APPENDIX AVAILABLE ON REQUEST

Research Report 143

Measurement and Modeling of Exposure to Selected Air Toxics for Health Effects Studies and Verification by Biomarkers

Roy M. Harrison et al.

Appendix 3. Subject Related Forms

Note: Appendices Available on the Web appear in a different order than in the original Investigators' Report. HEI has not changed these documents.

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ACTIVITY DIARY

MATCH STUDY - ACTIVITY DIARY

MEASUREMENT DAY ☐ **ID** ☐ **DATE** ☐

Time	Where are you?	What are you doing?	Are there any windows or doors open?	Anyone smoking? (Y/N)	Location number for places visited	Location number for travelling
0000-0030						
0030-0100						
0100-0130						
0130-2000						
0200-0230						
0230-0300						
0300-0330						
0330-0400						
0400-0430						
0430-0500						
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1700-1730						
1730-1800						
1800-1830						
1830-1900						
1900-1930						
1930-2000						
2000-2030						
2030-2100						
2100-2130						
2130-2200						
2200-2230						
2230-2300						
2300-2330						
2330-2400						

NOW PLEASE COMPLETE A LOCATION SHEET FOR EACH PLACE VISITED AND EACH TIME YOU

TRAVELLING DESCRIPTION SHEET

LOCATION SHEET FOR TRAVELLING - Information About your Journey

Measurement Day ☐ **ID** ☐ **Measurement Date** ☐

Location number	**1**	**2**	**3**	**4**	**5**
Length of time travelling? (e.g. 30mins)					
Start time of travelling?					
If return journey along same route, what time is return?					
Where are you travelling from?					
Where are you travelling to?					
How are you travelling?					
Car/Taxi	☐	☐	☐	☐	☐
Motorbike	☐	☐	☐	☐	☐
Bus	☐	☐	☐	☐	☐
Electric Train	☐	☐	☐	☐	☐
Diesel Train	☐	☐	☐	☐	☐
Metro/Underground	☐	☐	☐	☐	☐
Cycling	☐	☐	☐	☐	☐
Walking	☐	☐	☐	☐	☐
How busy are the roads?					
Not busy *(very few cars around)*	☐	☐	☐	☐	☐
Busy at times *(busy on some roads)*	☐	☐	☐	☐	☐
Busy *(constant moving traffic)*	☐	☐	☐	☐	☐
Very busy *(congested/stationary traffic)*	☐	☐	☐	☐	☐
Not Applicable (travelling by train/metro)	☐	☐	☐	☐	☐
Is anyone smoking?					
No *(not smoky at all)*	☐	☐	☐	☐	☐
Occasionally *(slightly smoky)*	☐	☐	☐	☐	☐
Frequently *(smoky)*	☐	☐	☐	☐	☐
Constantly *(very smoky)*	☐	☐	☐	☐	☐
Please name the areas travelled through or the bus or train route taken: (e.g. Harborne-Edgbaston-City Centre, Bus Number 22, Train Route - Cross City Line - New Street to Erdington, e.t.c.)					

TRAVELLING DESCRIPTION SHEET (Cont)

Location number (continued from previous page)	**1**	**2**	**3**	**4**	**5**
Please name the roads travelled along: (e.g. Hagley Road-Broad Street-Queensway-A38M-A38 Tyburn Road e.t.c.)					

If you are travelling by car, taxi or motobike please complete the following questions:

	1	2	3	4	5
Are you:					
Driving	☐	☐	☐	☐	☐
Passenger	☐	☐	☐	☐	☐
Do you own the car/motorbike?					
Yes	☐	☐	☐	☐	☐
No	☐	☐	☐	☐	☐
Make of car/motorbike?					
Model of car/motorbike?					
Fuel type:					
Petrol	☐	☐	☐	☐	☐
Diesel	☐	☐	☐	☐	☐
Engine size					
Year of manufacture					
Is the air conditioning used?					
Yes	☐	☐	☐	☐	☐
No	☐	☐	☐	☐	☐
Is the fan/heater used?					
Yes	☐	☐	☐	☐	☐
No	☐	☐	☐	☐	☐
Where was the briefcase kept?					
In the seating area of the car	☐	☐	☐	☐	☐
In the boot of the car	☐	☐	☐	☐	☐
In the travel case of the bike	☐	☐	☐	☐	☐
Other	☐	☐	☐	☐	☐
Any other information you would like to tell us about:					

