Date: [continental time]:20 / / (yyyy/mm/dd)

Subject No.:

Interviewer No.: **Weather code**: **S**unny, **C**loudy, **R**ainy, **W**indy

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Items**  **Time**  (hhmin) | **A.** | | **B.**  **Ventil-ation status** | **C. Activity type** | | **D. Air quality and weather** | | |
| **Location** | | **Activity 1** | **Activity 2** | **Quality 1** | **Quality 2** | **Weather** |
| **Set your watch first and write down your environment information below !**  **Make sure that each blank has been filled with only one right code.** | | | | | | | | |
| **Midnight** –00:30 |  |  |  |  |  |  |  |  |
| 00:30–01:00 |  |  |  |  |  |  |  |  |
| 01:00–01:30 |  |  |  |  |  |  |  |  |
| 01:30–02:00 |  |  |  |  |  |  |  |  |
| **2AM** 02:00–02:30 |  |  |  |  |  |  |  |  |
| 02:30–03:00 |  |  |  |  |  |  |  |  |
| 03:00–03:30 |  |  |  |  |  |  |  |  |
| 03:30–04:00 |  |  |  |  |  |  |  |  |
| **4AM** 04:00–04:30 |  |  |  |  |  |  |  |  |
| 04:30–05:00 |  |  |  |  |  |  |  |  |
| 05:00–05:30 |  |  |  |  |  |  |  |  |
| 05:30–06:00 |  |  |  |  |  |  |  |  |
| **6AM** 06:00–06:30 |  |  |  |  |  |  |  |  |
| 06:30–07:00 |  |  |  |  |  |  |  |  |
| 07:00–07:30 |  |  |  |  |  |  |  |  |
| 07:30–08:00 |  |  |  |  |  |  |  |  |
| **8AM** 08:00–08:30 |  |  |  |  |  |  |  |  |
| 08:30–09:00 |  |  |  |  |  |  |  |  |
| 09:00–09:30 |  |  |  |  |  |  |  |  |
| 09:30–10:00 |  |  |  |  |  |  |  |  |
| **10AM** 10:00–10:30 |  |  |  |  |  |  |  |  |
| 11:30–11:00 |  |  |  |  |  |  |  |  |
| 11:00–11:30 |  |  |  |  |  |  |  |  |
| 11:30–12:00 |  |  |  |  |  |  |  |  |

**Questionnaire continues on the other side.**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Items**  **Time**  (hhmin) | **A.** | | **B.**  **Ventilation status** | **C. Activity type** | | **D. Air quality and weather** | | |
| **Location** | | **Activity 1** | **Activity 2** | **Quality 1** | **Quality 2** | **Weather** |
| **Noon**12:00 –12:30 |  |  |  |  |  |  |  |  |
| 12:30–13:00 |  |  |  |  |  |  |  |  |
| 13:00–13:30 |  |  |  |  |  |  |  |  |
| 13:30–14:00 |  |  |  |  |  |  |  |  |
| **2PM** 14:00–14:30 |  |  |  |  |  |  |  |  |
| 14:30–15:00 |  |  |  |  |  |  |  |  |
| 15:00–15:30 |  |  |  |  |  |  |  |  |
| 15:30–16:00 |  |  |  |  |  |  |  |  |
| **4PM** 16:00–16:30 |  |  |  |  |  |  |  |  |
| 16:30–17:00 |  |  |  |  |  |  |  |  |
| 17:00–17:30 |  |  |  |  |  |  |  |  |
| 17:30–18:00 |  |  |  |  |  |  |  |  |
| **6PM** 18:00–18:30 |  |  |  |  |  |  |  |  |
| 18:30–19:00 |  |  |  |  |  |  |  |  |
| 19:00–19:30 |  |  |  |  |  |  |  |  |
| 19:30–20:00 |  |  |  |  |  |  |  |  |
| **8PM** 20:00–20:30 |  |  |  |  |  |  |  |  |
| 20:30–21:00 |  |  |  |  |  |  |  |  |
| 21:00–21:30 |  |  |  |  |  |  |  |  |
| 21:30–22:00 |  |  |  |  |  |  |  |  |
| **10PM** 22:00–22:30 |  |  |  |  |  |  |  |  |
| 22:30–23:00 |  |  |  |  |  |  |  |  |
| 23:00–23:30 |  |  |  |  |  |  |  |  |
| 23:30–23:59 |  |  |  |  |  |  |  |  |

