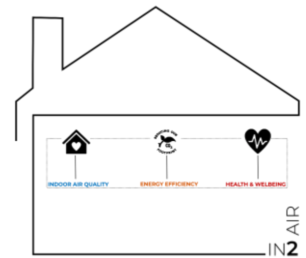

Survey Tools & Questions

Survey 1 & 2

When: at commencement of baseline monitoring activity (note: survey split into two to allow the participant a break from answering questions and to allow other activity, such as installing AQ monitoring equipment).
How: the questionnaire will be delivered by the researcher working directly with the participant. Responses to questions will be entered directly into the online forms via the researcher's password protected IT device or using hard copy for subsequent transfer to into the online forms.
Where: Face to face in the participants home.

Survey 3

When: at end of baseline monitoring activity on collection of units.
How: the questionnaire will be delivered by the researcher working directly with the participant. Responses to questions will be entered directly into the online forms via the researcher's password protected IT device or using hard copy for subsequent transfer to into the online forms.
Where: Face to face in the participants home.

Survey 1

(to be completed by the lead participant in the project)

Household and Participant Reference Code: **……….**

Introduction

This questionnaire will take up to 20 minutes to complete. It is made up of 3 sections which cover: who lives here, the home environment and residents' activities. The information will assist us in interpreting the results of the air, fuel, health and wellbeing data collected as part of the In2Air study. Please respond 'decline' to any questions that you prefer not to answer. The information you provide will be completely confidential to the researchers. Your answers will be combined with the answers of other study participants and reported in such a way that it will not identify you.

Section 1: Occupants of the household

1. How many people live in the property for at least 5 days in a typical week?

[Note: questionnaire set up online for more than one response where multiple occupants in the property]

2. Please indicate the number in each age group and gender:

	M	F
<16		
16-25		
25 – 34		
35-44		
45-54		
55-64		
65 or over		

3. In a typical week, how many hours are you usually out of the home each day?

Occupant 1

Day	**Mon**	**Tue**	**Wed**	**Thurs**	**Fri**	**Sat**	**Sun**
Hours out of the home (occupant 1)							

Occupant 2

Day	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
Hours out of the home (occupant 2)							

Section 2: The home environment and residents' activities
Introduction

This section is split into four parts (Part A, B, C and D). We will ask you questions about heating and energy patterns, ventilation and dampness of your home and any activities that might influence the indoor air freshness.

A. Heating and energy use patterns

A1. What is the **main** way you **heat** this property during the winter?

Central Heating:

1. Gas	
2. Oil	
3. Solid Fuel	
4. Electric (storage)	

Fixed Room Heaters:

1. Electric (storage)	
2. Gas	
3. Electric (other than storage)	
4. Solid fuel (open fire/enclosed stove)	

Portable Heaters:

1. Electric	
2. Bottled gas/paraffin	
3. Oil filled	
4. Other portable heaters	

Other:

1. Communal or district heating	
2. Other (specify)	
3. Don't know	

A2. Do you use any supplementary heating devices (e.g. electric fan heater/oil filled radiators, electric blanket etc) in the house?

1. Yes	
2. No	

If yes **A2a.**What supplementary heating devices do you use

A3. Has your energy use behaviour changed as a result of the current energy crisis and recent increase in energy prices?

1.Yes	
2. No	
3. Don't know	

A4. Which of the following statements best describes your recent efforts to reduce the amount of fuel you use to **heat your home**?

1. I haven't tried to reduce my usage	
2. I have tried to reduce my usage, but have found it hard to achieve	
3. I have reduced my usage, but could reduce it further	
4. I have reduced my usage as much as I possibly can	
5. Don't know	

A5. Which of the following statements best describes your recent efforts to reduce the amount of **electricity** you use (other than for heating)?

1. I haven't tried to reduce my usage	
2. I have tried to reduce my usage, but have found it hard to achieve	
3. I have reduced my usage, but could reduce it further	
4. I have reduced my usage as much as I possibly can	
5. Don't know	

B. Temperature

B1. Would you generally describe the temperature in your home in summer as….