LOCATION DESCRIPTION SHEET

LOCATION SHEET FOR TIMES WHEN YOU ARE NOT TRAVELLING - Information about the Places you Visit

THERE IS NO NEED FOR YOU TO COMPLETE THIS FOR YOUR HOME - JUST THE PLACES YOU VISIT OUTSIDE YOUR HOME

Measurement Day ☐ **ID** ☐ **Measurement Date** ☐

Location number	**1**	**2**	**3**	**4**	**5**
Name of location	☐	☐	☐	☐	☐
Length of time you were at the location.	☐	☐	☐	☐	☐
Floor level:	(tick for the room where you spend most of the time - if you spend time in other rooms tell us in the box at the end of the sheet for additional information)				
Basement	☐	☐	☐	☐	☐
Ground Floor	☐	☐	☐	☐	☐
1st Floor	☐	☐	☐	☐	☐
2nd Floor	☐	☐	☐	☐	☐
3rd Floor	☐	☐	☐	☐	☐
Other	☐	☐	☐	☐	☐
What direction does the location face?	(tick for the room where you spend most of the time - if you spend time in other rooms tell us in the box at the end of the sheet for additional information)				
Street	☐	☐	☐	☐	☐
Back Garden	☐	☐	☐	☐	☐
Side/Side Alley	☐	☐	☐	☐	☐
Car Park	☐	☐	☐	☐	☐
Park	☐	☐	☐	☐	☐
Private Road	☐	☐	☐	☐	☐
Has anyone smoked in this location?					
No *(not smoky at all)*	☐	☐	☐	☐	☐
Occasionally *(slightly smoky)*	☐	☐	☐	☐	☐
Frequently *(smoky)*	☐	☐	☐	☐	☐
Constantly *(very smoky)*	☐	☐	☐	☐	☐

LOCATION DESCRIPTION SHEET (Cont)

What is the name of the road the location is on?					
What area is this location in? *(e.g. Edgbaston, Northfield e.t.c.)*					
What is the distance to this road from the location?					
Less than 10m	☐	☐	☐	☐	☐
10-100m	☐	☐	☐	☐	☐
More than 100m	☐	☐	☐	☐	☐
How busy is this road at the time you are there?					
Not busy *(very few cars around)*	☐	☐	☐	☐	☐
Busy at times *(busy at certain times)*	☐	☐	☐	☐	☐
Busy *(constant moving traffic)*	☐	☐	☐	☐	☐
Very busy *(congested/stationary traffic)*	☐	☐	☐	☐	☐
Are there any photocopiers or printers or faxes?					
Yes	☐	☐	☐	☐	☐
No	☐	☐	☐	☐	☐
If yes, how many?					
Are there any new carpets or furniture (less than 3 months old)?					
Yes	☐	☐	☐	☐	☐
No	☐	☐	☐	☐	☐
Has any decorating been done in the last 3 months?					
Yes	☐	☐	☐	☐	☐
No	☐	☐	☐	☐	☐
Is there any other relevant information you would like to tell us about this location?					

