# Supplemental Material

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Appendix A – CHAPS 2 Questionnaires

Non-Infant Survey

CHAPS 2 - NON-INFANT COMBINED FORM A & B QUESTIONNAIRE

ALL – Applicable to all non-infant survey type and both form A and B
ADULT – Applicable to all adult survey type and both form A and B
CHILD – Applicable to all child survey type and both form A and B
NONPROXY – Applicable to all adult and child direct and both form A and B
FORMA – Applicable to all survey type but only form A
FORMB – Applicable to all survey type but only form B

| Code  | Survey Type         | Form   |
|-------|---------------------|--------|
| ALL   | Non-Infant          | A & B  |
| ADULT | Adult Only          | A & B  |
| CHILD | Child Direct Only   | A & B  |
| NONPROXY | Adult + Child Direct Only | A & B |
| FORMA | Non-Infant          | A      |
| FORMB | Non-Infant          | B      |

ALL

INTRODUCTION BLOCK START

INTRO1

For all locations other than Montreal:
Hello, my name is ____. I’m calling for Health Canada.

Bonjour, je m’appelle _____. J’appelle de la part de Santé Canada.

Would you prefer to continue in English or French?

For Montreal:
Bonjour, je m’appelle _____. J’appelle de la part de Santé Canada.

Hello, my name is ____. I’m calling for Health Canada.

Préférez-vous continuer en anglais ou en français?

Remainder to be conducted in language of choice.

** IF YOUNG CHILD ANSWERS, ASK TO SPEAK WITH AN ADULT

We are conducting a survey to assess Canadians’ exposure to pollutants. Your responses will inform Health Canada on how to protect the health of Canadians.

If you complete the survey, you can enter a draw to win a cash prize of $300. The draws will take place on September 30, 2010 (summer) March 31, 2011 (winter).

[Surveyor: If asked about odds of winning, read] Your chance of winning is approximately 1 in 2400.]

Would you be able to do the survey with me?
If no, read

While participation is voluntary, your cooperation is important to ensure the information collected is as accurate as possible. Your participation is also important because your response will represent not only your household, but similar households in your area.

Would you like to take part in this study?

If yes, continue:

Thank you. The study will update information collected 15 years ago. The survey asks you to recall your activities from the previous day and asks specific questions relating to your home. Knowing where and how Canadians spend their time will help Health Canada to estimate Canadians’ exposure to pollutants. These estimates help set standards to protect the health of Canadians.

Participation is voluntary and you can skip over questions you do not want to answer. Your name and other identifying information will not be associated with your responses and any information you provided will be used for research purposes only and will be kept strictly confidential.

Before we begin, would you have time for me to ask you a few questions to determine which person in your household should complete the survey?

[Surveyor: if asked, read] The survey selects one respondent depending on who lives in your household and who next celebrate his or her birthday.

[Surveyor: If asked about survey length, read] The survey can be completed in 20 minutes or less.

[If pressed, read] Depending on how you answer each question, it may take you more or less time to go through the survey.

[1] YES (BEGIN SURVEY)
[2] Not now – ask for call-back time
[99] Refused (will terminate survey)

INTRODUCTION BLOCK END

SCREENING/STATS BLOCK START

First, I have a few questions about the composition of your household.

QNADULT

Including yourself, how many adults, age 18 and older, live in your household?

[1] RECORD ACTUAL NUMBER
[11] MORE THAN 10
[99] REF

NKID1

How many children under 18 live in your household?

[1] NONE
[2] ONE
[3] RECORD NUMBER
[11] MORE THAN 10
QKID
What is the age of the youngest child living in your household?

|   |   |
|---|---|
| [1] | LESS THAN 1 |
| [2] | RECORD AGE 1 THRU 17 |
| [99] | DK/REF |

<SKIP Qkid2 if NIKD1 < 2>

QKID2
Aside from your infant(s), what is the age of the youngest child living in your household?

|   |   |
|---|---|
| [1] | only infants in household |
| [2] | RECORD AGE 1 THRU 17 |
| [99] | DK/REF |

QNINFANT
Just to confirm, how many infants under 1 year live in your household?

|   |   |
|---|---|
| [1] | RECORD NUMBER |
| [99] | REF |

ALL
IF total number of kid = total number of infant, go to INT2 (ADULT SURVEY)
ELSE
RANDOM 1 determined the 70/30 split for Adult or Child Survey
IF RANDOM1 > 71, go to INT2 (ADULT SURVEY ROUTE)
IF RANDOM1 <= 71, go to KNAM (CHILD SURVEY ROUTE)

ADULT
ADULT SURVEY ROUTE
INT2 (ADULT SURVEY)
For this study I need to speak with the adult living in your household who is 18 or older, and will have the NEXT birthday. Who would that be?

(Surveyor: If R asked about the birthday selection method, say this is to ensure random selection of survey respondents).

SURVEYOR: IF INFORMANT DOES NOT KNOW ALL THE BIRTHDAYS ASK: Of the ones you do know, who will have the NEXT birthday?

|   |   |
|---|---|
| [1] | INFORMANT HAS NEXT BIRTHDAY (BEGIN SURVEY) |
| [2] | SOMEONE ELSE HAS NEXT BIRTHDAY (ask for that person and repeat introduction) |

RSEX
RECORD "ADULT" RESPONDENT'S SEX

|   |   |
|---|---|
| [1] | MALE |
| [2] | FEMALE |

RAGE
In what year were you born?
CHILD SURVEY ROUTE

KNAM (CHILD SURVEY)

If only 1 child between the age of 1 to 17
For this study, we need to know about the activities of the child in your household. I just need his or her first name.

Else
For this study, we need to know about the activities of the child in the household older than 1 year and under the age of 18 who will have the NEXT birthday. Who would that be? I just need his or her first name.

[1] RECORD CHILD'S FIRST NAME
[99] Refused
** DO NOT END WITH ///
[88]

[1] RECORD AGE (1-17)
[3] Yes, Child is [age] years old
[88] REF/DK

KSEX

** IF NOT SURE ASK: Is [fill name] a boy or girl?
[1] BOY
[2] GIRL
[99] REF

If child who has next birth date is:
1. between age 1 and 10, go to CHILD PROXY SURVEY
2. age 10 or older but younger than age 14 go to PROXY
3. age 14 and older, go to CHILD DIRECT SURVEY

PROXY

<DISPLAY if child is age 10 to 13>
[fill-name or your child] is old enough to complete a portion of the survey questions [fill your]. You may listen on another line or stand beside [him or her], or, if you prefer, you can answer the survey on [fill your] behalf.

<DISPLAY if child is age 10 to 17>
Will you provide permission for [fill-name or your child] to complete portion of the interview on [fill your] own?

<DISPLAY if child is age 10 to 13>
Or would you prefer to complete this portion of the survey on [fill your] behalf?

- Consent for child to complete [wkid]
- Prefer to complete on child’s behalf [wkid] <display if child is age 10 to 13>
- Refusal to involve child (will terminate survey) [Explain importance of survey; Convince respondents to change their mind; if failed, terminate]

Surveyor: If respondent will not provide consent, use the following text:
We cannot proceed with the survey if you do not provide consent or permission to interview your child. Your child has been selected to participate because it provides important information for Health Canada to accurately estimate the amount of environmental exposure to Canadians. The information will in turn help reduce the exposure of children to pollution.

If you provide permission for your child to complete the survey, we will be asking questions about how and where your child spent his or her time yesterday and about their proximity to pollutants.

Surveyor: If respondent is concerned about privacy and/or confidentiality, read:
Any information collected will be kept strictly confidential and answers will be used for the purpose of estimating Canadian exposure to pollution only. Your child will not be identified after the survey is completed. Information about your child’s demographic are collected for statistical purposes only.

WKID
This survey looks at children’s exposure to different kind of environments. We will be asking questions about the child’s activities yesterday.

I will need to speak with an adult, who lives in the household who would know how [fill name-child] spent [fill your] time yesterday. Who would that be?

- INFORMANT [CDI]
- SOMEONE ELSE [HOME]
- Refused (will terminate survey) [Thanks and Terminate]

IF CHILD PROXY SURVEY and child is under 6 year old, SKIP HOME

ALL
HOME
During this interview I will need to have both [fill know-adult] and [fill name-child] available to complete the survey. Are both [fill know] and [fill name] home now? [loc 0/31]

SURVEYOR: Introduction for new person, if necessary:
We are conducting a study to help reduce the exposure of both adults and children to pollution. Your answers are for statistical purposes only, and will be kept strictly confidential.

This interview is completely voluntary. If we come to any question you don’t want to answer, just tell me and we'll skip it.
May I start the survey with you?

1. YES (Both) [PHONE1]
2. YES (Child Only) [Explain Informant need to be available Call Back]
3. YES (Adult Only) [PHONE1 if CHILD PROXY; Call Back if CHILD DIRECT]
4. BOTH NO [Explain Informant need to be available Call back]
5. Refused (will terminate survey) [Explain importance of survey; Convince R to change their mind; if failed, terminate]

**if home = 1, say: I now need to speak with [fill know-adult], please. [go to PHONE1]

CDI
During this interview I will need to have [fill name-child] available to complete part of the interview. Is [fill name] home?

SURVEYOR: Introduction for [your child], if necessary for CHILD DIRECT SURVEY:

We are conducting a study to help reduce the exposure of both adults and children to pollution. Your answers are for statistical purposes only, and will be kept strictly confidential.

This interview is completely voluntary. If we come to any question you don't want to answer, just tell me and we'll skip it.

1. NO [PHONE1 if CHILD PROXY; Explain child need to be available, Call Back if CHILD DIRECT]
2. YES [PHONE1]
3. Refused (will terminate survey) [Explain importance of survey; Convince respondents to change their mind; if failed, terminate]

KREL
What is your relationship to [fill name]?