1. Uncomfortably cold	
2. Comfortably cool	
3. Comfortable	
4. Comfortably warm	
5. Uncomfortably hot	

B2. Would you generally describe the temperature in your home in winter as….

1. Uncomfortably cold	
2. Comfortably cool	
3. Comfortable	
4. Comfortably warm	
5. Uncomfortably hot	

B3. Are there any rooms in the home that are significantly warmer or cooler than the other rooms in the home? (Please indicate the room and if it is warmer or cooler)

Room	Warmer	Cooler

B4. In **Summer**, how do you cool rooms in your home when too hot?

1. Open windows	
2. Use portable air conditioning unit	
3. Use fans	
4. Other (please specify)	
5. Have not needed to cool rooms	

B5. On average, how often, if at all, do you leave any of the windows in your home open in **Winter** just to let in cooler air because your home is too hot?

1. Every day	
2. Most days	
3. Occasionally	
4. Never	
5. Don't know	

B6. On average, how often, if at all, do you leave any of the windows in your home open in **Winter** to let in fresh air or for any other reason.

1. Every day	
2. Most days	
3. Occasionally	
4. Never	
5. Don't know	

B7. During the **Winter** months, do you generally find that your heating keeps you warm enough at home, or not?

1. Yes, always	
2. Most of the time	
3. Only some of the time	
4. No, never	
5. Don't know	

B8. Overall, how happy are you with the temperature in the home?

1. Very happy	
2. Happy	
3. Satisfied	
4. Unhappy	
5. Very unhappy	

C. Ventilation and air quality

C1. Generally, how would you describe the air in the home:

	[Very]	2	[Neutral]	4	[Very]	

	1		3		5	
a) Dry						Humid
b) Stale						Fresh
c) Odourless						Smelly
d) Still						Draughty

C2. Typically, do you do the majority of your laundry at home?

1. Yes	
2. No	

C3. Typically, how do you dry your clothes in **summer**? Select up to **2** options

1. On an airer in the house	
2. On a radiator / towel rail	
3. Outside	
4. Tumble drier vent to outside	
5. Tumble drier internal vent	
6. Tumble drier condenser	
7. Other – please specify	
Detail of other:	

C4. Typically, how do you dry your clothes in **winter**? Select up to **2** options

1. On an airer in the house	
2. On a radiator / towel rail	
3. Outside vent to outside	
4. Tumble drier	
5. Tumble drier internal vent	
6. Tumble drier condenser	
7. Other – please specify	
Detail of other:	

C5. Do you use a humidifier or a de-humidifier?

	a) Humidifier	b) De-humidifier
1. Often		
2. Sometimes		
3. Rarely		
4. Never		
5. Don't know		
If yes, detail on where used:		

C6. Have you noticed any **condensation** on the windows/walls/ceiling?

	a) Windows	b) Walls/ceiling
1. Often		
2. Sometimes		
3. Rarely		
4. Never		
5. Don't know		
If yes, detail on room/s affected:		

C7. Have you noticed any **damp patches** on the internal walls (on any wall inside your home)?

1. Often	
2. Sometimes	
3. Rarely	
4. Never	
5. Don't know	

If yes, **C7** Which rooms are affected?

C8. Have you noticed any **mould** on the walls/ceilings?

1. Very abundant	
2. Common	
3. Occasional	
4. Rare	
5. No	
6. Don't know	

If yes, **C8** Which rooms are affected?

C9. Does anyone usually smoke outside this property?

1. Yes	
2. No	
3. Don't Know	

If yes, **C9** how many people commonly smoke outside this residence?

C10. Does anyone usually vape indoors?

1. Yes	
2. No	
3. Don't Know	

If yes, **C10** how many people commonly vape inside this residence?

C11. What is your primary/main source of fuel for cooking (please select one category only)

1. Gas	
2. Electricity	
3. Both gas and electric (e.g. electric oven/ gas hob)	
4. Solid fuel (e.g. kerosene, diesel, coal, wood)	
5. Other - Please provide more details	

Details of other

C12. Do you have an extractor fan in the kitchen?