ACTIVITY QUESTIONNAIRES

MATCH Study - Sampling Questionnaire

Measurement Day ______ **Volunteer ID** ______ **Measurement Date** ______

Activities	Please Tick	Specify the activity you are doing	What products are you using?	What is your location?
Cleaning	☐			
Dusting *(e.g. furniture polish)*	☐			
Vacuuming	☐			
Aerosol and perfume use *(including plug-in air fresheners)*	☐			
Solvent use *(e.g. fertiliser, de-icer, insect spray)*	☐			
Dry cleaning	☐			
Candle burning	☐			
Use of a photocopier	☐			
Use of fireplace	☐			
Use of any other fossil fuels *(e.g. petrol lawn mower)*	☐			
Visit to petrol station/refuelling car	☐			
DIY - Painting	☐			
DIY - Wallpapering	☐			
DIY – Gluing	☐			
DIY – Other *(please specify)*	☐			
Gardening *(e.g. lawn mowing)*	☐			
Other *(please specify)*	☐			
Not Applicable - non of above activities done.	☐			

STORAGE QUESTIONNAIRE

MATCH STUDY STORAGE QUESTIONNAIRE

Measurement Day ☐ **ID** ☐ **Date** ☐

Does the volunteer have an integral garage?

☐ Yes
☐ No

During the measurement week has a car been kept in the garage?

☐ Yes
☐ No
☐ N/A

Are any of the following items stored/used in the garage?

☐ N/A
☐ Petrol Vehicle
☐ Diesel Vehicle
☐ Petrol Lawnmower
☐ Open Paints
☐ Closed Paints
☐ Solvents
☐ Ink/Toner
☐ Petrol
☐ Diesel
☐ Fertiliser
☐ Glues

Are any of the following items stored/used in the home?

☐ N/A
☐ Petrol Vehicle
☐ Diesel Vehicle
☐ Petrol Lawnmower
☐ Open Paints
☐ Closed Paints
☐ Solvents
☐ Ink/Toner
☐ Petrol
☐ Diesel
☐ Fertiliser
☐ Glues
☐ Photocopier
☐ Fax Machines
☐ Printers

HOME QUESTIONNAIRE

DATE: ☐ I.D. CODE ☐

QUESTIONNAIRE

PART A: GENERAL INFORMATION ABOUT YOUR HOUSE

A.1 DESCRIBE THE LOCATION OF THE HOME. Please tick one box

- Rural area ☐
- Suburb ☐
- City centre ☐

A.2 DESCRIBE THE TYPE OF DWELLING. Please tick one box

- Flat ☐
- Centre terrace house ☐
- End terrace house ☐
- Semi-detached house ☐
- Detached house ☐

A.3 APPROXIMATELY WHEN WAS YOUR HOUSE BUILT? Please tick one box

- Before 1920 ☐
- 1920 – 1940 ☐
- 1941 – 1950 ☐
- 1951 – 1960 ☐
- 1961 – 1970 ☐
- 1971 – 1980 ☐
- 1981 – 1990 ☐
- Since 1990 ☐
- Don't know ☐

IF YOU DO NOT LIVE IN A FLAT, PLEASE GO TO QUESTION A.7

A.4 ON WHICH FLOOR IS THE FLAT LOCATED?

(Please specify, e.g. 1, 2, 3 or Basement =B, Ground Floor = F) ☐

A.5 WHAT IS IMMEDIATELY BELOW THE FLOOR OF YOUR FLAT?
Please tick one box

- The ground ☐
- Another flat ☐
- Garage ☐
- Other (please describe below) ☐

HOME QUESTIONNAIRE (Cont)

A.5 WHAT IS IMMEDIATELY ABOVE YOUR FLAT?
Please tick one box

- The roof – is it a top floor flat ☐
- Another flat ☐
- Other (please describe below) ☐

A.7 DO YOU HAVE A GARAGE?

- Yes ☐
- No ☐

If no, please go to Part B.

A.8 IS THE GARAGE PART OF YOUR HOME (OR DIRECTLY ATTACHED TO THE UNDERNEATH OR SIDE OF YOUR HOME) ?

- Yes ☐
- No ☐

If no, please go to Part B.

A.9 (a) DO YOU KEEP A CAR IN THE GARAGE?

- Usually ☐
- Sometimes ☐
- Never ☐

If never, please go to Part B.

(b) WHAT TYPE OF FUEL DOES THE CAR RUN ON?