1. MOTHER [PHONE1]
2. FATHER [PHONE1]
3. OTHER - SPECIFY: [specify] [PHONE1]
4. REFUSED [PHONE1]

PHONE1
All together, how many different landline phone NUMBERS does your household have for non-business use?

SURVEYOR: If respondent does not know what a landline is, read: A land line is a regular telephone line, typically served over a pair of copper wires from a phone company into your home in a fixed location. They are named as such because they are connected to a physical line rather than a cell tower or satellite. It is not a cell phone or mobile phone.

1. No landlines
2. RECORD ACTUAL NUMBER
3. 6 OR MORE
### PHONE2

All together, how many different cell phone NUMBERS does your household have for non-business use?

- [1] No cell phones
- [2] RECORD ACTUAL NUMBER
- [6] 6 OR MORE
- [99] REF

### SCREENING1

What county is your home located in? [If necessary, read county list]

[ALTERNATE WORDING IF ONLY ONE COUNTY: Is your home located within...? READ COUNTY NAME]

**DISPLAY OPTIONS IF REGION=6**

- [11] Annapolis County [Go to SCREENING 2]
- [12] Kings County [Go to SCREENING 2]

**DISPLAY OPTIONS IF REGION=7**

- [31] Haldimand County [Go to SCREENING 2]
- [32] Norfolk County [Go to SCREENING 2]

**ALWAYS DISPLAY**

- [77] Another county (please specify): _____________ [TERMINATE SURVEY]
- [88] Don’t Know [Go to SCREENING 2]
- [99] Decline to Respond [TERMINATE SURVEY]

[If selected valid County in SCREENING1, list ‘exclusion towns’ within the sample region, as well as a few towns just outside the boundaries of the County that are excluded as well]

### SCREENING2

Is your home located in a rural area? or within one of the following towns? [Read list]

**DISPLAY OPTIONS IF REGION=6**

- [11] Bridgetown [Go to SCREENING 3]
- [12] Middleton [Go to SCREENING 3]
- [13] Digby [Go to SCREENING 3]
- [14] Kingston [Go to SCREENING 3]
- [15] Greenwood [Go to SCREENING 3]
- [16] Berwick [Go to SCREENING 3]
- [17] Coldbrook [Go to SCREENING 3]
- [18] Kentville [Go to SCREENING 3]
- [19] Hantsport [Go to SCREENING 3]

**DISPLAY OPTIONS IF REGION=7**

- [20] Windsor [Go to SCREENING 3]
- [21] Brantford [Go to SCREENING 3]
- [22] Burford [Go to SCREENING 3]
- [23] Caledonia [Go to SCREENING 3]
- [24] Cayuga [Go to SCREENING 3]
- [25] Delhi [Go to SCREENING 3]
- [26] Dunnville [Go to SCREENING 3]
- [27] Hagersville [Go to SCREENING 3]
[28] Jarvis  [Go to SCREENING 3]
[29] Norwich  [Go to SCREENING 3]
[30] Port Dover  [Go to SCREENING 3]
[31] Simcoe  [Go to SCREENING 3]
[32] Tillsonburg  [Go to SCREENING 3]
[33] Waterford  [Go to SCREENING 3]

[ALWAYS DISPLAY]
[66] or another town or village? (please specify: ________________________)
[Go to SCREENING 3]

[77] Home is rural (outside a town or village, e.g., rural, agricultural or wilderness area)
[Go to SCREENING 3]

[88] Don’t know  [TERMINATE SURVEY]
[99] Decline to Respond  [TERMINATE SURVEY]

SCREENING3
You appear to live in a community that is excluded from the survey area designated for this research. We are interested in talking to people who live in very small towns, villages or rural locations outside of towns.

Do you live within or outside the town limits of [TOWN SELECTED IN SCREENING2]?
[1] Within town limits  [TERMINATE SURVEY]
[2] Outside town limits  [Probe and clarify. Go back to previous questions if necessary.]

[88] Don’t know  [Probe]
[99] Decline to Respond  [TERMINATE SURVEY]

TERMINATE SURVEY FOR URBAN RURAL SCREENING. In order to participate in the survey, you would need to live within the specific rural areas and towns we are interested in. We cannot proceed any further in the survey. Thank you for your time!

PCODE
What is your postal code?
[allow 6]

[88] Don’t know/Refused
GO TO NEXT BLOCK

SCREENING/STATS BLOCK END

ALL
RANDOM2 determined the FORM A/B split
IF RANDOM2 < 50, administered FORM A
IF RANDOM2 >= 50, administered FORM B

ALL
DIARY BLOCK START

I would like to ask you about the things [fill name] did yesterday – from midnight [fill payday] night to midnight last night.

TYPE [1] to begin diary

THE FOLLOWING INFORMATION IS ASKED FOR EACH ACTIVITY:
1. START TIME OF ACTIVITY
### 1st Activity Entry and Introduction

An important part of this study is to learn what kinds of pollutants adult and children come in contact with in their daily activities. To do this we need to find out how and where people spend their time on a wide range of activities, no matter how brief the activity was.

I would like to ask you about the things [fill name or your child] did yesterday – from midnight [fill payday] to midnight [fill payday].

An activity is anything [fill name or your child] did during the day. Activities include active tasks such as socializing, preparing food, or eating; more quiet tasks like thinking and relaxing, or traveling such as taking the bus or driving to places. It also includes routine activities such as dressing, personal hygiene, and break at work or school or personal activities such as hugging and kissing. Right now, you are talking to me on the telephone; Talking on the telephone is one type of activity.

The location can be a specific room inside a home such as the dinning room, bathroom, and bedroom or more general location such as office building, dry cleaning shop, or a farm. In particular, Health Canada is interested in locations where one may be exposed to environmental agents or pollutants such as gas station, garage, and parking lots.

I would like to remind you that this survey is strictly confidential and your responses will remain anonymous.

To simplify the process we will begin with midnight on the first day and work forward through the day. What were [fill name or your child] doing at midnight?

**START TIME (24 hour clock):** [fill time]

----- ACTIVITY -----

(Activity Code List)

Please use the box below if the activity is not available above OR if there is additional information about the activity to add.

Activity: ________

----- LOCATION -----

And where did this activity take place?

(Location Code List)

Please use the box below if the activity is not available above OR if there is additional information about the location to add.

Location: ______________
We have already established that this activity begin before or at midnight, when did it end? If Needed: For example, if [fill name or your child] were sleeping, when did [fill name or your child] wake up? Or if [fill name or your child] was eating a snack in the kitchen, when did [fill name or your child] finish eating the snack?

TIME (24 hour clock, HHMM): ___________

**Subsequent Activity Entry**

TIME DIARY

Continuing with the things [fill name or your child] did yesterday – from midnight [fill pday] to midnight [fill pday].

[fill name or your child] finished [recall previous activity] at [recall previous time] so what was the next thing [fill name or your child] did?

START TIME (24 hour clock): [recall previous time]

----- ACTIVITY -----

[Activity Code List]

Please use the box below if the activity is not available above OR if there is additional information about the activity to add.

Activity: ________

----- LOCATION -----

And where did this activity take place?

[Location Code List]

Please use the box below if the activity is not available above OR if there is additional information about the location to add.

Location: ________________

----- END TIME -----

And when did this activity end? NOTE: The final activity of the day MUST have an end time equal to 2359.

Reminder last activity ended at [recall previous time]

TIME (24 hour clock, HHMM): ___________

THIS WAS THE LAST ACTIVITY (ended at or after Midnight)
### Activities/Locations Summary Table Page

| Activity Start | Activity End | What was the activity? | And where did this activity take place? | Edit |
|----------------|--------------|------------------------|------------------------------------------|------|
| [recall time]  | [recall time] | [recall activity]       | [recall location]                         |      |

Proceed with next entry
OR
Entries complete, select continue.

**ALL**

When location codes 301-310, 313, and 315 are entered, a supplemental question will be asked:

**QT**
Was this activity conducted on or near a roadway with moderate to heavy traffic?

(Surveyor Note: A roadway with "moderate to heavy traffic" is one that has a substantial amount of traffic for several hours of the day, such as a main thoroughfare, a busy boulevard, or a highway. It does not include quiet residential streets or roads with occasional traffic.)

|   | NO | YES | [QTa] |
|---|----|-----|-------|
| [1] |    | [2] |       |
| [88] |    |  |   |

**QTA**
About how much of this activity was conducted on or near a roadway with moderate to heavy traffic?

|   | LESS THAN 1 MINUTE | RECORD THE NUMBER OF MINUTES |
|---|-------------------|-----------------------------|
| [0] |                |                            |
| [1-120] |            |                            |
| [180]  | 3 HOURS          |                            |
| [240]  | 4 HOURS          |                            |
| [300]  | 5 HOURS          |                            |
| [360]  | 6 HOURS          |                            |
| [420]  | 7 HOURS          |                            |
| [480]  | 8 HOURS          |                            |
| [540]  | 9 HOURS          |                            |
| [600]  | 10 HOURS         |                            |
| [660]  | 11 HOURS         |                            |
| [720]  | 12 HOURS         |                            |
| [800]  | MORE THAN 12 HOURS |                           |
| [88]  | DK               |                            |

**DIARY BLOCK END**

**ALL**

SURVEY CONSIDERED TO BE COMPLETE AFTER COMPLETING THE DIARY AS EARLY TERMINATION

**ALL**

**TRAFFIC BLOCK START**

**TRAFFIC1**
Thinking now about [fill NNAM] [fill ap] time spent outdoors yesterday, were there any times when [fill name] [fill were] in a car, van, truck or bus in moderate to heavy traffic?

|   | NO | [Traffic2] |
|---|----|------------|
| [1] |    |            |
| [88] |    |            |
[2] YES
[88] DK