1. Yes / extractive	
2. Yes / recirculating	
3. Yes / don't know which type	
4. Yes - other	
5. No	

If yes, **C12** Where is it located (e.g. over the hob, in a window)?

If yes, **C12** how often do you use the extractor fan when cooking?

1. Often	
2. Sometimes	
3. Rarely	
4. Never	

C13. Do you open a window or back door when cooking?

1. Often	
2. Sometimes	
3. Rarely	
4. Never	

C14. Do you close the internal kitchen door when cooking?

1. Often	
2. Sometimes	
3. Rarely	

4. Never	
5. N/A (e.g. No internal door)	

C15. Do you have an extractor fan in your bathroom?

1. Yes	
2. No	

If yes, **C15** How often do you use the extractor fan in your bathroom?

1. Comes on automatically	
2. Often	
3. Sometimes	
4. Rarely	
5. Never	

C16. Do you regularly (typically once a week or more) use air fresheners, or burn candles, incense, or similar products in your home? Please select all that apply.

1. No	
2. Candles	
3. Burning of incense or similar product	
4. Diffuser (plug-in diffuser, read diffuser or similar products)	
5. Sprays (e.g. air freshener spray, fabric freshener spray)	
6. Other (e.g. powder carpet fresheners) please provide more details	
Detail of other scented products used:	

End of Questionnaire

Survey 2

Introduction

Survey 2 will take up to 30 minutes to complete. It is made up 2 sections which cover: your views about your health, how you feel and how well you are able to do your usual activities and finally some questions relating to you and your household's use of different health and social care services, and time off work due to ill health. The information will assist us in interpreting the results of the air, fuel, health and wellbeing data collected as part of the In2Air study. Please respond 'decline' to any questions that you prefer not to answer. The information you provide will be completely confidential to the researchers. Your answers will be combined with the answers of other study participants and reported in such a way that it will not identify you.

*Section 1 should be completed **individually** by each member of the household*

- SF36-v2 will take up to 15 minutes to complete
- ICECAP-A will take up to 5 mins to complete

*Section 2 can be completed by **the lead participant** in the project*

- This will take up to 10 minutes to complete

Section 1: Quality of life

Introduction

In this section we will ask you some questions about your views about our health, how you feel and how well you are able to do your usual activities. **There are no right or wrong answers**. Some questions will seem more relevant to you than others, or you may be unsure about how to answer, but please try to answer all the questions as best you can.

SF36-v2. Quality of life questionnaire

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Household & Participant Reference Code: ....

Quality of Life Questionnaire (SF-36v2 Health Survey)

This survey asks for your views about your health, how you feel and how well you are able to do your usual activities. Answer every question by checking the appropriate response. There are no right or wrong answers. If you are unsure about how to answer a question, please give the best answer you can.

Date of visit *dvdate* ☐☐ / ☐☐ / ☐☐☐☐

1. In general, would you say your health is: *health*

Excellent	Very Good	Good	Fair	Poor
1 ☐	2 ☐	3 ☐	4 ☐	5 ☐

2. Compared to one year ago, how would you rate your health in general now? *rthlth*

Much better	Somewhat better	About the same	Somewhat worse	Much worse
1 ☐	2 ☐	3 ☐	4 ☐	5 ☐

3. The following questions are about activities you might do during a typical day. <u>Does your health now limit</u> you in these activities? If so, how much?

