

## Section J: Housing Characteristics

The next section asks questions about your home and your exposure to certain hazards in the home.

### 1. When was this home or building originally built?

- |           |   |           |                 |
|-----------|---|-----------|-----------------|
| HOQ040_R3 | <input type="radio"/> Before 1900<br><input type="radio"/> 1901 to 1950<br><input type="radio"/> 1951 to 1978<br><input type="radio"/> 1979 to 1990<br><input type="radio"/> 1991 and after<br><input type="radio"/> Don't know | HOQ040_R3 | FMT_HOQ040_R2_. |
|-----------|---|-----------|-----------------|

### 2. How long have you lived at this address?

- |           |   |           |                 |
|-----------|---|-----------|-----------------|
| HOQ060_R3 | <input type="radio"/> 0-1 years<br><input type="radio"/> 1-3 years<br><input type="radio"/> 3-10 years<br><input type="radio"/> >10 years | HOQ060_R3 | FMT_HOQ060_R2_. |
|-----------|---|-----------|-----------------|

### 3. What kind of pets do you keep inside your home now? *Fill in all that apply.*

- |           |   |  |  |
|-----------|---|--|--|
| HOQ250_R2 | <input type="radio"/> None<br><input type="radio"/> Cat<br><input type="radio"/> Dog<br><input type="radio"/> Bird<br><input type="radio"/> Hamster, mice, guinea pig, gerbils<br><input type="radio"/> Other | HOQ250_R2_A<br>HOQ250_R2_B<br>HOQ250_R2_C<br>HOQ250_R2_D<br>HOQ250_R2_E<br>HOQ250_R2_F | FMT_YES_NO.<br>FMT_YES_NO.<br>FMT_YES_NO.<br>FMT_YES_NO.<br>FMT_YES_NO.<br>FMT_YES_NO. |
|-----------|---|--|--|

### 4. Do you have a basement in this home?

- |           |   |           |             |
|-----------|---|-----------|-------------|
| HOQ066_R2 | <input type="radio"/> Yes<br><input type="radio"/> No | HOQ066_R2 | FMT_YES_NO. |
|-----------|---|-----------|-------------|

**5. What is the main type of heating system in this home?**

- HOQ067\_R2
- ☐ Steam radiators
- ☐ Hot water radiators / heaters
- ☐ Forced air system using gas or fuel oil
- ☐ Active solar
- ☐ Wood burning stoves
- ☐ Portable electric space heaters
- ☐ Other types of space heaters

☐ Other: *Print below.*

☐ Don't know

HOQ067\_R2

FMT\_HOQ067\_R2\_.

HOQ067\_OTHER\_R2 \$FMT\_CHAR.

**6. Is your home connected to a private well or to a community water supply?**

HOQ070\_R2



- ☐ Private well
- ☐ Community water supply → **Go to question 8**
- ☐ Don't know → **Go to question 8**

HOQ070\_R2 FMT\_HOQ070\_R2\_.

**7. Approximately how deep is your well?**

- HOQ075\_R2
- ☐ < 50 feet
- ☐ 50-99 feet
- ☐ 100-149 feet
- ☐ > 150 feet
- ☐ Don't know

HOQ075\_R2

FMT\_HOQ075\_.

**8. Do you use a home water filter/treatment system in the home for drinking water?**

HOQ080\_R2



- ☐ Yes
- ☐ No → **Go to question 10, page 31**
- ☐ Don't know → **Go to question 10, page 31**

HOQ080\_R2 FMT\_YES\_NO.

**9. Are any of these water filter/treatment systems in your home? *Fill in all that apply.***

HOQ083\_R2

- ☐ None of these are in our home
- ☐ Brita or other pitcher with water filter
- ☐ Ceramic or charcoal filter
- ☐ Water softener
- ☐ Aerator
- ☐ Reverse osmosis

☐ Other: *Print below.*

☐ Don't know

HOQ083\_R2\_A

FMT\_YES\_NO.

HOQ083\_R2\_B

FMT\_YES\_NO.

HOQ083\_R2\_C

FMT\_YES\_NO.

HOQ083\_R2\_D

FMT\_YES\_NO.

HOQ083\_R2\_E

FMT\_YES\_NO.

HOQ083\_R2\_F

FMT\_YES\_NO.

HOQ083\_R2\_G

FMT\_YES\_NO.

HOQ083\_R2\_OTHER

\$FMT\_CHAR.

**This next section is about chemicals, such as insecticides and weed killers, that may have been used outside or inside your home. These products could have been used by you, another household member, a landlord, or a company.**

HOQ261\_R2

**10. During the last 12 months, how often were weed killers or insecticides used on the foundation, yard/lawn, flowers, vegetables, or fruit trees *outside* your house?**

- ☐ 0 times
- ☐ 1 time
- ☐ 2-3 times
- ☐ 4-10 times
- ☐ > 10 times
- ☐ Don't know

HOQ261\_R2      FMT\_HOQ261\_R2\_.

HOQ266\_R2

**11. During the last 12 months, how often were chemicals such as pesticides used inside your home to kill or control insects or other pests?**

- ☐ 0 times
- ☐ 1 time
- ☐ 2-3 times
- ☐ 4-10 times
- ☐ > 10 times
- ☐ Don't know

HOQ266\_R2      FMT\_HOQ261\_R2\_.

HOQ270\_R2

**12. Which rooms in your home were treated with this product? *Fill in all that apply.***

- ☐ Kitchen
- ☐ Bathroom
- ☐ Living room or family room
- ☐ Bedroom
- ☐ Laundry room
- ☐ Basement

☐ Other: *Print below.*

☐ Don't know

HOQ270_R2_A	FMT_YES_NO.
HOQ270_R2_B	FMT_YES_NO.
HOQ270_R2_C	FMT_YES_NO.
HOQ270_R2_D	FMT_YES_NO.
HOQ270_R2_E	FMT_YES_NO.
HOQ270_R2_F	FMT_YES_NO.
HOQ270_R2_G	FMT_YES_NO.
HOQ270_R2_OTHER	\$FMT_CHAR.