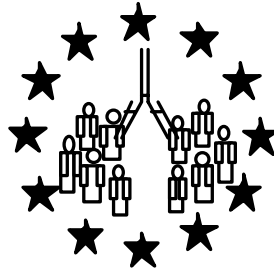


# THE EUROPEAN COMMUNITY RESPIRATORY HEALTH SURVEY II



## ECRHS II

### INDOOR QUESTIONNAIRE

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Centre Number			
Subject Number			
Date			

You came to clinic on \_\_\_\_\_

You last took part in the survey \_\_\_\_\_

1. Is this the same home you were living in when you were seen at the testing centre in 1999/2000? NO  YES

2. Is this the same home you were living in when you were seen at the testing centre in 1991/1992/1993? NO  YES

3. How long have you been living in this home? YEARS

4. **What type of property is this home?**

**TICK ONE BOX ONLY**

- |   |          |  |
|---|----------|--|
| <b>a) detached house or detached bungalow</b>                                 | <b>1</b> |  |
| <b>b) semi-detached house or semi-detached bungalow</b>                       | <b>2</b> |  |
| <b>c) terraced house</b>  | <b>3</b> |  |
| <b>d) building originally built as a flat or apartment</b>                    | <b>4</b> |  |
| <b>e) building originally built as a large house now converted into flats</b> | <b>5</b> |  |

4.1 If answered d) or e):

How many households are living in this building

**TICK ONE BOX ONLY**

- |                      |          |  |
|----------------------|----------|--|
| a) less than five    | <b>1</b> |  |
| b) five to fifteen   | <b>2</b> |  |
| c) more than fifteen | <b>3</b> |  |

5. How many people live in this home? NUMBER

6. How many people living in this home smoke inside the home? NUMBER

If the answer is one person or more please identify how many cigarettes per day on average, are smoked inside this home by:-

- |     |                        |  |  |  |
|-----|------------------------|--|--|--|
| 6.1 | Person A (the subject) |  |  |  |
| 6.2 | Person B               |  |  |  |
| 6.3 | Person C               |  |  |  |
| 6.4 | Person D               |  |  |  |

7. How many rooms are there in this home (excluding kitchen, bathroom, toilet, laundry)? NUMBER

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8. What type of vacuum cleaner is used in the home most of the time?  
**TICK ONE BOX ONLY**

- |   |   |   |
|---|---|---|
| a) a vacuum cleaner with a soft material outer casing                           | 1 | <input style="width: 100%; height: 100%;" type="checkbox"/> |
| b) a vacuum cleaner with a hard outer casing more than 10 years old             | 2 | <input style="width: 100%; height: 100%;" type="checkbox"/> |
| c) a vacuum cleaner with a hard outer casing less than 10 years old             | 3 | <input style="width: 100%; height: 100%;" type="checkbox"/> |
| d) no vacuum cleaner  | 4 | <input style="width: 100%; height: 100%;" type="checkbox"/> |
| e) central vacuuming system   | 5 | <input style="width: 100%; height: 100%;" type="checkbox"/> |
| f) a vacuum cleaner that collects into a water tank or reservoir, e.g., Rainbow | 6 | <input style="width: 100%; height: 100%;" type="checkbox"/> |

*Living Room*

9. What floor is the living room on?

10. What best describes the flooring of the living room?

**TICK ONE BOX ONLY**

- |  |   |   |
|--|---|---|
| a) carpet (or rug) covering the complete area of floor | 1 | <input style="width: 100%; height: 100%;" type="checkbox"/> |
| b) carpet (or rug) covering some area of the floor     | 2 | <input style="width: 100%; height: 100%;" type="checkbox"/> |
| c) no carpet   | 3 | <input style="width: 100%; height: 100%;" type="checkbox"/> |

10.1 If answered a) or b)

How old is the oldest rug or carpet in this room? **TICK ONE BOX ONLY**

- |  |   |   |
|--|---|---|
| a) Has been there since the survey in 1991/1992/1993       | 1 | <input style="width: 100%; height: 100%;" type="checkbox"/> |
| b) More than one year old, but not there in 1991/1992/1993 | 2 | <input style="width: 100%; height: 100%;" type="checkbox"/> |
| c) Less than one year old                                  | 3 | <input style="width: 100%; height: 100%;" type="checkbox"/> |
| d) Do not know   | 4 | <input style="width: 100%; height: 100%;" type="checkbox"/> |