	Yes, limited a lot	Yes, limited a little	No, not limited at all
a. <u>Vigorous activities,</u> such as running, lifting heavy objects, participating in strenuous activities. *vgract*	1 ☐	2 ☐	3 ☐
b. <u>Moderate activities,</u> such as moving a table, pushing a vacuum cleaner, bowling, or playing golf *mdract*	1 ☐	2 ☐	3 ☐
c. Lifting or carrying groceries *lcgroc*	1 ☐	2 ☐	3 ☐
d. Climbing <u>several</u> flights of stairs *cmstair*	1 ☐	2 ☐	3 ☐
e. Climbing <u>one</u> flight of stairs *csstair*	1 ☐	2 ☐	3 ☐
f. Bending, kneeling, or stooping *bdknstp*	1 ☐	2 ☐	3 ☐
g. Walking <u>more than a mile</u> *wlkml*	1 ☐	2 ☐	3 ☐
h. Walking <u>several hundred yards</u> *wlkyd*	1 ☐	2 ☐	3 ☐

	Yes, limited a lot	Yes, limited a little	No, not limited at all
i. **Walking <u>one hundred yards</u>** *wlkoyd*	1 ☐	2 ☐	3 ☐
j. **Bathing or dressing yourself** *bthdrs*	1 ☐	2 ☐	3 ☐

4. During the past 4 weeks, how much of the time have you had any of the following problems with your work or other regular daily activities as a result of your physical health ?

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
a. **Cut down on the amount of time you spent on work or other activities** *cuttm*	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
b. **Accomplished less than you would have liked** *dolss*	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
c. **Were limited in the kind of work or other activities** *lmtknd*	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
d. **Had difficulty performing the work or other activities (for example, it took extra effort)** *dffwrk*	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐

5. During the past 4 weeks, how much of the time have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
a. **Cut down the amount of time you spent on work or other activities** *ecuttm*	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
b. **Accomplished less than you would like** *edolss*	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
c. **Did your work or activities less carefully than usual** *elsscr*	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐

6. During the past 4 weeks, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbors, or groups? *extent*

Not at all	Slightly	Moderately	Quite a bit	Extremely
1 ☐	2 ☐	3 ☐	4 ☐	5 ☐

7. How much bodily pain have you had during the past 4 weeks? *pnxtnt*

None	Very mild	Mild	Moderate	Severe	Very severe
1 ☐	2 ☐	3 ☐	4☐	5 ☐	6 ☐

8. During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)? *pnintf*

Not at all	Slightly	Moderately	Quite a bit	Extremely
1 ☐	2 ☐	3 ☐	4 ☐	5 ☐

9. These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling.

How much of the time during the Past 4 weeks….	All of the time	Most of the time	Some of the time	A little of the time	None of the time
a. Did you feel full of life? *flife*	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
b. Have you been very nervous? *nervs*	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
c. Have you felt so down in the dumps that nothing could cheer you up? *edown*	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
d. Have you felt calm and peaceful? *ecalm*	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
e. Did you have a lot of energy? *fenrgy*	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
f. Have you felt downhearted and depressed? *edprss*	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
g. Did you feel worn out? *wrnout*	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
h. Have you been happy? *ehppy*	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
i. Did you feel tired? *etred*	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐

10. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)? *sinterf*

All of the time	Most of the time	Some of the time	A little of the time	None of the time
1 ☐	2 ☐	3 ☐	4 ☐	5 ☐

11. How TRUE or FALSE is each of the following statements for you?

	Definitely True	Mostly True	Don't Know	Mostly False	Definitely False
a. I seem to get sick a little easier than other people *esysck*	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
b. I am as healthy as anybody I know *hlthy*	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
c. I expect my health to get worse *hlthwrs*	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
d. My health is excellent *hlthgd*	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐

ICECAP-A measure v2: ABOUT YOUR OVERALL QUALITY OF LIFE

Note: Before using ICECAP-A there is a requirement to register with Bristol Medical School, UK.

Please indicate which statements best describe your overall quality of life at the moment by placing a tick (✓) in **ONE** box for each of the five groups below. Please ensure you have only ticked **ONE** box for each of the five groups.