TRAFFIC1A
For how long altogether?
[1] LESS THAN 1 MINUTE
[2] RECORD THE NUMBER OF MINUTES
[180] 3 HOURS
[240] 4 HOURS
[300] 5 HOURS
[360] 6 HOURS
[420] 7 HOURS
[480] 8 HOURS
[540] 9 HOURS
[600] 10 HOURS
[660] 11 HOURS
[720] 12 HOURS
[800] MORE THAN 12 HOURS
[88] DK

TRAFFIC2
Were there any times yesterday when [fill name] [fill were] running, walking or standing alongside a road with moderate to heavy traffic?
[1] NO
[2] YES
[88] DK

TRAFFIC2A
For how long altogether?
[1] LESS THAN 1 MINUTE
[2] RECORD THE NUMBER OF MINUTES
[180] 3 HOURS
[240] 4 HOURS
[300] 5 HOURS
[360] 6 HOURS
[420] 7 HOURS
[480] 8 HOURS
[540] 9 HOURS
[600] 10 HOURS
[660] 11 HOURS
[720] 12 HOURS
[800] MORE THAN 12 HOURS
[88] DK

ALL
PARKING BLOCK START

PARK1
Were there any times yesterday when [fill name] [fill were] in an enclosed parking garage or an indoor parking lot?
[1] NO
[2] YES
| [88] | DK | [Park2] |
| PARK1A | For how long altogether? |
| [1] | LESS THAN 1 MINUTE |
| [2] | RECORD THE NUMBER OF MINUTES |
| [180] | 3 HOURS |
| [240] | 4 HOURS |
| [300] | 5 HOURS |
| [360] | 6 HOURS |
| [420] | 7 HOURS |
| [480] | 8 HOURS |
| [540] | 9 HOURS |
| [600] | 10 HOURS |
| [660] | 11 HOURS |
| [720] | 12 HOURS |
| [800] | MORE THAN 12 HOURS |
| [88] | DK |

| PARK2 | Were there any times yesterday when [fill name] [fill were] walking outside to a car in an open or outside parking area? |
| [1] | NO | [NEXT BLOCK] |
| [2] | YES |
| [88] | DK | [NEXT BLOCK] |

| PARK2A | For how long altogether? |
| [1] | LESS THAN 1 MINUTE |
| [2] | RECORD THE NUMBER OF MINUTES |
| [180] | 3 HOURS |
| [240] | 4 HOURS |
| [300] | 5 HOURS |
| [360] | 6 HOURS |
| [420] | 7 HOURS |
| [480] | 8 HOURS |
| [540] | 9 HOURS |
| [600] | 10 HOURS |
| [660] | 11 HOURS |
| [720] | 12 HOURS |
| [800] | MORE THAN 12 HOURS |
| [88] | DK |

| ALL | GAS STATION BLOCK START |
| GSTAT1 | Did [fill name] spend ANY time yesterday at a gas station or auto repair shop? |
| [1] | NO | [NEXT BLOCK] |
| [2] | YES | [NEXT BLOCK] |
| [88] | DK | [NEXT BLOCK] |
**GSTAT2**
About how long altogether yesterday did [fill name] spend in those places?

| [1] | LESS THAN 1 MINUTE |
| [2] | RECORD THE NUMBER OF MINUTES |
| [180] | 3 HOURS |
| [240] | 4 HOURS |
| [300] | 5 HOURS |
| [360] | 6 HOURS |
| [420] | 7 HOURS |
| [480] | 8 HOURS |
| [540] | 9 HOURS |
| [600] | 10 HOURS |
| [660] | 11 HOURS |
| [720] | 12 HOURS |
| [800] | MORE THAN 12 HOURS |
| [88] | DK |

**GSTAT3**
Did you pump any gasoline yesterday at a gas station?

| [1] | NO |
| [2] | YES |
| [88] | DK |

**GSTAT4**
[fill were] [fill name] in a car when another person was pumping gasoline?

| [1] | NO |
| [2] | YES |
| [88] | DK |

**ALL**

**ENGINE BLOCK START**

**ENGINE1**
Yesterday, did any of [fill name] [fill ap] activities at home, at [fill NPLA] or elsewhere involve working with or being near) any gasoline or diesel-powered equipment, besides automobiles?

| [1] | NO |
| [2] | YES [Engine2] |
| [88] | DK |

NPLA = work if ADULT survey
NPLA = school if CHILD direct or proxy AND KAGE >= 6.
NPLA = day care if CHILD direct or proxy AND KAGE < 6.

**ENGINE2**
About how long?

| [1] | LESS THAN 1 MINUTE |
| [2] | RECORD THE NUMBER OF MINUTES |
| [180] | 3 HOURS |
| [240] | 4 HOURS |
| [300] | 5 HOURS |
WATER1 (ADULT A only)
Do you get water for general household use from:
[1] THE PUBLIC WATER SYSTEM
[2] A PRIVATE WELL
[77] OR FROM SOME OTHER SOURCE – WHAT IS THAT? [specify]
[88] DK

WATER2
We are also interested in contact [fill name] had with tap water, that is, water from a faucet. First, how many times would you say [fill name] washed [fill your] hands yesterday?
[99] NONE
[1] 1-2
[2] 3-5
[3] 6-9
[4] 10-19
[5] 20-29
[6] 30+ TIMES
[88] DK

WATER3
Did [fill name] take a shower yesterday?
[1] NO [Water4]
[2] YES [Water4]
[88] DK

WATER3A
How many showers did [fill name] take?
[1] RECORD ACTUAL NUMBER
[11] More than 10
[88] DK

WATER3B
How long did [fill name] spend taking the shower(s)? (IN TOTAL)
[1] RECORD ACTUAL MINUTES
[61] OVER AN HOUR
[88] DK

WATER3C
When [fill name] showered, was the bathroom door closed?
| Water3d | Was there a window open or an exhaust fan on (in the bathroom)? |
|---------|---------------------------------------------------------------|
| [1] NO  | [88] DK                                                        |

| Water4  | Did you take a bath yesterday or give any children a bath?     |
|---------|----------------------------------------------------------------|
| [1] NO  | [88] DK                                                        |

| Water4A | How many baths did [fill name] take (and/or give)?            |
|---------|----------------------------------------------------------------|
| [1]     | RECORD ACTUAL NUMBER OF BATHS                                  |
| [88]    | DK                                                            |

| Water4B | How long did [fill name] spend taking or giving the bath(s)? (IN TOTAL) |
|---------|---------------------------------------------------------------------|
| [1]     | RECORD ACTUAL MINUTES                                               |
| [61]    | OVER AN HOUR                                                        |
| [88]    | DK                                                                  |

| Water4c | Was the bathroom door closed?                                      |
|---------|--------------------------------------------------------------------|
| [1]     | NO                                                                 |
| [2]     | YES                                                                |
| [88]    | DK                                                                  |

| Water4d | Was there a window open or an exhaust fan on (in the bathroom)?   |
|---------|--------------------------------------------------------------------|
| [1]     | NO                                                                 |
| [2]     | YES                                                                |
| [88]    | DK                                                                  |

| Forma   | SOLVENT BLOCK START                                                 |

| Solvent1 | Yesterday, did any of [fill name] [fill ap] activities at home, at [NPLA: school/day care/work] or elsewhere involve working with or being near) Solvents, fumes or strong smelling chemicals? |
|----------|---------------------------------------------------------------------|
| [1]     | NO                                                                  |
| [2]     | YES                                                                 |
| [88]    | DK                                                                  |

NPLA = **work** if ADULT survey
NPLA = **school** if CHILD direct or proxy AND KAGE >= 6.
NPLA = **day care** if CHILD direct or proxy AND KAGE < 6.

| SOLVENT2 |
|----------|
| About how long? |
| [1] LESS THAN 1 MINUTE |
| [2] RECORD THE NUMBER OF MINUTES |
| [180] 3 HOURS |
| [240] 4 HOURS |
| [360] 6 HOURS |
| [420] 7 HOURS |
| [480] 8 HOURS |
| [540] 9 HOURS |
| [600] 10 HOURS |
| [660] 11 HOURS |
| [720] 12 HOURS |
| [800] MORE THAN 12 HOURS |
| [88] DK |

| NONPROXY |
|----------|
| SOLVENT BLOCK END |

| SMOKING BLOCK START |
|---------------------|

**SMOKE1**

These next questions are about smoking. Did you smoke any cigarettes yesterday?

| [1] NO |
| [2] YES |
| [88] DK |

**SMOKE1A**

About how many cigarettes did you smoke while at home yesterday?

Surveyor: At home means both indoor and outdoor.

| [1] NONE |
| [2] 1-2 |
| [3] 3-5 |
| [4] 6-9 |
| [5] 10-14 |
| [6] 15-24 (ONE PACK) |
| [7] 25-35 |
| [8] 36+ (TWO PACKS OR MORE) |
| [88] DK |

**SMOKE1B**

About how many cigarettes did you smoke away from home yesterday?

| [1] NONE |
| [2] 1-2 |
| [3] 3-5 |
| [4] 6-9 |
| [5] 10-14 |
| [6] 15-24 (ONE PACK) |
| [7] 25-35 |
| [8] 36+ (TWO PACKS OR MORE) |
SMOKE2
Did you smoke any cigars or pipe tobacco yesterday?
[1] NO [DNO1]
[2] YES
[88] DK [DNO1]

SMOKE2A
For about how long?
[1] RECORD NUMBER OF MINUTES
[60] ONE HOUR
[61] MORE THAN 1 HOUR
[62] MORE THAN 2 HOURS
[63] MORE THAN 3 HOURS
[64] MORE THAN 4 HOURS
[65] MORE THAN 5 HOURS
[66] MORE THAN 6 HOURS
[88] DK

DNO1
    [if Smoke1 ne <1> then goto Smoke3]
    [if Smoke1a eq <1> then goto Smoke3e]
    [if Smoke1a eq <8> then goto Smoke3]
    [goto Smoke3e]

ADULT
SMOKE3
Did anybody smoke cigarettes at your home yesterday?
[1] NO
[2] YES [Smoke3a]
[88] DK [NEXT BLOCK]

SMOKE3E
Did anybody other than yourself smoke cigarettes at your home yesterday? [equiv Smoke3]
[1] NO
[2] YES [Smoke3a]
[88] DK

SMOKE3A
About how many cigarettes altogether did they smoke at your home yesterday?
[1] NONE
[2] 1-2
[3] 3-5
[4] 6-9
[5] 10-14
[6] 15-24 (ONE PACK)
[7] 25-35
[8] 36+ (TWO PACKS OR MORE)
[88] DK

SMOKING BLOCK END
Now I need to talk to your [fill krel] again. Is [fill krel] available?