11. What is the floor made of? (This refers to the floor under wall-to-wall carpets if applicable).

**TICK ONE BOX ONLY**

- |   |   |   |
|---|---|---|
| a) Suspended wooden floorboards                 | 1 | <input style="width: 100%; height: 100%;" type="checkbox"/> |
| b) Concrete                                     | 2 | <input style="width: 100%; height: 100%;" type="checkbox"/> |
| c) Quarry tiles or ceramic tiles on any surface | 3 | <input style="width: 100%; height: 100%;" type="checkbox"/> |
| d) Do not know                                  | 4 | <input style="width: 100%; height: 100%;" type="checkbox"/> |
| e) Other  | 5 | <input style="width: 100%; height: 100%;" type="checkbox"/> |

12. Is there a chimney or open fireplace in the living room that is not blocked? NO YES

--	--

13. Does the living room have a window that opens to the outside? NO YES

--	--

**IF 'NO' GO TO QUESTION 14, IF 'YES'**

13.1 How often is a window opened at least halfway for at least 30 minutes in the winter?

- a) At least once a day
- b) Most days
- c) Some days
- d) Never

TICK ONE BOX ONLY

1	
2	
3	
4	

**14. Is there an air brick or ventilation aperture in this room?**

<b>NO</b>	<b>YES</b>

**15. Are the windows in the living room double or triple glazed?**  
**(For YES, at least 80% of window area should be double or triple glazed)**

<b>NO</b>	<b>YES</b>

16. Do you get condensation on your living room window especially in the morning in the winter?

<b>NO</b>	<b>YES</b>

17. If it is cold which of the following methods do you use to heat your living room?

- 17.1 Radiators (filled with hot water heated by electricity, gas or oil)
- 17.2 Electric storage heaters
- 17.3 Electric fan heater (or portable electric convector heater)
- 17.4 Hot air ducts
- 17.5 Open gas fire
- 17.6 Closed gas fire (flame fully enclosed)
- 17.7 Open coke, coal or wood fire
- 17.8 Paraffin or kerosene heater
- 17.9 Other

Never	Some of the time	Most of the time

**18. Are there any damp patches on the walls or ceilings in the living room?**

<b>NO</b>	<b>YES</b>

**19. Is there any mould or mildew on the walls or ceilings in the living room?**

<b>NO</b>	<b>YES</b>

20. How often is the living room vacuumed?

- a) Every day or every other day
- b) Once or twice a week
- c) Once every two to four weeks
- d) Less than once every four weeks
- e) Never, no vacuum cleaner

TICK ONE BOX ONLY

1	
2	
3	
4	
5	

**Bedroom**

**21. Is the bed the participant sleeps on in the living room?** NO  YES   
**IF 'YES' GO TO QUESTION 22, IF 'NO'**

**21.1 What floor is the bedroom on?**

**21.2 What best describes the flooring of the bedroom?** TICK ONE BOX ONLY

a) Carpet (or rug ) covering the complete area of floor 1

b) Carpet (or rug ) covering some of the area of floor 2

c) No carpet 3

21.2.1 If answered a) or b)  
 If this room contains carpets or rugs, how old is the oldest rug or carpet in this room?

TICK ONE BOX ONLY

a) Has been there since the survey in 1991/1992/1993 1

b) More than one year old, but not there in 1991/1992/1993 2

c) Less than one year old 3

d) Do not know 4

**21.3 What is the floor made of? (This question refers to the floor under wall-to-wall carpets if applicable.)** TICK ONE BOX ONLY

a) Suspended wooden floorboards 1

b) Concrete 2

c) Quarry or ceramic tiles on any surface 3

d) Do not know 4

e) Other 5

**21.4 Is there a chimney or open fireplace in the bedroom that is not blocked?** NO  YES

**21.5 Does the bedroom have a window that opens to the outside?** NO  YES   
**IF 'NO' GO TO QUESTION 21.6 IF 'YES'**

21.5.1 How often is a window opened at least halfway for at least 30 minutes in the winter?

TICK ONE BOX ONLY

a) At least once a day 1

b) Most days 2

c) Some days 3

d) Never 4

21.6 Is there an air brick or ventilation aperture in this room? NO  YES

21.7 Are the windows in the bedroom double or triple glazed? NO  YES   
 (For YES, at least 80% of the window area should be double or triple glazed)

21.8 Do you get condensation on your bedroom windows especially in the morning in the winter? NO  YES

21.9 If it is cold which of the following methods do you use to heat your bedroom?

	Never	Some of the time	Most of the time
21.9.1 Radiators (hot water heated by electricity, gas or oil)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21.9.2 Electric storage heaters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21.9.3 Electric fan heater (or portable electric convector heater)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21.9.4 Hot air ducts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21.9.5 Open gas fire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21.9.6 Closed gas fire (flame fully enclosed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21.9.7 Open coke, coal or wood fire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21.9.8 Paraffin or kerosene heaters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21.9.9 Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