- LRP petrol ☐
- Unleaded petrol ☐
- Diesel ☐
- Don't know ☐

A.10 WHICH ROOM HAS A DOOR TO THE GARAGE? Please tick one box

- Hall ☐
- Kitchen ☐
- Utility room ☐
- Living room ☐
- None ☐
- Other (Please describe below) ☐

HOME QUESTIONNAIRE (Cont)

PART B: HEATING & COOKING

B.1 HOW MANY ROOMS DO YOU USUALLY HEAT AT THIS TIME OF YEAR?
Write a number in each box

Living rooms *(include studies, dining rooms etc. but not kitchen diners or living rooms with kitchen included* ☐

Living room or dining room which includes kitchen ☐

Bedrooms ☐

Other rooms ☐

B.2 WHAT DO YOU USE AS THE MAIN METHOD OF HEATING AT THIS TIME OF YEAR?

(a) WHAT FUEL DO YOU USE FOR YOUR MAIN HEATING?
Please tick one box

- Natural gas ☐
- Electricity ☐
- Bottled gas ☐
- Other (Please describe below) ☐

(b) WHAT TYPE OF HEATING SYSTEM DO YOU USE FOR YOUR MAIN HEATING?
Please tick one box

- Electric storage heaters ☐
- Central heating with radiators ☐
- Warm air central heating ☐
- Individual heaters or fires in each heated room ☐
- Other (Please describe below) ☐

B.3 WHERE IS YOUR BOILER LOCATED?

- Kitchen ☐
- Hallway ☐
- Under stairs ☐
- Other (Please describe below) ☐

B.4 DO YOU USE ANY ADDITIONAL TYPE OF HEATING AT THIS TIME OF YEAR?

- Yes ☐
- No ☐

If no, please go to B.6

HOME QUESTIONNAIRE (Cont)

B.5 WHAT TYPE OF ADDITIONAL HEATING DO YOU USE MOST?

(a) WHAT FUEL DOES IT USE? Please tick one box

- Natural gas ☐
- Electricity ☐
- Bottled gas ☐
- Coal /coke ☐
- Wood ☐
- Paraffin ☐
- Other (Please describe below) ☐

(a) WHAT TYPE OF HEATING SYSTEM DO YOU USE FOR YOUR ADDITIONAL HEATING? Please tick one box

- Electric storage heaters ☐
- Central heating with radiators ☐
- Warm air central heating ☐
- Individual heaters or fires in each heated room ☐
- Other (Please describe below) ☐

B.6 DO YOU USE ANY FURTHER GAS OR SOLID FUEL WHICH YOU HAVE NOT INCLUDED IN YOUR MAIN OR ADDITIONAL HEATING (NOT INCLUDING COOKING FUEL)?

- Yes (please describe below) ☐
- No ☐

If yes, please describe in box below

HOME QUESTIONNAIRE (Cont)

B.7 ON A TYPICAL WEEKDAY, FOR EACH SEASON, AT WHAT HOURS DO YOU NORMALLY USE SOME FORM OF HEATING?
Please mark off the boxes to show when you have heating on

SPRING:

1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12

Midnight Midday

SUMMER:

1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12

Midnight Midday

AUTUMN:

1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12

Midnight Midday

WINTER:

1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12

Midnight Midday

B.8 AND ON A TYPICAL DAY AT THE WEEKEND, FOR EACH SEASON, WHAT HOURS DO YOU NORMALLY USE SOME FORM OF HEATING?
Please mark off the boxes to show when you have heating on

SPRING:

1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12

Midnight Midday

SUMMER:

1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12

Midnight Midday

AUTUMN:

1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12

WINTER:

1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12

Midnight Midday

HOME QUESTIONNAIRE (Cont)

B.9 WHAT MAIN COOKING FUEL DO YOU USE? Please tick one box

- Natural gas ☐
- Electricity ☐
- Bottled gas ☐
- Other (Please describe below) ☐

IF YOU DO NOT USE GAS FOR COOKING PLEASE GO TO PART B.13

B.10 HOW MANY HOURS IS YOUR GAS COOKER USED PER DAY ON AVERAGE ON WEEKDAYS?