[1] NO – ask for call back time SAME DAY
[2] YES
[88] REF (will terminate the survey)

This interview is completely voluntary. If we come to any question you don’t want to answer, just tell me and we'll skip it.

These next questions are about smoking. Did you or any members of your family or visitors smoke cigarettes in your home yesterday?

Surveyor: At home means both indoor and outdoor.

[1] NO [ParSmoke3]
[2] YES
[88] DK [ParSmoke3]

About how many cigarettes altogether did you and they smoke at your home yesterday?

Surveyor: At home means both indoor and outdoor.

[1] 1-2
[2] 3-5
[3] 6-9
[4] 10-14
[5] 15-24 (ONE PACK)
[6] 25-35
[7] 36+ (TWO PACKS OR MORE)
[88] DK

Is smoking allowed in your home?

[1] NO
[2] YES
[88] DK
[Asked in Child Direct and Child Proxy Survey, both Form A and B]

Is the school/daycare [fill name-child] attends located on or within 1 block of a roadway with moderate to heavy traffic?

[1] NO
[2] Child does not attend school or daycare
[3] YES
[88] DK

FORMB

BLOCK2

Do you get water for general household use from:

[1] THE PUBLIC WATER SYSTEM
[2] A PRIVATE WELL
[77] OR FROM SOME OTHER SOURCE – WHAT IS THAT? [specify]
[88] DK

ALL

BLOCK3

Do you have an outdoor wood boiler?

Surveyor: An outdoor wood boiler also known as an outdoor wood furnace is a heating appliance that sits outside the home while providing heat to the home (see What IS Document for more information).

[1] NO
[2] YES
[88] DK

HOUSE BLOCK 1 END

ALL

GARAGE BLOCK START

GARAGE1

Do you live in a house with an attached garage?

Surveyor: An apartment with underground parking garage does not qualify. A house, townhouse, or duplex qualifies.

[1] NO
[2] YES
[88] DK

[Garage2]

[Next Block]

GARAGE2

Is there a door connecting the garage to the home?

[1] NO
[2] YES
[88] DK

[Garage3]

[Garage3]

[Garage3]

GARAGE3

Yesterday, was any automobile or other motor vehicle started in the garage?

[1] NO
[2] YES
[88] DK

[Garage4]

[Next Block]
**GARAGE4**

How many times? Would you say: (read list)

| [1] | 1-2   |
| [2] | 3-5   |
| [3] | 6-9   |
| [4] | OR 10 OR MORE |
| [88] | DK |

*NEXT BLOCK*

**GARAGE5**

About how many of these times were with the garage doors closed? Would you say:

**SURVEYOR:** This means the large garage doors to outside, not a door into the house. (read list)

| [1] | None |
| [2] | 1-2   |
| [3] | 3-5   |
| [4] | 6-9   |
| [5] | OR 10 OR MORE |
| [88] | DK |

*NEXT BLOCK*

**GOWI**

I recorded that the car was started with the garage door closed more than the total number of times the car was started. Let me go back over these questions one more time.

TYPE [g] TO RETURN TO QUESTION Garage4

*Garage4*  

**FORMA**  

**STORAGE BLOCK START**

**STORE1**

Is any gasoline or kerosene being stored in any room or basement of your home or in an attached garage or carport?

| [1] | NO |
| [2] | YES |
| [88] | DK |

**STORE2**

Are any devices with gasoline engines such as lawn mowers being stored in any room or basement of your home or in an attached garage or carport?

| [1] | NO |
| [2] | YES |
| [88] | DK |

**STORE3**

Are any paints or varnishes being stored in any room or basement of your home or in an attached garage or carport?

| [1] | NO |
| [2] | YES |
| [88] | DK |

**STORE4**
Are any mothballs, moth crystals or moth cakes used in your home?

**Surveyor:** Mothballs or other moth repellent are products containing chemical pesticide and deodorant used when storing clothing and other articles susceptible to damage from mold or moth larvae.

A moth is an insect related to butterfly and is commonly regarded as pests because their larvae eat fabric such as clothes and blankets made from natural fibers such as wool or silk.

|   | NO | YES | DK |
|---|----|-----|----|
| 1 |    |     |    |
| 2 |    |     |    |
| 88|    |     |    |

**FORM A - STORAGE BLOCK END**

### ALL
### AIR CONDITION BLOCK START

**ASKED IN SUMMER ONLY**

**AC1**
Is your home air-conditioned?

|   | NO | YES | DK |
|---|----|-----|----|
| 1 |    |     |    |
| 2 |    |     |    |
| 88|    |     |    |

[AC2]

**AC2**
Do you use a central unit or a window or wall unit?

|   | CENTRAL | WINDOW/WALL | DK |
|---|---------|-------------|----|
| 1 |         |             |    |
| 2 |         |             |    |
| 88|         |             |    |

**AC3**
Was the air conditioning on at any time yesterday?

|   | NO | YES | DK |
|---|----|-----|----|
| 1 |    |     |    |
| 2 |    |     |    |
| 88|    |     |    |

[AC4]

**AC4**
Did [fill name] spend anytime at home yesterday while the air conditioning was on?

|   | NO | YES | DK |
|---|----|-----|----|
| 1 |    |     |    |
| 2 |    |     |    |
| 88|    |     |    |

**AIR CONDITIONING BLOCK END**

### ALL
### HEATING BLOCK START

**ASKED IN WINTER ONLY**

**HEAT1**
Was any heat turned on at any time in your home yesterday?

|   | NO | YES | DK |
|---|----|-----|----|
| 1 |    |     |    |
| 2 |    |     |    |
| 88|    |     |    |

[Heat2]

[Next Block]
| HEAT2 | Was a central furnace turned on? |
|-------|----------------------------------|
| [1]   | NO                               |
| [2]   | YES                              |
| [88]  | DK                               |

| HEAT3 | What kind of fuel was used in a central furnace? (FIRST MENTION) |
|-------|---------------------------------------------------------------|
| [1]   | GAS                                                          |
| [2]   | ELECTRICITY                                                  |
| [3]   | OIL                                                          |
| [4]   | COAL                                                         |
| [5]   | KEROSENE                                                     |
| [6]   | WOOD                                                         |
| [7]   | SOLAR                                                        |
| [77]  | OTHER (SPECIFY) [specify]                                    |
| [88]  | DK                                                           |

| HEAT4 | Any others? (SECOND MENTION) |
|-------|------------------------------|
| [99]  | NO OTHERS/NONE               |
| [1]   | GAS                          |
| [2]   | ELECTRICITY                  |
| [3]   | OIL                          |
| [4]   | COAL                         |
| [5]   | KEROSENE                     |
| [6]   | WOOD                         |
| [7]   | SOLAR                        |
| [77]  | OTHER (SPECIFY) [specify]    |
| [88]  | DK                           |

| HEAT5 | Was any room [fill also] heated with a wood stove? |
|-------|---------------------------------------------------|
| [1]   | NO                                                |
| [2]   | YES                                               |
| [88]  | DK                                                |

| HEAT6 | Was any room [fill also] heated with a Kerosene space heater? |
|-------|----------------------------------------------------------------|
| [1]   | NO                                                            |
| [2]   | YES                                                           |
| [88]  | DK                                                            |

| HEAT7 | Was any room [fill also] heated with a Electric space heater? |
|-------|----------------------------------------------------------------|
| [1]   | NO                                                            |
| [2]   | YES                                                           |
| [88]  | DK                                                            |

| HEAT8 |                             |
|-------|-----------------------------|
Was any room [fill also] heated with a) Fireplace?
[1] NO
[2] YES
[88] DK

[Heat9]

Was any room [fill also] heated with a) Any other heat source?
[1] NO
[2] YES - What was that? [specify]
[88] DK

HEATING BLOCK END

FORMB

HOUSE BLOCK 2 START

Now, I have a few more questions about your home.

HOUSE 1
In what year did you move into your home?
[XXXX] RECORD ACTUAL YEAR
[88] DK/DON’T REMEMBER [HOUSE2]

[AOWI]
I recorded that you moved into your home before you were born. You said that you were born in [fill here].

Which of these answers have I recorded wrong?
[1] Year moved is wrong, return to previous question
[2] Year of birth is wrong. Correct Year __________

[if location of survey is Annapolis Valley or Haldimand-Norfolk, GO TO Farm. If not, GO TO House2.]

FARM
Do you live on a farm?
[1] NO
[2] YES
[88] DK

HOUSE2
Now, I have a few more questions about your home. Do you live in an:
[1] APARTMENT
[2] DETACHED SINGLE FAMILY HOUSE
[3] A TOWNHOUSE
[4] OR SOMETHING ELSE (SPECIFY) [specify]
[88] DK

HOUSE3
Was this building built:
[1] since 2001
[2] between 1991 and 2000
[3] between 1981 and 1990
[4] between 1971 and 1980
How many stories or floors are in your building or home?
(COUNT ONLY FLOORS WITH FINISHED ROOMS FOR LIVING PURPOSES OR FULL BASEMENTS)

A full or finished basement function as a habitable living space in the house. Typical examples include furnished recreation room, living room or a secondary suite.

