THE EUROPEAN COMMUNITY  
RESPIRATORY HEALTH  
SURVEY II  

ECRHS II  

INDOOR QUESTIONNAIRE  

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For further information:  
www.ecrhs.org  

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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
   a) detached house or detached bungalow  
   b) semi-detached house or semi-detached bungalow  
   c) terraced house  
   d) building originally built as a flat or apartment  
   e) building originally built as a large house now converted into flats

   4.1 If answered d) or e):
   How many households are living in this building  
   a) less than five  
   b) five to fifteen  
   c) more than fifteen

   TICK ONE BOX ONLY
   NUMBER

5. How many people live in this home?  
   NUMBER

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

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  
   b) a vacuum cleaner with a hard outer casing more than 10 years old  
   c) a vacuum cleaner with a hard outer casing less than 10 years old  
   d) no vacuum cleaner  
   e) central vacuuming system  
   f) a vacuum cleaner that collects into a water tank or reservoir, e.g., Rainbow

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  
   b) carpet (or rug) covering some area of the floor  
   c) no carpet

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  
   b) More than one year old, but not there in 1991/1992/1993  
   c) Less than one year old  
   d) Do not know

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  
   b) Concrete  
   c) Quarry tiles or ceramic tiles on any surface  
   d) Do not know  
   e) Other

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

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

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)

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

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

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

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

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
**Bedroom**

21. Is the bed the participant sleeps on in the living room?  
   *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  
b) Carpet (or rug) covering some of the area of floor  
c) No carpet  

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  
b) More than one year old, but not there in 1991/1992/1993  
c) Less than one year old  
d) Do not know  

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  
b) Concrete  
c) Quarry or ceramic tiles on any surface  
d) Do not know  
e) Other  

21.4 Is there a chimney or open fireplace in the bedroom that is not blocked?  

21.5 Does the bedroom have a window that opens to the outside?  
   *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  
b) Most days  
c) Some days  
d) Never
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?  
(For YES, at least 80% of the window area should be double or triple glazed)

   NO      YES

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?

<table>
<thead>
<tr>
<th>Method</th>
<th>Never</th>
<th>Some of the time</th>
<th>Most of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Radiators (hot water heated by electricity, gas or oil)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Electric storage heaters</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Electric fan heater (or portable electric convector heater)</td>
<td></td>
<td></td>
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<tr>
<td>Hot air ducts</td>
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<td>Open gas fire</td>
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<tr>
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<tr>
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</tr>
<tr>
<td>Paraffin or kerosene heaters</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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?

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

   TICK ONE BOX ONLY

<table>
<thead>
<tr>
<th>Frequency</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
</table>

22. Have you used an allergen removing compound in the bedroom (excluding the bed) in the last three months?  

   IF ‘NO’ GO TO QUESTION 23, IF ‘YES’
22.1 What did you use
   22.1.1 Sprays, foam or powder that contain benzyl benzoate, benzoic acid, tannic acid (*Centres will need to identify local products*)
   22.1.2 Steam cleaning or intensive vacuuming with heat or water
   22.1.3 Freezing technique such as liquid nitrogen?

BED

23. What size of bed is it?
   - a) bed for one person
   - b) bed for two persons (greater than 135cm wide)

24. How old is the mattress?
   - a) Have had the mattress since the last survey in 1991/1992/1993
   - b) More than a year old but did not have it in 1991/1992/1993
   - c) Less than one year old
   - d) Do not know

25. How often is the mattress vacuumed?
   - a) Never (or no vacuum cleaner)
   - b) Less than once a month
   - c) More than once a month
   - d) Do not know

26. Which of the following are on the bed?
   - 26.1 Under blanket or mattress protector
   - 26.2 Allergy proof mattress cover
   - 26.3 Over blanket
   - 26.4 Feather duvet
   - 26.5 Synthetic duvet (*not* feather)

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

28. Have any allergen removing compounds been used on this mattress?
   IF ‘NO’ GO TO QUESTION 29, IF YES
28.1 Have they been used in the last 3 months?  

28.2 What did you use 

28.2.1 Sprays, foam or powder that contain benzyl benzoate, benzoic acid, tannic acid (Centres will need to identify local products.)  

28.2.2 Steam cleaning or intensive vacuuming with heat or water  

28.2.3 Freezing technique such as liquid nitrogen  

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

a) Feathers  

b) Foam (polyurethane)  

c) Latex  

d) Polyester (hollow fibre)  

e) Do not know  

f) Other material, please describe _______________________  

g) No pillows used on the bed  

30. How old are your pillows?  

a) Have had them since the last survey in 1991/1992/1993  

b) Changed since the last survey, but more than a year old  

c) Less than one year  

d) Do not know  

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

a) 39°C or less  

b) 40°C to 59°C  

b) 60°C or more  

d) Do not know  

Bathroom  

32. Is there a window that opens to the outside of the building?  

IF ‘NO’ GO TO QUESTION 33, IF ‘YES’  

32.1 How often is the bathroom window open at least halfway?  

a) after every bath or shower  

b) sometimes  

c) never  

33. Is there an extractor fan in the bathroom?

IF ‘NO’ GO TO QUESTION 34, IF ‘YES’

33.1 Does the extractor fan come on automatically when the light is switched on?

IF ‘YES’ GO TO QUESTION 34, IF ‘NO’

33.2 How often is the extractor fan used?

TICK ONE BOX ONLY

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

34. Are there any damp patches on the walls or ceilings in the bathroom?

35. Is there any mould or mildew on the walls or ceilings?

Kitchen

36. Is there a gas oven?

37. Is there a gas hob?

38. Is there an extractor fan over the hob?

IF ‘NO’ GO TO QUESTION 39, IF ‘YES’

38.1 Does it vent to the outside?

38.2 When cooking, do you use the fan?

TICK ONE BOX ONLY

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

39. Is there a chimney or open fire in the kitchen that is not blocked?

40. Is there a window that goes to the outside in the kitchen?
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

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

43. The informant was

   TICK ONE BOX ONLY
   
   a) the subject 
   b) another member of the household 
   c) another person not usually a resident in this home

44. The mattress sampled was

   TICK THE MOST APPROPRIATE DESCRIPTION
   
   a) double bed 
   b) single bed 
   c) low bunk bed 
   d) upper bunk bed 
   e) water bed 
   f) other 
   g) no sample taken

45. When sampling

   TICK ONE BOX ONLY
   
   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

FIELDWORKER NUMBER

END