☐ Hours

B.11 HOW MANY HOURS IS YOUR GAS COOKER USED PER DAY ON AVERAGE AT WEEKENDS?

☐ Hours

B.12 DO YOU EVER USE THE GAS COOKER, WHEN YOU ARE NOT COOKING, TO HEAT THE KITCHEN (OR ANY OTHER PART OF THE HOME)? Please tick one box

- Yes, regularly ☐
- Yes, sometimes ☐
- Yes, only occasionally ☐
- No, never ☐

B.13 DO YOU HAVE A COOKER HOOD?
Include cooker hoods which extract air to the outside, but NOT hoods which only filter air and return it to the kitchen.

- Yes ☐
- No ☐

If no, please go to PART C

B.14 HOW OFTEN IS THE COOKER HOOD USED? Please tick one box

- Fan not used ☐
- Fan sometimes used ☐
- Fan normally used when room in use ☐

HOME QUESTIONNAIRE (Cont)

PART C: WINDOWS & VENTILATION

C.1 PLEASE INDICATE WHICH DIRECTION THE WINDOWS IN YOUR HOME FACE. Please tick more than one box if applicable

	Street Side	Back Garden	Side Street/Side Alley	Other (please specify)
Kitchen				
Bathroom				
Living room				
Your bedroom				
Other*				
Other*				

*Please specify (e.g. dining room, second bedroom, corridor, etc.)

C.2 HOW OFTEN ARE THE WINDOWS USUALLY OPEN AT THIS TIME OF YEAR DURING THE DAY? Please tick one box for each room type

	All or most of the time	Part of the day	Only when needed	Rarely or never	No window	Don't know
Kitchen						
Bathroom						
Living rooms						
Bedrooms						
Other rooms						

C.3 DO YOU LEAVE WINDOWS OPEN AT NIGHT AT THIS TIME OF YEAR? Please tick one box for each room type

	Yes, all or most nights	Sometimes	Rarely or never	Don't know
Kitchen				
Bathroom				
Living rooms				
Bedrooms				
Other rooms				

C.4 DO YOU HAVE DOUBLE GLAZING?

Yes ☐
No ☐

C.5 DO YOU HAVE ANY ELECTRIC EXTRACTOR FANS?
This is a question about electric fans which extract air from the home to the outside. These fans are fitted in a window or wall, you may have one in a ceiling which blows air up a pipe and through the roof.
Do not include cooker hoods. Please tick one box.

Yes ☐
No ☐

If no, please go to PART C.7

HOME QUESTIONNAIRE (Cont)

C.6 PLEASE INDICATE WHETHER THERE IS A FAN IN THE ROOMS LISTED IN THE TABLE BELOW, AND WHETHER IT IS USED, BY TICKING THE APPROPRIATE BOXES

	No fan	Fan present, but not used	Fan sometimes used	Fan normally used when room in use
Kitchen				
Bathroom				
Other rooms				

C.7 WOULD YOU SAY THAT WINDOWS AND/OR VENTILATORS IN YOUR HOME PROVIDE ADEQUATE FRESH AIR? Please tick one box

Usually ☐
Sometimes ☐
Never ☐

PART D: THINGS THAT AFFECT THE AIR IN YOUR HOME

D.1 DO YOU SMOKE INDOORS HERE?

Yes ☐
No ☐

D.2 DOES ANYONE ELSE IN YOUR HOUSEHOLD SMOKE INDOORS HERE?

Yes ☐
No ☐

D.3 DOES ANYONE ELSE REGULARLY SMOKE INDOORS HERE?

Yes ☐
No ☐

IF NOBODY SMOKES PLEASE GO TO D.5

D.4 FOR EACH PERSON WHO SMOKES INSIDE YOUR HOME PLEASE ESTIMATE THE AMOUNT SMOKED PER WEEK INSIDE YOUR HOME.