21.10 Are there any damp patches on the walls or ceilings in the bedroom? NO  YES

21.11 Is there any mould or mildew on the walls or ceilings in the bedroom? NO  YES

21.12 How often is the bedroom vacuumed?

TICK ONE BOX ONLY

a) Every day or every other day	1	<input type="checkbox"/>
b) Once or twice a week	2	<input type="checkbox"/>
c) Once every two to four weeks	3	<input type="checkbox"/>
d) Less than every four weeks	4	<input type="checkbox"/>
e) Never, no vacuum cleaner	5	<input type="checkbox"/>

22. Have you used an allergen removing compound in the bedroom (excluding the bed) in the last three months? NO  YES

**IF 'NO' GO TO QUESTION 23, IF 'YES'**

- |   | NO                       | YES                      |
|---|--------------------------|--------------------------|
| 22.1 What did you use   |                          |                          |
| 22.1.1 Sprays, foam or powder that contain benzyl benzoate, benzoic acid, tannic acid ( <i>Centres will need to identify local products</i> ) | <input type="checkbox"/> | <input type="checkbox"/> |
| 22.1.2 Steam cleaning or intensive vacuuming with heat or water   | <input type="checkbox"/> | <input type="checkbox"/> |
| 22.1.3 Freezing technique such as liquid nitrogen?  | <input type="checkbox"/> | <input type="checkbox"/> |

**Bed**

**23. What size of bed is it?**

**TICK ONE BOX ONLY**

- |  |   |                          |
|--|---|--------------------------|
| a) bed for one person                            | 1 | <input type="checkbox"/> |
| b) bed for two persons (greater than 135cm wide) | 2 | <input type="checkbox"/> |

24. How old is the mattress?

**TICK ONE BOX ONLY**

- |  |   |                          |
|--|---|--------------------------|
| a) Have had the mattress since the last survey in 1991/1992/1993 | 1 | <input type="checkbox"/> |
| b) More than a year old but did not have it in 1991/1992/1993    | 2 | <input type="checkbox"/> |
| c) Less than one year old  | 3 | <input type="checkbox"/> |
| d) Do not know   | 4 | <input type="checkbox"/> |

25. How often is the mattress vacuumed?

**TICK ONE BOX ONLY**

- |                                 |   |                          |
|---------------------------------|---|--------------------------|
| a) Never (or no vacuum cleaner) | 1 | <input type="checkbox"/> |
| b) Less than once a month       | 2 | <input type="checkbox"/> |
| c) More than once a month       | 3 | <input type="checkbox"/> |
| d) Do not know                  | 4 | <input type="checkbox"/> |

**26. Which of the following are on the bed?**

- |  | NO                       | YES                      |
|--|--------------------------|--------------------------|
| 26.1 Under blanket or mattress protector   | <input type="checkbox"/> | <input type="checkbox"/> |
| 26.2 Allergy proof mattress cover          | <input type="checkbox"/> | <input type="checkbox"/> |
| 26.3 Over blanket                          | <input type="checkbox"/> | <input type="checkbox"/> |
| 26.4 Feather duvet                         | <input type="checkbox"/> | <input type="checkbox"/> |
| 26.5 Synthetic duvet ( <u>not</u> feather) | <input type="checkbox"/> | <input type="checkbox"/> |

27. Do you use an electric blanket when the weather is cold?

NO	YES
<input type="checkbox"/>	<input type="checkbox"/>

28. Have any allergen removing compounds been used on this mattress?

NO	YES
<input type="checkbox"/>	<input type="checkbox"/>

**IF 'NO' GO TO QUESTION 29, IF YES**

- |  | NO                       | YES                      |
|--|--------------------------|--------------------------|
| 28.1 Have they been used in the last 3 months?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 28.2 What did you use  | NO                       | YES                      |
| 28.2.1 Sprays, foam or powder that contain benzyl benzoate, benzoic acid, tannic acid ( <i>Centres will need to identify local products.</i> ) | <input type="checkbox"/> | <input type="checkbox"/> |
| 28.2.2 Steam cleaning or intensive vacuuming with heat or water  | <input type="checkbox"/> | <input type="checkbox"/> |
| 28.2.3 Freezing technique such as liquid nitrogen  | <input type="checkbox"/> | <input type="checkbox"/> |