**Check the other side for finishing this questionnaire.**

**Make sure that each blank has been filled with only one right code.**

**Thank you and have a great day!**

**【Part A】Location**

**[Vehicles]** **16.** Walking, wheelchair

**11.** Car, truck, taxi **9.** Bike, electric scooter

**12.** Bus **10.** Motorcycle, electric locomotive

**13.** Underground; tube; subway **15.** Farm, livestock oriented machine car, engineering train

**14.** Train **62.** Other vehicles, please write down

**[Indoor] Space with ceiling, wall or door**

**1.** Home

**2.** Office, classroom, cram school, etc.

**3.** Factory (repair car garage, furnishing manufacture, etc.)

**4.** Restaurant (barbecue restaurant, café, fast food restaurant, underground food court, etc.)

**5.** Buddhist Temple, Taoist temple or place in that people worship the god by burning incense

**6.** Hospital or clinic

**7.** Beauty salon, barber shop or massage store

**8.** Other public places (bank, convenience store, etc.)

**61.** None of the above, please write down other indoor locations

**[Outdoor] hall, road, outdoors, open ground**

**16.**On the road(walking on the road, waiting for bus or traffic light)

**17.** Traditional market

**18.** Night market, fairgrounds, school carnival

**19.** Small market under ten vendors

**20.** Sports field (playgrounds, golf course, etc.)

**21.** Parks, Scenery spot, farm and other outdoor places

**22.** Home exteriors (balcony or loft)

**23.** Outdoor workplace

**63.** None of the above, please write down other outdoor locations

**A. Location: Please select where you stay most two of the time in this specific period**

**【Part B】Ventilation status**

**B. Ventilation status**

**1. No** air-condition, with the doors/windows tightly closed

**2. No** air-condition, with the doors/windows partly open

**3.** **No** air-condition, with the doors/windows fully open

**4.** Air-conditioned, with the doors/windows tightly closed

**5.** Air-conditioned, with the doors/windows partly/ fully open

**9.** Outdoor, not applicable under the situation

**Reminder:**

If you choose the **indoor selections (marked in green)** in part A, please **log 1 to 5 in part B**.

If you choose the **outdoor** selections in part A, please only **log 9** in part B.

**【Part C】Activity type**

**C. Character of Activity**: Please choose at most two items as your main activities.

**1.** Sleep, rest, meditation

**2.** Ways to office, school or destinations

**3.** At work or in class

**4.** Cooking or preparing foods

**5.** Worshiping or chanting

**6.** Shopping

**7.** Exercise (physical exercise, athletic video games, outdoors activities, mountain-climbing, bicycle-riding, etc.)

**8.** Eating (meal, dessert)

**9.** Bathing or showering

**10.** Watching TV, reading, doing homework, playing computer or video games, go to the movies (exhibition, show), party with friends, chatting or other static activities

**11.** House-working (taking care children or pets, gardening, cleaning, etc.)

**12.** Take a walk **64.** None of the above, please write down other activities

**【Part D】Air quality**

**D. Air quality:** Please choose at most two items you have smelled.

**1.** Exhaust gas from cars or motorcycles

**2.** Smoke of lampblack from homes, restaurants and peddlers

**3.** Smell from smoking or second-hand smoke

**4.** Sweep dust

**5.** Incense burning smoke (encircle incense, slender stick of incense, thick stick of incense, etc.)

**6.** Mosquito-repellent incense or coil

**7.** Smell of fragrant products

**8.** Paper offerings burning

**9.** Burning wood, straw, bagasse, trash, etc.

**10.** Peculiar smells and dust emitted from factory or garbage incinerator

**11.** Peculiar smells from garbage, kitchen waste and recycles or dust from livestock

**65.** Please write down other peculiar smell in the space

**0.** None situation is mentioned above.