9.a. How many occupants of the household smoke?

- 1
- 2
- 3
- 4
- 5
- 6+

9.a.i. Please select a category that best reflects the amount of indoor smoking that occurs in the household:

- heavy smoking household
- moderate smoking household
- light smoking household

10. Does anyone living in your home have allergies to any type of pollutant found in the air (e.g. such as from dust mites, indoor pets, pollen, etc.)?

- Yes
- No

11. Do you have any pets that typically move into and out of the home (e.g. dogs, cats)?

- Yes
- No

11.a. Cat(s) (How many?). *(Skip this question if none)*

11.b. Dog(s) (How many?). *(Skip this question if none)*

11.c. Other? Please tell us what and how many

Page 4: THE RESIDENTIAL ENVIRONMENT

12. What is your home mainly made of (please select one category only)?

- Brick
- Stone
- Metal sheeting
- Wood
- Other
- Unsure

12.a. Please tell us what

13. In what year (approximately) was your home built?

14. What type of home do you live in?

- Detached/free-standing house
- Semi-detached/joined to one other house
- Terraced/row house/townhouse
- Unit/flat/apartment

14.a. On which floor do you live?

- sub-basement or basement
- ground floor
- first floor
- second floor or higher

15. Is the property within approximately 2 kilometers / 1 mile of any industrial units? (e.g. chemical plant, waste/recycling facility, landfill site, mining/quarrying, smelting facility, train yards)

- Yes
- No
- Unsure

16. Is the property close to a busy road (e.g. highway, heavy rush hour traffic jams)?

- Yes
- No

17. Have you renovated parts of your home at any time in the past 6 months

- Yes
- No

17.a. please tell us briefly what you have done (select all that apply)

- painting and decoration
- extension

- re-modelling or building interior walls
- kitchen re-fit
- other

17.a.i. please tell us more

18. Do you have any air purification systems in your home? Please select all responses that apply

- No
- Furnace filter
- Built-in HVAC system
- Commercial air purifiers
- Other

18.a. If you selected Other, please provide more details:

Your answer should be no more than 200 characters long.

19. Do you have any air extraction systems in your home? Please select all responses that apply

- Extractor fan over the cooker
- Extractor fan in the main bathroom
- Extractor fan in other rooms (e.g. toilet)
- Other

19.a. If you selected Other, please provide more details:

Your answer should be no more than 200 characters long.

20. Does your home have an attached garage?

- Yes
- No

20.a. If **Yes** please tick all those that apply

- There is a door connecting the garage and house
- Garage is used for storing paints and solvents
- Garage is used for parking vehicle(s) (nearly always)
- Garage is used for parking vehicle(s) (only sometimes/occasionally)
- Garage is never used for parking vehicle(s)

21. Do you have any areas in the home where damp is of concern?

- Yes
- No
- Unsure/only a small amount

22. What is your primary/main source of fuel for heating (please select only one category)

- Coal
- Electricity
- Gas
- Oil
- Wood
- Other

22.a. Please tell us your primary/main source of fuel for heating

23. What other (secondary/supplemental) sources of heating do you use (please select all that apply)

- None
- Open hearth fire
- Wood burning/mixed fuel stove
- Gas fire
- Electrical space heaters
- Other

23.a. please say what

24. What is your primary/main source of fuel for cooking?

- Electricity

- Gas
- Both gas and electric (e.g. gas oven/electric hob)
- Solid fuel (e.g. kerosene, diesel, coal, wood)
- Other

24.a. please say what

25. Does your home have cold draughts (such as in the winter months)?

- No
- Yes, a few
- Yes, a lot

26. Are the seals on your windows and doors sufficient to block out most nuisance (unwanted) outdoor noise?

- Yes
- Mostly
- No

26.a. If answered 'Mostly' or 'No' what is the source of the noise?

Your answer should be no more than 200 characters long.