An unfinished or partially finished basement serves primarily as a storage space. A basement with only a furnace, water tank, freezer, washer and dryer sets, or other storage would be considered an unfinished basement or partially finished basement.

- ONE
- TWO
- THREE
- 4 to 6
- 7 to 12
- 13 OR MORE STORIES
- DK

How many rooms (not counting bathrooms or half-rooms) do you have in your home?

- RECORD NUMBER
- MORE THAN 30
- DK [House7]

Of these rooms, how many are carpeted or have rugs covering most of their surface?

** SHOULD BE LESS THAN OR EQUAL TO TOTAL ROOMS: [fill House5]

- NONE
- RECORD NUMBER
- MORE THAN 30
- DK [House7]

[cowi] [if House5 eq [88] Then goto House7] [if House5 ge House6 then goto House7]

[COWI]
I recorded that you have more carpeted rooms than total rooms. Let me go back over these questions one more time.

** TYPE [g] TO RETURN TO HOUSE5

Is there a basement in your building or house?

- NO
- YES
- DK

HOUSE BLOCK 2 END
In the last six months, have you or anyone else renovated your home in any way? This would include indoor painting, refinishing floors, adding rooms to the house or laying new carpet.

|   |   |   |
|---|---|---|
| 1 | NO | [Reno2] |
| 2 | YES |   |
| 88 | DK | [NEXT BLOCK] |

Was any indoor painting done?

|   |   |
|---|---|
| 1 | NO |
| 2 | YES |
| 88 | DK |

How about refinishing floors?

|   |   |
|---|---|
| 1 | NO |
| 2 | YES |
| 88 | DK |

What about additions to the house?

|   |   |
|---|---|
| 1 | NO |
| 2 | YES |
| 88 | DK |

What about laying carpet?

|   |   |
|---|---|
| 1 | NO | [NEXT BLOCK] |
| 2 | YES | [Reno6] |
| 88 | DK | [NEXT BLOCK] |

Was glue used or was it tacked down?

|   |   |   |
|---|---|---|
| 1 | GLUE |   |
| 2 | TACKED |   |
| 77 | OTHER |   |
| 88 | DK |   |

Does your home have a Heat Recovery Ventilator (HRV) unit?

|   |   |
|---|---|
| 1 | NO |
| 2 | YES |
| 88 | DK |

Are exhaust fans used in the kitchen?
FRESH3
Are exhaust fans used in the bathroom?

|   | NO | YES | DK |
|---|----|-----|----|
|1  |    |     |    |
|2  |    |     |    |
|88 |    |     |    |

FRESH4
Are exhaust fans used in the laundry?

|   | NO | YES | DK |
|---|----|-----|----|
|1  |    |     |    |
|2  |    |     |    |
|88 |    |     |    |

FRESH5
Are open doors and windows used to provide fresh air to your home?

|   | NO | YES | DK |
|---|----|-----|----|
|1  |    |     |    |
|2  |    |     |    |
|88 |    |     |    |

FORMB
WINDOW AND DOOR BLOCK START

WINDOW1
While [fill name] [fill were] at home yesterday, were any windows left open at all?

|   | NO | YES | DK |
|---|----|-----|----|
|1  |    |     |    |
|2  |    |     |    |
|88 |    |     |    |

WINDOW2
How many windows?

|   | 1-2 | 3-5 | 6-9 | 10+ | DK |
|---|-----|-----|-----|-----|----|
|1  |     |     |     |     |    |
|2  |     |     |     |     |    |
|3  |     |     |     |     |    |
|4  |     |     |     |     |    |
|88 |     |     |     |     |    |

WINDOW3
For about how long altogether were any windows left open?

|   | LESS THAN 1 MINUTE | RECORD ACTUAL NUMBER OF MINUTES (LESS THAN 2 HOURS) | FROM 2 TO 4 HOURS | MORE THAN 4 UP TO 8 HOURS | MORE THAN 8 UP TO 12 HOURS | MORE THAN 12 UP TO 16 HOURS | OVER 16 HOURS | DK |
|---|---------------------|-----------------------------------------------------|-------------------|-----------------------------|-----------------------------|-----------------------------|---------------|----|
|1  |                     |                                                     |                   |                             |                             |                             |               |    |
|2  |                     |                                                     |                   |                             |                             |                             |               |    |
|180|                     |                                                     |                   |                             |                             |                             |               |    |
|360|                     |                                                     |                   |                             |                             |                             |               |    |
|600|                     |                                                     |                   |                             |                             |                             |               |    |
|840|                     |                                                     |                   |                             |                             |                             |               |    |
|960|                     |                                                     |                   |                             |                             |                             |               |    |
|88 |                     |                                                     |                   |                             |                             |                             |               |    |

DOOR1
Does your home have any doors which open directly to the outside of your building or house?

[1] NO  [NEXT BLOCK]
[2] YES
[88] DK  [NEXT BLOCK]

DOOR2
While [fill name] [fill were] at home yesterday, were any of these outside doors left open at all?

[1] NO
[2] YES  [Door3]
[88] DK  [NEXT BLOCK]

DOOR3
For about how long altogether was any outside door left open?

[1] LESS THAN 1 MINUTE
[2] RECORD ACTUAL NUMBER OF MINUTES (LESS THAN 2 HOURS)
[180] 2 HOURS TO 4 HOURS
[360] MORE THAN 4 UP TO 8 HOURS
[480] MORE THAN 8 UP TO 12 HOURS
[720] OVER 12 HOURS
[88] DK

DOOR4
While [fill name] [fill were] at home yesterday, about how many times would you say that an outside door was opened? Would you say:

[1] ONCE OR TWICE
[2] 3-5 TIMES
[3] 6-9 TIMES
[4] 10-19 TIMES
[5] OR 20 TIMES OR MORE
[88] DK

WINDOW AND DOOR BLOCK END

FORM8

GAS OVEN BLOCK START

OVEN1
Do you have a gas range or gas oven in your home?

[1] NO
[2] YES  [Oven2]
[88] DK  [NEXT BLOCK]

OVEN2
Does your gas range or gas oven have a continuously burning pilot light?

[1] NO
[2] YES
[88] DK

OVEN3
Did [fill name] spend any time yesterday at home when the gas range or gas oven was used?

[1] NO
[2] YES  [Oven4]
OVEN4
For about how long [fill were] [fill name] home when the range or oven was on?

| Time          | Code |
|---------------|------|
| LESS THAN 1 MINUTE | [1]  |
| RECORD THE NUMBER OF MINUTES | [2]  |
| 3 HOURS       | [180] |
| 4 HOURS       | [240] |
| 5 HOURS       | [300] |
| 6 HOURS       | [360] |
| 7 HOURS       | [420] |
| 8 HOURS       | [480] |
| 9 HOURS       | [540] |
| 10 HOURS      | [600] |
| 11 HOURS      | [660] |
| 12 HOURS      | [720] |
| MORE THAN 12 HOURS | [800] |
| DK            | [88]  |

PEST1
In the last six months, were any pesticides used to get rid of insects, rodents or other pests at your home?

Surveyor: Agricultural use of pesticides qualifies as yes.

| Answer | Code |
|--------|------|
| NO     | [1]  |
| YES    | [2]  |
| DK     | [88]  |

PEST2
Was that done: (read list)

| Answer  | Code |
|---------|------|
| INSIDE  | [1]  |
| OUTSIDE | [2]  |
| OR BOTH?| [3]  |
| DK      | [88]  |

PEST3
How many of these times were pesticides applied by a PROFESSIONAL?

| Times     | Code |
|-----------|------|
| NONE      | [1]  |
| 1-2       | [2]  |
| 3-5       | [3]  |
| 6-9       | [4]  |
| 10+ TIMES | [5]  |
| DK        | [88]  |

PEST4
How many of these times did you PERSONALLY apply pesticides?

| Times     | Code |
|-----------|------|
| NONE      | [1]  |
| 1-2       | [2]  |
| 3-5       | [3]  |
| 6-9       | [4]  |
| 10+ TIMES | [5]  |
CHILD PLAY BLOCK START

*If response to Qkid is 0, 6-17 or 99, go to NEXT BLOCK. If response to Qkid is 1-5, go to Play1.*

**DIRT**
I recorded that you have a young child living in this household. What is the first name of this child?

(Surveyor: this is the child whose age was given as [Qkid or Qkid2].)

[1]**RECORD FIRST NAME** [store [this child] in DIRT] [Play1]
[99]**IF REFUSES TO GIVE NAME TYPE (r) [Play1]

**DIRT** [store name in dirt]

**PLAY1**
Yesterday, did [fill dirt] spend any time crawling, lying, or playing on the floor in your home?

[1] NO
[2] YES
[88] DK

[Play1a]

**PLAY1A**
Thinking of that floor area where [fill dirt] spent most of his or her time yesterday, is that area carpeted?

[1] NO, NOT CARPETED
[2] YES CARPETED
[88] DK

**PLAY2**
Did [fill dirt] spend any time yesterday playing outdoors?

[1] NO
[2] YES
[88] DK
[99] REFUSED

[Play3]

**PLAY3**
When [fill dirt] was outdoors yesterday, did he/she spend any time playing on dirt?

[1] NO
[2] YES
[88] DK

[Play3a]

**PLAY3A**
About how much time was on dirt?

[1] LESS THAN 1 MINUTE
[2] RECORD THE NUMBER OF MINUTES
[180] 3 HOURS
ADULT  EMPLOYMENT BLOCK START

JOB1
Now, I have some background questions: Are you currently:

[1] EMPLOYED FULL TIME        [Job2]
[2] EMPLOYED PART TIME         [Job2]
[3] OR NOT EMPLOYED AT ALL?    [Job1a]
[99] REF

JOB1A
Is that mainly because you are:

[1] RETIRED                      [Job1a]
[2] KEEPING HOUSE              [Job1a]
[3] TEMPORARILY UNEMPLOYED    [Job1a]
[4] A STUDENT               [Job1a]
[5] DISABLED              [Job1a]
[6] OR SOMETHING ELSE: (SPECIFY) [specify]
[99] REF

JOB2
About how many hours last week did you work for pay on this or other jobs?