PERSON	1	2	3	4	5	6
Cigarettes (number)						
Pipe tobacco (oz)						
Small cigars (number)						
Large cigars (number)						

D.5 FOR EACH ROOM IN THE TABLE BELOW, PLEASE WRITE HOW MANY MONTHS AGO YOU DID EACH OF THE FOLLOWING
If more than 12 months write X

	Wallpapering	Carpeting / Lino	Sanding / Stripping
Kitchen			
Living rooms			
Bedrooms			
Other rooms			

HOME QUESTIONNAIRE (Cont)

IF NO NEW CARPET/LINO HAS BEEN LAID PLEASE GO TO D.8

D.6 WAS RUBBER-BACKED NYLON CARPET LAID? Please tick one box

- Yes ☐
- No ☐
- Don't know ☐

D.7 WAS THE CARPET/LINO GLUE TO THE FLOOR? Please tick one box

- Yes ☐
- No ☐
- Don't know ☐

D.8 HAS ANY SEALANT BEEN USED IN THE LAST 12 MONTHS?
This question is about sealants used for waterproofing around baths,pipes etc.
Please tick one box

- Yes ☐
- No ☐
- Don't know ☐

D.9 HAVE YOU NOTICED ANY PATCHES OF MOULD ON THE WALLS OR CEILINGS OF YOUR HOME AT ANY TIME IN THE LAST 12 MONTHS?

- Yes ☐
- No ☐

If yes, please indicate in which room(s) in the box below

D.10 DO YOU OWN ANY PETS (WHICH ENTER THE HOUSE) ?

- Yes ☐
- No ☐

If no, please go to D.12

If yes, please indicate in which room(s) in the box below

D.11 WHICH ROOMS ARE YOUR PET ALLOWED IN?

- Kitchen ☐
- Living rooms ☐
- Bedrooms ☐
- Other rooms ☐

HOME QUESTIONNAIRE (Cont)

D.12 DO YOU DO ANY DIY?

Yes •

No •

If yes, please specify any recent DIY in the box below, including approximately when it was done.

D.13 PLEASE TICK TO INDICATE HOW OFTEN DO YOU DO THE FOLLOWING

	Most days or every day	About once a week	Less often	Rarely / never
Hoover				
Dust				

D.14 PLEASE TICK TO INDICATE HOW OFTEN YOU USE THE FOLLOWING

	Most days or every day	About once a week	Less often	Rarely / never
Aerosol insect killer				
Aerosol air freshener				
Other aerosol				

D.12 DO YOU DO ANY DIY?

Yes ☐
No ☐

If yes, please specify any recent DIY in the box below, including approximately when it was done.

D.13 PLEASE TICK TO INDICATE HOW OFTEN DO YOU DO THE FOLLOWING

	Most days or every day	About once a week	Less often	Rarely / never
Hoover				
Dust				

D.14 PLEASE TICK TO INDICATE HOW OFTEN YOU USE THE FOLLOWING

	Most days or every day	About once a week	Less often	Rarely / never
Aerosol insect killer				
Aerosol air freshener				
Other aerosol				

D.12 DO YOU DO ANY DIY?

Yes ☐
No ☐

If yes, please specify any recent DIY in the box below, including approximately when it was done.

D.13 PLEASE TICK TO INDICATE HOW OFTEN DO YOU DO THE FOLLOWING

	Most days or every day	About once a week	Less often	Rarely / never
Hoover				
Dust				

D.14 PLEASE TICK TO INDICATE HOW OFTEN YOU USE THE FOLLOWING

	Most days or every day	About once a week	Less often	Rarely / never
Aerosol insect killer				
Aerosol air freshener				
Other aerosol				

APPENDIX 3: SUBJECT RELATED FORMS

SCREENING QUESTIONNAIRE

MATCH STUDY SCREENING QUESTIONNAIRE

Your Details:

1. Full Name: ☐

2. Are you:
- ☐ Male
- ☐ Female

3. What is your age?
- ☐ 18-25
- ☐ 26-35
- ☐ 36-45
- ☐ 46-55
- ☐ 56-55
- ☐ 66 and over

4. What is your home address? ☐

5. What is your home telephone number? ☐

6. What is your work address? ☐

7. What is your work telephone number? ☐

8. Do you have any other contact information? ☐

Your Occupation:

9. What is your occupation? ☐

10. Please describe your occupation? ☐

11. Is your occupation:
- ☐ Full Time
- ☐ Part Time
- ☐ Job Share
- ☐ Shift Work
- ☐ Other, please describe ☐

12. Please indicate what hours you work: ☐

Your Travel:

13. How many miles is your home from your workplace?
- ☐ Less than 5 miles
- ☐ 5-10 miles
- ☐ 10-15 miles
- ☐ 15-20 miles
- ☐ 20-30 miles
- ☐ More than 30 miles

14. How do you travel to work?
- ☐ Car
- ☐ Train
- ☐ Tube
- ☐ Bus
- ☐ Cycle
- ☐ Walk
- ☐ Other, please describe ☐

15. How long does your journey to work take you on average?
- ☐ Less than 5 minutes travelling time
- ☐ 15-30 minutes travelling time
- ☐ 30-45 minutes travelling time
- ☐ 45-60 minutes travelling time
- ☐ More than 1 hour travelling time

16. What time do you leave your home in the morning to get to work? ☐

17. Do you use a vehicle for your job?
- ☐ Yes
- ☐ No

If yes, how long per day on average would you say you spend in your vehicle for work purposes (excluding travel to and from work)?
- ☐ Less than 30 minutes
- ☐ 30-60 minutes
- ☐ 1-2 hours
- ☐ 2-4 hours
- ☐ More than 4 hours

18. What is your annual average mileage (work and domestic)?
- ☐ Less than 5,000 miles
- ☐ 5,000-10,000
- ☐ 10,000-15,000
- ☐ 15,000-20,000
- ☐ 20,000-30,000
- ☐ more than 30,000 miles

Other Information:

ETS QUESTIONNAIRE

MATCH STUDY - Environmental Tobacco Smoke (ETS) Questionnaire

Measurement Day ______ ID ______ Date ______

Time of Exposure: e.g. 3pm-4pm ______

1) Please complete the following table:

How far was the smoker from you	How many people were smoking	Approx how many cigarettes were smoked?	How long were you exposed to the smoke for?
Less than 2 meters			
More than 2 meters			

2) Who was the smoker?
- ☐ A friend or relative in my company
- ☐ A person who was not in my company
- ☐ A passer by

3) Where were you exposed to the smoke?
- ☐ Outside in an open space
- ☐ Inside in an enclosed space
- ☐ Other, please describe ______

For Open Spaces:

4) If you were in an open space please describe it:
- ☐ Private garden
- ☐ Park
- ☐ Playground
- ☐ Street
- ☐ Bus Stop
- ☐ Other, please describe ______

5) How long were you in the open space? (e.g. 3pm-4pm) ______

For Enclosed Spaces:

6) If you were in an enclosed space please say where you were: ______

7) How smoky is the room?
- ☐ Not smoky at all
- ☐ Slightly smoky, people are occassionally smoking
- ☐ Smoky, people are frequently smoking
- ☐ Very smoky, there are people constantly smoking

8) How ventilated is the room?
- ☐ It is well ventilated
- ☐ There is some ventilation
- ☐ It is not ventilated
- ☐ I don't know

9) Are there any sources of ventilation in the room?
- ☐ Open windows
- ☐ Open doors
- ☐ Fan
- ☐ Ceiling fan
- ☐ Air extractors
- ☐ Air conditioning
- ☐ Passive Ventilation
- ☐ Don't know

10) When you were exposed to the smoke were any heating sources on?
- ☐ Yes
- ☐ No
- ☐ Don't know