1. Feeling settled and secure		
I am able to feel settled and secure in **all** areas of my life	☐	4
I am able to feel settled and secure in **many** areas of my life	☐	3
I am able to feel settled and secure in **a few** areas of my life	☐	2
I am **unable** to feel settled and secure in **any** areas of my life	☐	1
2. Love, friendship and support		
I can have **a lot** of love, friendship and support	☐	4
I can have **quite a lot** of love, friendship and support	☐	3
I can have **a little** love, friendship and support	☐	2
I **cannot** have **any** love, friendship and support	☐	1
3. Being independent		
I am able to be **completely** independent	☐	4
I am able to be independent in **many** things	☐	3
I am able to be independent in **a few** things	☐	2
I am **unable** to be at all independent	☐	1
4. Achievement and progress		
I can achieve and progress in all aspects of my life	☐	4
I can achieve and progress in **many** aspects of my life	☐	3
I can achieve and progress in **a few** aspects of my life	☐	2
I **cannot** achieve and progress in **any** aspects of my life	☐	1
5. Enjoyment and pleasure		
I can have **a lot** of enjoyment and pleasure	☐	4
I can have **quite a lot** of enjoyment and pleasure	☐	3
I can have **a little** enjoyment and pleasure	☐	2
I **cannot** have **any** enjoyment and pleasure	☐	1

Section 2: Use of Services

Household Reference Code: ....

Introduction

This survey will take up to 10 minutes to complete. In this section we will ask you some questions relating to you and your household's use of different health and social care services, and time off work (where relevant) due to ill health. This section is split into 3 parts (Part A , B and C). Some questions will seem more relevant to you than others, but please try to answer all the questions as best you can. As with the earlier section, there are no right or wrong answers. Some questions will seem more relevant to you than others, or you may be unsure about how to answer, but please try to answer all the questions as best you can.

Part A: Use of Health Care Services

This section is about **you or your household use of health care services in the last 3 months**. We know that it can be difficult to remember the services you have used precisely, but please be as accurate as you can.

A1. In the last **3 months**, have you or your household had any **consultations** with a health care professional **at a GP Practice, Hospital or other health-related Clinic**?

Yes	
No	

A2. If you ticked **YES** for question **A1**, please indicate in the boxes below what health professional provided a **face to face consultation** and how many consultations in total you or your household have had in the past **3 months**? The number of times could be approximate if you cannot remember exactly.

Health Care Professional	Yes	No	Number of Consultations	
General Practitioner (GP)				
Nurse				
Pharmacist				
Other (Please Specify)				
Other (Please Specify)				
Other (Please Specify)				

A3. In the last **3 months**, have you or your household had any **face to face consultations** with a health care professional **in your home**?

Yes	
No	

A4. If you ticked **YES** for question **A3**, please indicate in the boxes below what health professional provided a **face to face consultation at your home** and how many consultations in total you or your household have had in the past **3 months**? The number of times could be approximate if you cannot remember exactly.

Health Care Professional	**Yes**	**No**	**Number of Consultations**	
General Practitioner (GP)				
Nurse				
Pharmacist				
Other (Please Specify)				
Other (Please Specify)				
Other (Please Specify)				

A5. In the last **3 months**, have you or your household had any **consultations** with a health care professional **by phone/video call**?

Yes	
No	

A6. If you ticked **YES** for question **A5**, please indicate in the boxes below what health professional provided a **consultation by phone or video call** and how many consultations in total you or your household have had in the past **3 months**? The number of times could be approximate if you cannot remember exactly.

Health Care Professional	**Yes**	**No**	**Number of Consultations**	
General Practitioner (GP)				
Nurse				
Pharmacist				
Other (Please Specify)				
Other (Please Specify)				
Other (Please Specify)				

A7. In the last **3 months**, have you or your household contacted NHS111 (or any other out of hours NHS telephone line) for any health problems you faced?

Yes	
No	

A8. If you ticked YES for question A7, please record the number of times you or your household **have** contacted NHS 111 (or any other out of hours NHS telephone line) in the last **3 months** below:

Number of Consultations | | |

A9. In the last **3 months**, have you or your household attended accident and emergency (A&E) because of illness?

Yes	
No	

A10. If you ticked YES for question A9, please record the number of times you or your household **have** attended accident and emergency (A&E) in the last **3 months** below:

Number of Attendances | | |

A11. In the last **3 months**, have you or your household had to call an ambulance because of illness?