[1] NONE - Why not: (SPECIFY)          [specify]        [Job5]
[2] RECORD NUMBER OF HOURS           [Job5]
[81] MORE THAN 80 HOURS              [Job5]
[88] DK                                [Job5]

JOB3
How many of the work hours last week did you work outdoors? (that is, not inside any building)

[1] NONE                           [Job4]
[2] RECORD NUMBER OF HOURS        [Job4]
[81] MORE THAN 80 HOURS           [Job4]
[88] DK                            [Job4]

JOB4
About how many of the work hours last week were between 6 PM in the evening and 6 AM in the morning?

[1] NONE                           [Job5]
[2] RECORD NUMBER OF HOURS        [Job5]
[81] MORE THAN 80 HOURS           [Job5]
tmow [if Job3 gt Job2 then goto TMOW]  [Job4]
tmmh [if Job4 gt Job2 then goto TMMH]  [Job5]

TMOW
I recorded that you worked more hours last week outdoors than you worked in total. Let me go back over these questions one more time.
TYPE [y]  TO RETURN TO QUESTION Job3  [Job3]

TMMH
I recorded that you worked more hours last week between 6 PM in the evening and 6 AM in the morning than you worked in total. Let me go back over these questions one more time.
TYPE [x]  TO RETURN TO QUESTION Job4  [Job4]

JOB5
What is the postal code at your (main) place of work?  [allow 6, minimum 3]
| - - - - - - |

JOB6
In what kind of business, industry, or service do you work? Please give details

For example,
- new home construction
- primary school
- municipal police
- wheat farm
- shoe store
- food wholesale
- car parts factory

JOB7
What is your work or occupation? Please be specific.

For example,
- legal secretary
- plumber
- fishing guide
- wood furniture assembler
- secondary school teacher
- (If in the Armed Forces, give rank.)

JOB8
What are your main activities or duties? Please give details:
Surveyor: Record at least 3 duties.

For example:
- prepared legal documents
- installed residential plumbing
- guided fishing parties
- made wood furniture products

EMPLOYMENT BLOCK END
Next, I have a few questions about [fill your] health. Has a doctor told you that [fill name] [fill have] asthma?

[1] NO
[2] YES
[88] DK

Has a doctor told you that [fill name] [fill have] heart disease?

[1] NO
[2] YES
[88] DK

Has a doctor told you that [fill name] [fill have] Chronic bronchitis or emphysema?

[1] NO
[2] YES
[88] DK

Does a long-term physical condition, mental condition, or health problem, reduce the amount or kind of activity [fill name] can do? A “long-term condition” refers to a condition that is expected to last or has already lasted 6 months or more.

[1] SOMETIMES
[2] OFTEN
[3] NEVER
[88] DK
[99] REF

What is the last grade or year of school you completed?

[1] NONE
[2] SOME ELEMENTARY
[8] ELEMENTARY GRADUATE
[10] SOME HIGH SCHOOL
[12] HIGH SCHOOL GRADUATE
[14] SOME COLLEGE OR CEGEP
[16] COLLEGE OR CEGEP GRADUATE
[17] SOME UNIVERSITY
[18] UNIVERSITY GRADUATE
[19] SOME GRADUATE SCHOOL
[20] GRADUATE OR PROFESSIONAL DEGREE
[99] REFUSED
I now have a question regarding your household income. Please be assured that, like all other information you have provided, these answers will be kept strictly confidential. What is your best estimate of the total income, before taxes and deductions, of all household members from all sources in the past 12 months?

[allow 7] [MIN: 0] [MAX: 1,000,000; warning after 250,000, go to QINCQ1TEST]

[1] | - - - - - | [VERF]
[2] $0 [VERF]
[3] MORE THAN $500,000 [VERF]
[88] DK/REF [INCQ2]

QINCQ1TEST
You have said that your household income is [$]. Is this correct?

Can you estimate in which of the following groups your household income falls?

[1] $0 to $5,000 [VERF]
[2] $5,001 to $10,000 [VERF]
[3] $10,001 to $15,000 [VERF]
[4] $15,001 to $20,000 [VERF]
[5] $20,001 to $30,000 [VERF]
[6] $30,001 to $40,000 [VERF]
[7] $40,001 to $50,000 [VERF]
[8] $50,001 to $60,000 [VERF]
[9] $60,001 to $80,000 [VERF]
[10] $80,001 to $100,000 [VERF]
[11] $100,001 or more [VERF]
[88] DK [VERF]
[99] RF [VERF]

By completing this survey, you are eligible for entry in a draw to win a cash prize valued at $300. Would you like to enter into the prize draw?

[1] YES [CONTACT1]
[2] NO [END]
CONTACT1
Please provide your first name and the best telephone number(s) to reach you should you be randomly selected as the winner.

Any information you provide will be stored for the purpose of the draw only. Your name and phone number will not be associated with your survey responses. All contact information will be destroyed after the draw has taken place and winners notified.

[1] First Name ____________________________ [END]
[2] Home Phone ____________________________ [END]
[3] Cell Phone ____________________________ [END]
[4] Other Phone ____________________________ [END]

DRAW BLOCK END
### INTRODUCTION BLOCK START

#### INTRO1

For all locations other than Montreal:
**Hello, my name is _____.  I’m calling for Health Canada.**

Bonjour, je m’appelle _____. J’appelle de la part de Santé Canada.

Would you prefer to continue in English or French?

For Montreal:
**Bonjour, je m’appelle _____. J’appelle de la part de Santé Canada.**

Hello, my name is _____. I’m calling for Health Canada.

**Préférez-vous continuer en anglais ou en français?**

**Remainder to be conducted in language of choice.**

**IF YOUNG CHILD ANSWERS, ASK TO SPEAK WITH AN ADULT**

We are conducting a study to assess Canadian’s exposure to pollutants. Your responses will inform Health Canada on how to protect the health of Canadians.

If you complete the survey, you can enter into a draw to win a cash prize of $300. The draws will take place on September 30, 2010 (summer) March 31, 2011 (winter).

[Surveyor: If asked about odds of winning, read] Your chance of winning is approximately 1 in 75.

Would you be able to do the survey with me?

If no, read

While participation is voluntary, your cooperation is important to ensure the information collected is as accurate as possible. Your participation is also important because your response will represent not only your household, but similar households in your area.

Would you like to take part in this study?

If yes, continue:
Thank you. Before we begin, would you have time for me to ask you a few questions to determine which person in your household should complete the survey?

[Surveyor: if asked, read] The survey selects one respondent depending on who lives in your household and who next celebrate his or her birthday.
[Surveyor: If asked about survey length, read] The survey can be completed in 20 minutes or less.

[If pressed, read] Depending on how you answer each question, it may take you more or less time to go through the survey.

FIRST, are there any infants under 1 year living in this household? [loc 1/34]

1. NO (TERMINATE SURVEY)  
2. YES (BEGIN SURVEY)  
3. Not now – ask for call-back time  
99. Refused (will terminate survey)

Thank you. The study will update information collected 15 years ago. The survey asks you to recall your infant activities from the previous day and asks specific questions relating to your home. Knowing where and how Canadians spend their time will help Health Canada to estimate Canadians’ exposure to pollutants. These estimates help set standards to protect the health of Canadians.

Participation is voluntary and you can skip over questions you do not want to answer. Your name and other identifying information will not be associated with your responses and any information you provided will be used for research purposes only and will be kept strictly confidential.

KNAM  
For this study, we need to know about the activities of the infant in the household under the age of 1 year who will have the NEXT birthday. Who would that be? I just need his or her first name.

1. RECORD FIRST NAME BELOW  
99. IF REFUSES TO GIVE NAME TYPE (r)

KAGE
How old is [fill NAME]?

1. LESS THAN 6 MONTHS  
2. 6 TO 11 MONTHS  
99. REF/DK

KSEX
** IF NOT SURE ASK: Is [fill NAME] a boy or girl?

1. BOY  
2. GIRL  
99. REF

WKID
I will need to speak with an adult, who lives in the household who would know how [fill NAME-child] spent [fill YOUR] time yesterday. Who would that be?
**HOME**
During this interview I will need to have [fill know] available to complete the survey. Is [fill know] home now?

**SURVEYOR: Introduction for new person, if necessary:**
We are conducting a study to help reduce the exposure of both adults and children to pollution. Your answers are for statistical purposes only, and will be kept strictly confidential. This interview is completely voluntary. If we come to any question you don't want to answer, just tell me and we'll skip it.

May I start the survey with you?

**YES(Yes I now need to speak to that person, please) [krel]**

**NO [Thanks and Terminate]**

**if home = 1, say: I now need to speak with [fill know-adult], please. [KREL]**

**KREL**
What is your relationship to [fill NAME]?

- [1] MOTHER
- [2] FATHER
- [3] OTHER - SPECIFY: [specify]
- [99] REFUSED

---

**INTRODUCTION BLOCK END**

---

**ALL**

**SCREENING/STATS BLOCK START**

Before asking about what [fill NAME] did yesterday, I need to ask you a few questions about the composition of your household.

**QNADULT**
Including yourself, how many adults, age 18 and older, live in your household?

- [1] RECORD ACTUAL NUMBER [nkid1]
- [11] MORE THAN 10 [nkid1]
- [99] REF [nkid1]

**NKID1**
How many children under 18 live in your household?

- [2] ONE [Qkid2]
- [3] RECORD NUMBER [Qkid2]
- [11] MORE THAN 10 [Qkid2]
- [99] REF [Qkid2]

**QKID2**
Aside from your infant(s), what is the age of the youngest child living in your household?

- [0] ONLY INFANT [Qninfant]
- [2] RECORD AGE 1 THRU 17 [RANDOM1]
- [99] DK/REF [RANDOM1]
QNINFANT
Just to confirm, how many infants under 1 year live in your household?

|   | RECORD NUMBER | RANDOM1 |
|---|---------------|--------|
| 1 |               |        |

Phone1
All together, how many different landline phone NUMBERS does your household have for non-business use?

