

Environment and Experiences Survey

A survey to assess the participant's living environment, health practices, and recent activity to be asked a few times during the study period.

Initial Questions

Environment And Experiences Questionnaire

Resize font:



In the past week, have you traveled to a different city? <small>* must provide value</small>	<input type="radio"/> Yes <input type="radio"/> No	reset
What type of building are you currently living in?	<input type="checkbox"/> Apartment <input type="checkbox"/> Duplex <input type="checkbox"/> Stand-alone House <input type="checkbox"/> Dormitory <input type="checkbox"/> Motel/Hotel <input type="checkbox"/> Other	
Are you living with the same people as last week? <small>* must provide value</small>	<input type="radio"/> Yes <input type="radio"/> No	reset

Built Environment Questions

In the past week, have you opened the windows in your residence?

- ☐ Yes
☐ No

[reset](#)

In the past week, have you tried to isolate yourself in some part of your home?

- ☐ Yes
☐ No

[reset](#)

Based on your sense of smell, how can you describe the "freshness" of air at your residence?

- ☐ Stagnant
☐ Smelly
☐ Earthy
☐ Moldy
☐ Cooking
☐ Fragrant
☐ Fresh (well ventilated)
☐ Obnoxious
☐ Other

In the past week, have you changed your air conditioning filter?

- ☐ Yes
☐ No

[reset](#)

Are you currently using a portable air cleaner at home?	<input type="radio"/> Yes <input type="radio"/> No	reset
In the past week, has your house been uncomfortably hot?	<input type="radio"/> Yes <input type="radio"/> No	reset
Can you easily control the temperature within your home?	<input type="radio"/> Yes <input type="radio"/> No	reset
In the past week, has your home been uncomfortably humid (sticky)?	<input type="radio"/> Yes <input type="radio"/> No	reset
In the past week, have the hard surfaces in your residence been cleaned?	<input type="radio"/> Yes <input type="radio"/> No	reset
What hard surfaces were cleaned?	<input type="checkbox"/> Kitchen Counters <input type="checkbox"/> Floors <input type="checkbox"/> Door Knobs <input type="checkbox"/> Table Tops <input type="checkbox"/> Sinks <input type="checkbox"/> Toilets <input type="checkbox"/> Appliance Knobs and Handles	
In the past week, has your home been vacuumed?	<input type="radio"/> Yes <input type="radio"/> No	reset

Home Cleaning Questions

In the past week, have any of the following cleaners been used in your home (Check all that apply)?	<input type="checkbox"/> Bleach <input type="checkbox"/> Ammonia <input type="checkbox"/> Pinesol <input type="checkbox"/> Vinegar <input type="checkbox"/> Alcohol <input type="checkbox"/> Disinfectant wipes <input type="checkbox"/> Soap and Water <input type="checkbox"/> Floor Cleaners	
In the past week, have you changed your home cleaning practices in response to the COVID-19 outbreak?	<input type="radio"/> Yes <input type="radio"/> No	reset

Hand Hygiene

In the past week, approximately how many times per day have you washed your hands with water in a sink?	<input type="text"/>
What do you most often use to clean your hands with?	<input type="checkbox"/> Soap <input type="checkbox"/> Alcohol Based Hand Sanitizer <input type="checkbox"/> Other disinfectant <input type="checkbox"/> Other
In the past week, have you changed your hand cleaning practices in response to the COVID-19 outbreak?	<input type="radio"/> Yes <input type="radio"/> No

[reset](#)

Additional Activity Questions

In the past week, how many times have you left the house for any activity?	<input type="text"/>
In the past week, approximately how many people have you directly interacted with in person (excluding those you live with)?	<input type="checkbox"/> None <input type="checkbox"/> Less than 2 <input type="checkbox"/> Less than 5 <input type="checkbox"/> Less than 10 <input type="checkbox"/> Less than or equal 20 <input type="checkbox"/> Greater than 20
In the past week, how often did your housemates leave the house?	<input type="checkbox"/> None <input type="checkbox"/> Less than 2 <input type="checkbox"/> Less than 5 <input type="checkbox"/> Less than 10 <input type="checkbox"/> Less than or equal 20 <input type="checkbox"/> Greater than 20

In the previous week, have you:

- ☐ Participated in on-line UT Austin courses, discussions or activities
- ☐ Cooked dinner at home?
- ☐ Picked up take-out food
- ☐ Had take-out food delivered to your home?
- ☐ Had groceries delivered to your home?
- ☐ Gone into a grocery store?
- ☐ Gone into a pharmacy?
- ☐ Gone into a doctor's office
- ☐ Gone into a hospital?
- ☐ Gone to work outside the home
- ☐ Gone for a walk outside
- ☐ Gone outside to workout
- ☐ Gone to a park?
- ☐ Gone to a City trail to walk or run?
- ☐ Exercised at home?
- ☐ Left your home to run an errand?
- ☐ Driven in a car by yourself
- ☐ Driven in a car with someone else
- ☐ Taken a bus
- ☐ Taken a rideshare
- ☐ Taken a flight
- ☐ Made facecalls (facetime, whatsapp, zoom) with Family or Friends

In the past week, have you changed your plans to limit contact with people outside your household?	<input type="radio"/> Yes <input type="radio"/> No	reset
In the past week, have you suffered from seasonal allergy symptoms?	<input type="radio"/> Yes <input type="radio"/> No	reset
Have you ever received an asthma diagnosis from a doctor?	<input type="radio"/> Yes <input type="radio"/> No	reset
In the past week, have you exhibited COVID-19 like symptoms?	<input type="radio"/> Yes <input type="radio"/> No	reset
In the past week, have you received a positive COVID-19 test result?	<input type="radio"/> Yes <input type="radio"/> No	reset
In the past week, have you used any personal protective equipment such as gloves or masks when going outside or meeting with others?	<input type="checkbox"/> Never used masks or gloves <input type="checkbox"/> Wanted to use masks or gloves but they were unavailable to me (e.g. sold out) <input type="checkbox"/> Occasionally wore masks <input type="checkbox"/> Occasionally wore gloves <input type="checkbox"/> Always used masks <input type="checkbox"/> Always used gloves	
What type of masks (N95, surgical, dust mask, homemade, other) did you use?	<input type="text"/>	
Provide comments on other protection equipment used (if any)	<input type="text"/>	