

**Section E – ENVIRONMENTAL HEALTH**

|   |  |  |              |
|---|--|--|--------------|
| <p><b>These next questions are about this home.</b></p>   |  |  | <b>5</b>     |
| <p><b>1. Does ANYONE smoke cigarettes, cigars, or pipes ANYWHERE INSIDE this home?</b></p>  | <p>1 <input type="checkbox"/> Yes<br/>                 2 <input type="checkbox"/> No } (3)<br/>                 9 <input type="checkbox"/> DK }</p>  |  |              |
| <p><b>2. On the average, about how many days per week is there smoking ANYWHERE INSIDE this home?</b></p>   | <p>0 <input type="checkbox"/> Less than 1 day per week/Rarely<br/>                 _____ Days per week<br/>                 (Number)<br/>                 9 <input type="checkbox"/> DK</p>  |  | <b>6</b>     |
| <p><b>3. Was your home built before 1950?</b></p>   | <p>1 <input type="checkbox"/> Yes (4)<br/>                 2 <input type="checkbox"/> No (5)<br/>                 9 <input type="checkbox"/> DK (4)</p>  |  | <b>7</b>     |
| <p><b>4. Has paint from this home EVER been analyzed for lead content?</b><br/> <i>Read if necessary:</i><br/> <b>This can be done by sending paint chips to a laboratory for testing, having a measurement by an x-ray fluorescence or XRF machine or having a chemical spot test on the wall.</b></p> | <p>1 <input type="checkbox"/> Yes<br/>                 2 <input type="checkbox"/> No<br/>                 9 <input type="checkbox"/> DK</p>  |  | <b>8</b>     |
| <p><b>5. Have you ever heard of radon, a gas that is found in the air in some homes?</b></p>  | <p>1 <input type="checkbox"/> Yes (6)<br/>                 2 <input type="checkbox"/> No } (11)<br/>                 9 <input type="checkbox"/> DK }</p>   |  | <b>9</b>     |
| <p><b>6. Has your household air been tested for the presence of radon?</b></p>  | <p>1 <input type="checkbox"/> Yes (8)<br/>                 2 <input type="checkbox"/> No } (7)<br/>                 9 <input type="checkbox"/> DK }</p>  |  | <b>10</b>    |
| <p><b>7. Do you or anyone plan to have this home tested for radon within the next year?</b></p>   | <p>1 <input type="checkbox"/> Yes } (11)<br/>                 2 <input type="checkbox"/> No }<br/>                 9 <input type="checkbox"/> DK }</p>   |  | <b>11</b>    |
| <p><b>8a. What was the radon level from that last test BEFORE any corrective action was taken?</b></p>  | <p>_____ Picocuries per liter (E1)<br/>                 9999 <input type="checkbox"/> DK (8b)</p>  |  | <b>12-15</b> |
| <p><b>b. Was it above or below the EPA radon guideline of 4 picocuries (pi-ko-kurees) per liter?</b></p>  | <p>1 <input type="checkbox"/> Above the EPA guideline (9)<br/>                 2 <input type="checkbox"/> At or below the EPA guideline (11)<br/>                 9 <input type="checkbox"/> DK (9)</p>  |  | <b>16</b>    |
| <p><b>ITEM E1</b></p>   | <p><i>Refer to question 8a.</i></p>  | <p>1 <input type="checkbox"/> Above 4 picocuries (9)<br/>                 2 <input type="checkbox"/> At or below 4 picocuries (11)</p> | <b>17</b>    |
| <p><b>9. Were followup tests conducted to verify the results of the first test?</b></p>   | <p>1 <input type="checkbox"/> Yes<br/>                 2 <input type="checkbox"/> No<br/>                 9 <input type="checkbox"/> DK</p>  |  | <b>18</b>    |
| <p><b>10a. Has anything been done in this home to reduce the level of radon exposure?</b></p>   | <p>1 <input type="checkbox"/> Yes (10b)<br/>                 2 <input type="checkbox"/> No } (10c)<br/>                 9 <input type="checkbox"/> DK }</p>  |  | <b>19</b>    |
| <p><b>b. What has been done?</b><br/> <i>Mark all that apply.</i></p>   | <p>1 <input type="checkbox"/> Increase ventilation by opening windows, doors, etc.<br/>                 2 <input type="checkbox"/> Stopped or decreased smoking<br/>                 3 <input type="checkbox"/> Moved out of or spend less time in the basement<br/>                 4 <input type="checkbox"/> Modified home – sealed cracks, installed ventilation system, etc.<br/>                 8 <input type="checkbox"/> Other – Specify ↴<br/>                 _____</p> |  | <b>20</b>    |
|   |  |  | <b>21</b>    |
|   |  |  | <b>22</b>    |
|   |  |  | <b>23</b>    |
|   |  |  | <b>24</b>    |
|   |  | <p>9 <input type="checkbox"/> DK</p>   | <b>25</b>    |
| <p><b>c. Do you or anyone plan to do anything (else) to reduce the radon level or radon exposure in this home?</b></p>  | <p>1 <input type="checkbox"/> Yes<br/>                 2 <input type="checkbox"/> No<br/>                 3 <input type="checkbox"/> I did not think it was needed<br/>                 9 <input type="checkbox"/> DK</p>  |  | <b>26</b>    |
| <p><i>Mark by observation or ask:</i></p> <p><b>11. Which of the following best describes your home?</b><br/> <i>Read answer categories, if necessary.</i></p>  | <p>1 <input type="checkbox"/> Single home, duplex, townhouse<br/>                 2 <input type="checkbox"/> Basement, first or second floor apartment or condominium<br/>                 3 <input type="checkbox"/> Apartment or condominium above second floor<br/>                 4 <input type="checkbox"/> Trailer/Mobile home<br/>                 8 <input type="checkbox"/> Other – Specify ↴<br/>                 _____</p>   |  | <b>27</b>    |
|   |  | <p>9 <input type="checkbox"/> DK</p>   |              |