SURVEYOR: If respondent does not know what a landline is, read: A land line is a regular telephone line, typically served over a pair of copper wires from a phone company into your home in a fixed location. They are named as such because they are connected to a physical line rather than a cell tower or satellite. It is not a cell phone or mobile phone.

|   | No landlines | RECORD ACTUAL NUMBER (1-5) |   |
|---|--------------|-----------------------------|---|
| 1 |              |                             |   |
| 2 |              |                             |   |
| 6 |              |                             |   |

|   | REF | RANDOM1 |
|---|-----|--------|
| 99|     |        |

Phone2
All together, how many different cell phone NUMBERS does your household have for non-business use?

|   | No landlines | RECORD ACTUAL NUMBER (1-5) |   |
|---|--------------|-----------------------------|---|
| 1 |              |                             |   |
| 2 |              |                             |   |
| 6 |              |                             |   |

|   | REF | RANDOM1 |
|---|-----|--------|
| 99|     |        |

[ASK SCREENING BLOCK ONLY IF REGION=6 {Annapolis Valley} OR REGION=7 {Haldimand Norfolk}]

SCREENING1
What county is your home located in? [If necessary, read county list]
[ALTERNATE WORDING IF ONLY ONE COUNTY: Is your home located within...? READ COUNTY NAME]

[DISPLAY OPTIONS IF REGION=6]

|   | Annapolis County | Go to SCREENING 2 |
|---|------------------|-------------------|
| 11|                  |                   |
| 12| Kings County     |                   |

[DISPLAY OPTIONS IF REGION=7]

|   | Haldimand County | Go to SCREENING 2 |
|---|------------------|-------------------|
| 31|                  |                   |
| 32| Norfolk County   |                   |

[ALWAYS DISPLAY]

|   | Another county (please specify): ____________ | TERMINATE SURVEY |
|---|-----------------------------------------------|------------------|
| 77|                                              |                   |
| 88| Don’t Know                                    | Go to SCREENING 2 |
| 99| Decline to Respond                            | TERMINATE SURVEY  |

[If selected valid County in SCREENING1, list 'exclusion towns' within the sample region, as well as a few towns just outside the boundaries of the County that are excluded as well]

SCREENING2
Is your home located in a rural area? or within one of the following towns? [Read list]

[DISPLAY OPTIONS IF REGION=6]
[11] Bridgetown
[12] Middleton
[13] Digby
[14] Kingston
[15] Greenwood
[16] Berwick
[17] Coldbrook
[18] Kentville
[19] Hantsport
[111] Annapolis
[112] Annapolis Royal
[113] Aylesford
[114] Canning
[115] Cornwallis
[116] Deep Brook
[117] Granville Ferry
[118] Hampton
[119] Kingsport
[120] Lawrencetown
[121] Margaretsville
[122] Melvernsville
[123] Morden
[124] Mt Rose
[125] Nictaux
[126] Paradise
[127] Spa Springs
[128] Wilmot
[129] Youngs Cave

[DISPLAY OPTIONS IF REGION=7]
[20] Windsor
[21] Brantford
[22] Burtford
[23] Caledonia
[24] Cayuga
[25] Delhi
[26] Dunnville
[27] Hagersville
[28] Jarvis
[29] Norwich
[30] Port Dover
[31] Simcoe
[32] Tillsonburg
[33] Waterford
[130] Bealton
[131] Boston
[132] Canboro
[133] Canfield
[134] Fisherville
[135] Langton
[136] Long Point
| [137] Nanticoke | [Go to PCODE] |
| [138] Normandale | [Go to PCODE] |
| [139] Port Rowan | [Go to PCODE] |
| [140] Selkirk | [Go to PCODE] |
| [141] St. Williams | [Go to PCODE] |
| [142] Teeterville | [Go to PCODE] |
| [143] Townsend | [Go to PCODE] |
| [144] Turkey Point | [Go to PCODE] |
| [145] Villa Nova | [Go to PCODE] |
| [146] Vittoria | [Go to PCODE] |
| [147] Walsingham | [Go to PCODE] |
| [148] York | [Go to PCODE] |

[ALWAYS DISPLAY]
[66] or another town or village? (please specify: ________________________)

Proceed with Survey, periodically check responses post-survey]

[77] Home is rural (outside a town or village, e.g., rural, agricultural or wilderness area)
[Proceed with Survey]

[-- DO NOT READ THE FOLLOWING ALOUD --]
[88] Don’t know [TERMINATE SURVEY]
[99] Decline to Respond [TERMINATE SURVEY]

SCREENING3.
You appear to live in a community that is excluded from the survey area designated for this research. We are interested in talking to people who live in very small towns, villages or rural locations outside of towns.

Do you live within or outside [TOWN SELECTED IN SCREENING2]??

[1] Within town limits [TERMINATE SURVEY]
[2] Outside town limits [Probe and clarify. Go back to previous questions if necessary.]

[88] Don’t know [Probe]
[99] Decline to Respond [TERMINATE SURVEY]

TERMINATE SURVEY FOR URBAN RURAL SCREENING. In order to participate in the survey, you would need to live within the specific rural areas and towns we are interested in. We cannot proceed any further in the survey. Thank you for your time!

PCode
What is your postal code?

| - - - - - | [allow 6]
[88] Don’t know/Refused

STATS BLOCK END

ALL

RANDOM2 determined the FORM A/B split
IF RANDOM2 < 50, administered FORM A
IF RANDOM2 >= 50, administered FORM B

ALL

INFANT DIARY BLOCK START

An important part of this study is to learn what kinds of pollutants adults and children come in contact with in their daily activities. To do this we need to find out how and where people spend
their time.

I would like to ask you about the things [fill name] did yesterday – from midnight [fill pday] night to midnight last night.

TYPE [1] to begin diary

THE FOLLOWING INFORMATION IS ASKED FOR EACH ACTIVITY:

1. START TIME OF ACTIVITY
2. DESCRIPTION OF ACTIVITY
3. WHERE ACTIVITY WAS DONE
4. END TIME OF ACTIVITY

When location codes 301-310, 313, and 315 are entered, a supplemental question will be asked:

QT
Was this activity conducted on or near a roadway with moderate to heavy traffic?

(Surveyor Note: A roadway with "moderate to heavy traffic" is one that has a substantial amount of traffic for several hours of the day, such as a main thoroughfare, a busy boulevard, or a highway. It does not include quiet residential streets or roads with occasional traffic.)

[1] NO
[2] YES [QTa]
[88] DK

QTA
About how much of this activity was conducted on or near a roadway with moderate to heavy traffic?

[0] LESS THAN 1 MINUTE
[1-120] RECORD THE NUMBER OF MINUTES
[180] 3 HOURS
[240] 4 HOURS
[300] 5 HOURS
[360] 6 HOURS
[420] 7 HOURS
[480] 8 HOURS
[540] 9 HOURS
[600] 10 HOURS
[660] 11 HOURS
[720] 12 HOURS
[800] MORE THAN 12 HOURS
[88] DK

If possible, a built in check to compare the time spent in moderate to heavy traffic response to total time given for that activity would be desirable to ensure that the time in traffic does not exceed the time of the activity.

INFANT DIARY BLOCK END

ALL

SURVEY CONSIDERED TO BE COMPLETE AFTER COMPLETING THE DIARY AS EARLY TERMINATION
Thinking now about [fill NNAM] [fill ap] time spent outdoors yesterday, were there any times when [fill name] [fill were] in a car, van, truck or bus in moderate to heavy traffic?

[1] NO
[2] YES
[88] DK

For how long altogether?

[1] LESS THAN 1 MINUTE
[2] RECORD THE NUMBER OF MINUTES
[180] 3 HOURS
[240] 4 HOURS
[300] 5 HOURS
[360] 6 HOURS
[420] 7 HOURS
[480] 8 HOURS
[540] 9 HOURS
[600] 10 HOURS
[660] 11 HOURS
[720] 12 HOURS
[800] MORE THAN 12 HOURS
[88] DK

Were there any times yesterday when [fill name] [fill were] near a road with moderate to heavy traffic?

[1] NO
[2] YES
[88] DK

For how long altogether?