27. How many rooms are there in your home (excluding bathrooms)?

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10+

28. What is the main type of flooring in your home (tick up to two categories)?

- Carpet or rugs
- Wood
- Vinyl or Linoleum
- Tiled/Stone/Concrete
- Other

28.a. please say what

29. On average, how often do you vacuum the main rooms of your house?

- Weekly or more often
- Two to three times a month

- Monthly or less often than monthly

30. Are the internal doors in your home usually closed or open?

- Usually closed
- Usually open
- A mixture (sometimes closed/sometimes open)

31. Were any new or recently refurbished items of furniture, or soft furnishings such as carpets or curtains, or large electronics, added to your home within the last year?

- Yes
- No

31.a. If **Yes** please note what those are and approximately when they were bought and/or brought into your home

Your answer should be no more than 200 characters long.

32. Do you regularly use air fresheners or burn candles etc in your home (typically once or more a week)? Please select all that apply.

- No
- Diffuser (e.g. plug in diffuser, reed diffuser etc)
- Candles
- Burning of incense

- Sprays (e.g. air freshener spray, fabric fresher spray)
- Other (e.g powder carpet fresheners)

32.a. If **other** please provide more details

Your answer should be no more than 200 characters long.

32.b. Please tell us why you regularly use air fresheners or burn candles, incense etc in your home.

Your answer should be no more than 200 characters long.

33. Which types of cleaning products do you typically use in your kitchen/bathroom areas (please tick all that apply)

- Bleach or ammonia based
- Natural based and/or allergy friendly labelled products (usually these have lower levels of volatile chemicals and are usually fragrance-free).
- Anti-microbial based
- Other

33.a. If **other** please provide more details

Your answer should be no more than 200 characters long.

34. Which types of cleaning products do you typically use in your other rooms (so

outside of your kitchen/bathroom areas) (please tick all that apply)

- Bleach or ammonia based
- Natural based and/or allergy friendly labelled products (usually these have lower levels of volatile chemicals and are usually fragrance-free).
- Anti-microbial based
- Anti-static products such as furniture polish
- Other

34.a. If **other** please provide more details

Your answer should be no more than 200 characters long.

Page 5: Consent

Thank you for participating in our indoor air quality investigation by completing this questionnaire and providing data about your home and household.

This information will help us interpret your air quality measurements, and generate research project outputs (such as related graphics, tables, figures and reports). **All data will be de-identified by the research team so that no home address, or other personal information, can be used to identify either the specific sample location or any individuals submitting the sample or living in the household.**

Please tick below to confirm consent to the use of the data supplied in this questionnaire, to be used **only** for the research purposes outlined above.

Should you have any questions or concerns regarding the study, its purpose or protocols, or indeed just to chat with us about any aspect of the study, feel free to drop us an e-mail at the following address: **Insert project contact email address here.**

If you wish to withdraw from the study for any reason, simply contact us on the above email. Your data will be disposed of and any associated personal or analytical data deleted from our databases.

35. By selecting yes, you: 1. confirm consent for the questionnaire data to be used for the above mentioned research purposes only, and 2. understand that your consent is conditional upon the In2Air research team and Northumbria University complying with its duties and obligations under the General Data Protection Regulations.

Yes

Page 6: End

Thank you for your time and participation to the In2Air project.

Key for selection options

4.a - How many are 5 years old and younger? (*Skip this question if none*)

- 0
- 1
- 2
- 3
- 4
- 5
- 6+

4.b - How many are 6-17 years? (*Skip this question if none*)

- 0
- 1
- 2
- 3
- 4
- 5
- 6+

4.c - How many are 18 – 65 years? (*Skip this question if none*)

- 0
- 1
- 2
- 3
- 4
- 5
- 6+

4.d - How many are 66 years and older? (*Skip this question if none*)

- 0
- 1

- 2
- 3
- 4
- 5
- 6+

11.a - Cat(s) (How many?). (Skip this question if none)

- 0
- 1
- 2
- 3
- 4
- 5
- 6+

11.b - Dog(s) (How many?). (Skip this question if none)

- 0
 - 1
 - 2
 - 3
 - 4
 - 5
 - 6+
-