Yes	
No	

A12. If you ticked YES for question A11, please record the number of times you or your household **have** called an ambulance in the last **3 months** below:

Number of Calls | | |

Part B: Your Use of Social Care Services

This section is about **your or your households use of social care services in the last 3 months**. We know that it can be difficult to remember the services you have used precisely, but please be as accurate as you can.

B1. In the last **3 months**, have you or your household **accessed social care services at your home**?

Yes	
No	

B2. If you ticked **YES** for question **B1**, in the boxes below can you please indicate how many times in the past **3 months** you or your household have accessed the following social service **at your home**? The number of times could be approximate if you cannot remember exactly.

Type of Social Service	Yes	No	Number of Times	
Paid Carer (Provided by Council)				
Paid Carer (Provided by NHS)				
Meals on Wheels				
Support from a Charity				
Other (Please Specify)				

B3. In the last **3 months**, have you or your household **accessed social care services by phone or video call**?

Yes	
No	

B4. If you ticked **YES** for question **B3**, in the boxes below can you please indicate how many times in the past **3 months** you or your household have accessed the following social service **by phone of video call**? The number of times could be approximate if you cannot remember exactly.

Type of Social Service	Yes	No	Number of Times

Paid Carer (Provided by Council)				
Paid Carer (Provided by NHS)				
Meals on Wheels				
Support from a Charity				
Other (Please Specify)				

Part C: Your Employment

C1. If you or your household are in paid employment, have you had to take time off work in the last **3 months** due to illness?

Yes	
No	
N/A	

C2. If you ticked YES to question C1, please write below approximately how much time you or your household have taken off in total during the last 3 months due to illness or caring for someone who is unwell.

Number of Hours		

N/A	

Thank you for your time in completing this survey.

End of Questionnaire

Survey 3

(to be completed by each member of the household where possible, but as a minimum by the lead participant in the project)

Introduction

This questionnaire will take up to 30 minutes to complete. The information will assist us in interpreting the results of the air, fuel, health and wellbeing data collected as part of the In2Air study and also inform any changes/improvements that we might need to make to the procedures.

Section 1: Negative/positive factors associated with taking part in the baseline study & compliance with protocol

1.What did you **like** about taking part in this study?

the researcher will explore this question in relation to

taking part in research (free text)
the AQ monitors, (free text)
energy monitoring, (free text)
meeting and working with researchers, (free text)
other (free text)

2.What did you **not like** about taking part in this study?

the researcher will explore this question in relation to

completing survey questions (free text)
the AQ monitors, (free text)
energy monitoring (free text)
meeting and working with researchers, (free text)
other (free text)

3.Did anyone smoke or vape in the house during the time you had the AQ monitor?
[reassure the resident this won't impact on the voucher they receive for taking part]

1. Yes (details free text)
2. No
3. Don't know

Section 2: Change in behaviour(s)

4.Do you think having the AQ monitor(s) changed your behaviour at home?

1. Yes (How -free text) *the researcher will explore this question in relation to how*
2. No
3. Don't know

5. Did your usual pattern of opening/closing of windows change?

1. Yes (How -free text)
2. No
3. Don't know

6. Did your use of any home extractor fans change?

1. Yes (How -free text)
2. No
3. Don’t know

7. Do you think taking part in the energy audit changed your behaviour at home?

1. Yes (How -free text) *the researcher will explore this question in relation to*
2. No
3. Don’t know

8.Did your usual pattern of energy use (for example use of heating, use of electrical equipment) change?

1. Yes (How -free text) *the researcher will explore this question in relation to*
2. No
3. Don’t know

Section 3: Study Continuation

9.How likely are you to take part in the repeat study once the building works for energy saving are finished?

1. Very likely
2. Likely
3. Neutral
4. Unlikely
5. Very unlikely

10.What would encourage you to take part in the repeat study?
(free text)

Thank you for your time in completing this survey.

End of Questionnaire