29. What are the pillows on the bed made of?

- |  | TICK ONE BOX ONLY          |
|--|----------------------------|
| a) Feathers                              | 1 <input type="checkbox"/> |
| b) Foam (polyurethane)                   | 2 <input type="checkbox"/> |
| c) Latex                                 | 3 <input type="checkbox"/> |
| d) Polyester (hollow fibre)              | 4 <input type="checkbox"/> |
| e) Do not know                           | 5 <input type="checkbox"/> |
| f) Other material, please describe _____ | 6 <input type="checkbox"/> |
| g) No pillows used on the bed            | 7 <input type="checkbox"/> |

30. How old are your pillows?

- |  | TICK ONE BOX ONLY          |
|--|----------------------------|
| a) Have had them since the last survey in 1991/1992/1993   | 1 <input type="checkbox"/> |
| b) Changed since the last survey, but more than a year old | 2 <input type="checkbox"/> |
| c) Less than one year                                      | 3 <input type="checkbox"/> |
| d) Do not know   | 4 <input type="checkbox"/> |

31. At what temperature do you normally wash your bed linen?

- |                 | TICK ONE BOX ONLY          |
|-----------------|----------------------------|
| a) 39°C or less | 1 <input type="checkbox"/> |
| b) 40°C to 59°C | 2 <input type="checkbox"/> |
| c) 60°C or more | 3 <input type="checkbox"/> |
| d) Do not know  | 4 <input type="checkbox"/> |

***Bathroom***

<b>32. Is there a window that opens to the outside of the building?</b>	<b>NO</b>	<b>YES</b>
	<input type="checkbox"/>	<input type="checkbox"/>

**IF 'NO' GO TO QUESTION 33, IF 'YES'**

- |  | TICK ONE BOX ONLY          |
|--|----------------------------|
| 32.1 How often is the bathroom window open at least halfway? |                            |
| a) after every bath or shower                                | 1 <input type="checkbox"/> |
| b) sometimes   | 2 <input type="checkbox"/> |
| c) never   | 3 <input type="checkbox"/> |



33. Is there an extractor fan in the bathroom? NO YES  
   
**IF 'NO' GO TO QUESTION 34, IF 'YES'**

33.1 Does the extractor fan come on automatically when the light is switched on? NO YES

**IF 'YES' GO TO QUESTION 34, IF 'NO'**

33.2 How often is the extractor fan used?

- a) all the time
- b) some of the time
- c) never

TICK ONE BOX ONLY

1	
2	
3	

34. Are there any damp patches on the walls or ceilings in the bathroom? NO YES

35. Is there any mould or mildew on the walls or ceilings? NO YES

*Kitchen*

36. Is there a gas oven? NO YES

37. Is there a gas hob? NO YES

38. Is there an extractor fan over the hob? NO YES  
   
**IF 'NO' GO TO QUESTION 39, IF 'YES'**

38.1 Does it vent to the outside? NO YES

38.2 When cooking, do you use the fan?

- a) all the time
- b) some of the time
- c) never

TICK ONE BOX ONLY

1	
2	
3	

39. Is there a chimney or open fire in the kitchen that is not blocked? NO YES

40. Is there a window that goes to the outside in the kitchen? NO YES

41. Which of the following are used to heat water in this home?

- 41.1 gas-fired boiler
- 41.2 electric immersion heater
- 41.3 gas-fired on demand water heating (vented)
- 41.4 gas-fired on demand water heating (unvented)
- 41.5 hot water pipe system from an external source

Never	Some of the time	Most of the time

42. How often is air conditioning used to cool this home in the summer months?

- 42.1 in the living room
- 42.2 in the bedroom

No air cond	<14 hrs/wk (2 hrs/day)	≥14 hrs/w and <56 hrs/wk	>56 hrs/wk (8 hrs/day)

43. The informant was

- a) the subject
- b) another member of the household
- c) another person not usually a resident in this home

**TICK ONE BOX ONLY**

1	
2	
3	

44. The mattress sampled was

- a) double bed
- b) single bed
- c) low bunk bed
- d) upper bunk bed
- e) water bed
- f) other
- g) no sample taken

**TICK THE MOST APPROPRIATE DESCRIPTION**

1	
2	
3	
4	
5	
6	
7	

45. When sampling

- a) the mattress only was sampled
- b) the mattress was sampled with a cloth protector or blanket on it
- c) the mattress was sampled with a plastic cover on it (not allergy proof covers)
- d) the mattress was sampled with an allergy proof cover on it
- e) no sample taken

**TICK ONE BOX ONLY**

1	
2	
3	
4	
5	

FIELDWORKER NUMBER

END