

1) Collection date of air contaminant information:

(DD-MM-YYYY)

AIR CONTAMINANTS

Air contaminants exposures during the last year:

	Yes	No	Don't know
2) In the past year has there been a major renovation to this house or apartment, such as adding a room, putting up or taking down a wall, replacing windows, or refinishing floors?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3) Within the last six months were rugs, drapes, or furniture professionally cleaned?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4) In the past year, was the inside of this house or apartment painted?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5) In the past year were new carpets or rugs installed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6) Did you go to the dry cleaners during the past week?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7) Did you bring home any items from the cleaners that were dry-cleaned during the past week?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Short-term Exposures: In the past 48 hours, has the participant or someone near them used/done any of the following:

	Yes	No	Don't know
8) Paints or solvents?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9) Glues and adhesives?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10) Gasoline equipment (e.g. lawnmower; chainsaw)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11) Sander and/or saw?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12) Pesticides sprayed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13) Vacuuming?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14) Sweeping indoors?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15)			

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| Dusting? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 16) Cleaning solutions? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 17) Gardening? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 18) Metal working/welding? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 19) Woodworking? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 20) Broiling, smoking, grilling or
frying inside the house? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 21) Broiling, smoking, grilling, or
frying outside the house? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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