[1] LESS THAN 1 MINUTE
[2] RECORD THE NUMBER OF MINUTES
[180] 3 HOURS
[240] 4 HOURS
[300] 5 HOURS
[360] 6 HOURS
[420] 7 HOURS
[480] 8 HOURS
[540] 9 HOURS
[600] 10 HOURS
[660] 11 HOURS
[720] 12 HOURS
[800] MORE THAN 12 HOURS
[88] DK
**PARK1**
Were there any times yesterday when [fill name] were in an enclosed parking garage or an indoor parking lot?

|   |   |   |
|---|---|---|
| [1] | NO | [Park2] |
| [2] | YES | [Park2] |
| [88] | DK | [Park2] |

**PARK1A**
For how long altogether?

|   |   |   |
|---|---|---|
| [1] | LESS THAN 1 MINUTE |   |
| [2] | RECORD THE NUMBER OF MINUTES |   |
| [180] | 3 HOURS |   |
| [240] | 4 HOURS |   |
| [300] | 5 HOURS |   |
| [360] | 6 HOURS |   |
| [420] | 7 HOURS |   |
| [480] | 8 HOURS |   |
| [540] | 9 HOURS |   |
| [600] | 10 HOURS |   |
| [660] | 11 HOURS |   |
| [720] | 12 HOURS |   |
| [800] | MORE THAN 12 HOURS |   |
| [88] | DK |   |

**PARK2**
Were there any times yesterday when [fill name] transported outside to a car in an open or outside parking area?

|   |   |   |
|---|---|---|
| [1] | NO |   |
| [2] | YES |   |
| [88] | DK |   |

**PARK2A**
For how long altogether?

|   |   |   |
|---|---|---|
| [1] | LESS THAN 1 MINUTE | NEXT BLOCK |
| [2] | RECORD THE NUMBER OF MINUTES | NEXT BLOCK |
| [180] | 3 HOURS |   |
| [240] | 4 HOURS |   |
| [300] | 5 HOURS |   |
| [360] | 6 HOURS |   |
| [420] | 7 HOURS |   |
| [480] | 8 HOURS |   |
| [540] | 9 HOURS |   |
| [600] | 10 HOURS |   |
| [660] | 11 HOURS |   |
| [720] | 12 HOURS |   |
| [800] | MORE THAN 12 HOURS |   |
| [88] | DK |   |

**PARKING BLOCK END**

**ALL**

**GAS STATION BLOCK START**

45
**GSTAT1**
Did [fill name] spend ANY time yesterday at a gas station or auto repair shop?

|   |   |
|---|---|
| 1 | NO    | [NEXT BLOCK] |
| 2 | YES   | [NEXT BLOCK] |
| 88| DK    | [NEXT BLOCK] |

**GSTAT2**
About how long altogether yesterday did [fill name] spend in those places?

|   |   |
|---|---|
| 1 | LESS THAN 1 MINUTE |
| 2 | RECORD THE NUMBER OF MINUTES |
| 180| 3 HOURS |
| 240| 4 HOURS |
| 300| 5 HOURS |
| 360| 6 HOURS |
| 420| 7 HOURS |
| 480| 8 HOURS |
| 540| 9 HOURS |
| 600| 10 HOURS |
| 660| 11 HOURS |
| 720| 12 HOURS |
| 800| MORE THAN 12 HOURS |
| 88| DK |

**GSTAT4**
[fill were] [fill name] in a car when another person was pumping gasoline?

|   |   |
|---|---|
| 1 | NO    |
| 2 | YES   |
| 88| DK    |

**ENGINE BLOCK START**

**ENGINE1**
Yesterday, did any of [fill NNAM] [fill ap] activities at home, at day care or elsewhere involve working with or being near) Any gasoline or diesel-powered equipment, besides automobiles?

|   |   |
|---|---|
| 1 | NO    |
| 2 | YES   |
| 88| DK    |

**ENGINE2**
About how long?

|   |   |
|---|---|
| 1 | LESS THAN 1 MINUTE |
| 2 | RECORD THE NUMBER OF MINUTES |
| 180| 3 HOURS |
| 240| 4 HOURS |
| 300| 5 HOURS |
| 360| 6 HOURS |
| 420| 7 HOURS |
| 480| 8 HOURS |
| 540| 9 HOURS |
| Hour Choice | Description |
|-------------|-------------|
| 10 HOURS    |             |
| 11 HOURS    |             |
| 12 HOURS    |             |
| MORE THAN 12 HOURS |         |
| DK          |             |

**ENGINE BLOCK END**

**WATER BLOCK START**

**WATER1**
Do you get water for general household use from:

1. THE PUBLIC WATER SYSTEM
2. A PRIVATE WELL
77. OR FROM SOME OTHER SOURCE – WHAT IS THAT? [specify]
88. DK

**WATER2**
We are also interested in contact [fill name] had with tap water, that is, water from a faucet. First, how many times would you say [fill name] washed [fill your] hands yesterday?

[99] NONE
1. 1-2
2. 3-5
3. 6-9
4. 10-19
5. 20-29
6. 30+ TIMES
88. DK

**WATER4**
Was [fill name] given a bath yesterday

1. NO [NEXT BLOCK]
2. YES [Water4a]
88. DK [NEXT BLOCK]

**WATER4A**
How many baths was [fill name] given?

1. RECORD ACTUAL NUMBER OF BATHS
88. DK

**WATER4B**
How long did [fill name] spend being given the bath(s)? (IN TOTAL)

1. RECORD ACTUAL MINUTES
61. OVER AN HOUR
88. DK

**WATER4C**
Was the bathroom door closed?

1. NO
2. YES
88. DK

**WATER4D**
| Was there a window open or an exhaust fan on (in the bathroom)? |
|---|
| [1] NO |
| [2] YES |
| [88] DK |

**WATER BLOCK END**

| SOLVENT BLOCK START |
|---|

**SOLVENT1**

Yesterday, did any of [fill NNAM] [fill ap] activities at home, at day care or elsewhere involve working with or being near) Solvents, fumes or strong smelling chemicals?

| [1] NO |
| [2] YES |
| [88] DK |

**SOLVENT2**

About how long?

| [1] LESS THAN 1 MINUTE |
| [2] RECORD THE NUMBER OF MINUTES |
| [180] 3 HOURS |
| [240] 4 HOURS |
| [300] 5 HOURS |
| [360] 6 HOURS |
| [420] 7 HOURS |
| [480] 8 HOURS |
| [540] 9 HOURS |
| [600] 10 HOURS |
| [660] 11 HOURS |
| [720] 12 HOURS |
| [800] MORE THAN 12 HOURS |
| [88] DK |

**SOLVENT BLOCK END**

| ALL INFANT SMOKING BLOCK START |
|---|

**PARSMOKE1**

These next questions are about smoking. Did you or any members of your family or visitors smoke cigarettes in your home yesterday?

Surveyor: At home means both indoor and outdoor.

| [1] NO |
| [2] YES |
| [88] DK |

**PARSMOKE2**

About how many cigarettes altogether did you and they smoke at your home yesterday?

Surveyor: At home means both indoor and outdoor.

| [1] 1-2 |
|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
|   | 2 | 3-5 |
|   | 3 | 6-9 |
|   | 4 | 10-14 |
|   | 5 | 15-24 (ONE PACK) |
|   | 6 | 25-35 |
|   | 7 | 36+ (TWO PACKS OR MORE) |
|   | 88 | DK |

**PARSMOKE3**
Is smoking allowed in your home?

- [1] NO
- [2] YES
- [88] DK

**INFANT SMOKING BLOCK END**

**ALL**

**HOUSE BLOCK 1 START**

**BLOCK1**
Is your home located on or within 1 block of a roadway with moderate to heavy traffic?

- [1] NO
- [2] YES
- [88] DK

**BLOCK1a**
If [fill NAME] is cared for outside the home, is that location on or within 1 block of a roadway with moderate to heavy traffic?

- [2] INFANT IS NOT CARED FOR OUTSIDE THE HOME
- [1] NO
- [3] YES
- [88] DK

**FORMB**

**BLOCK2**
Do you get water for general household use from:

- [1] THE PUBLIC WATER SYSTEM
- [2] A PRIVATE WELL
- [77] OR FROM SOME OTHER SOURCE – WHAT IS THAT? [specify]
- [88] DK

**ALL**

**BLOCK3**
Do you have an outdoor wood boiler?

Surveyor: An outdoor wood boiler also known as an outdoor wood furnace is a heating appliance that sits outside the home while providing heat to the home (see What IS Document for more information).

- [1] NO
- [2] YES
- [88] DK

**HOUSE BLOCK 1 END**

**ALL**

**GARAGE BLOCK START**
Do you live in a house with an attached garage?

Surveyor: An apartment with underground parking garage does not qualify. A house, townhouse, or duplex qualifies.

[1] NO [Garage2]  [2] YES  [88] DK  

Is there a door connecting the garage to the home?

[1] NO  [Garage3]  [2] YES  [88] DK  

Yesterday, was any automobile or other motor vehicle started in the garage?

[1] NO  [Garage4]  [2] YES  [88] DK  

How many times? Would you say:

(read list)

[1] 1-2  [2] 3-5  [3] 6-9  [4] OR 10 OR MORE  [88] DK  

About how many of these times were the garage doors closed? Would you say:

SURVEYOR: This means the large garage doors to outside, not a door into the house. (read list)

[1] None  [2] 1-2  [3] 3-5  [4] 6-9  [5] OR 10 OR MORE  [88] DK  

I recorded that the car was started with the garage door closed more than the total number of times the car was started. Let me go back over these questions one more time.

TYPE [g] TO RETURN TO QUESTION Garage4 [Garage4]
| FORMA | STORAGE BLOCK START |
|-------|---------------------|
| STORE1 | Is any gasoline or kerosene being stored in any room or basement of your home or in an attached garage or carport? |
| [1] NO | [2] YES | [88] DK |
| STORE2 | Are any devices with gasoline engines such as lawn mowers being stored in any room or basement of your home or in an attached garage or carport? |
| [1] NO | [2] YES | [88] DK |
| STORE3 | Are any paints or varnishes being stored in any room or basement of your home or in an attached garage or carport? |
| [1] NO | [2] YES | [88] DK |
| STORE4 | Are any mothballs, moth crystals or moth cakes used in your home? |
| Surveyor: Mothballs or other moth repellent are products containing chemical pesticide and deodorant used when storing clothing and other articles susceptible to damage from mold or moth larvae. A moth is an insect related to butterfly and is commonly regarded as pests because their larvae eat fabric such as clothes and blankets made from natural fibers such as wool or silk. |
| [1] NO | [2] YES | [88] DK |

| FORM A - STORAGE BLOCK END |

| ALL | AIR CONDITION BLOCK START |
|-----|---------------------------|
| AC1 | Is your home air-conditioned? |
| [1] NO | [2] YES | [88] DK |
| AC2 | Do you use a central unit or a window or wall unit? |
| [1] CENTRAL | [2] WINDOW/WALL |
| Block | Question | Options |
|-------|----------|---------|
| AC3   | Was the air conditioning on at any time yesterday? | NO, YES, DK |
| AC4   | Did [fill name] spend anytime at home yesterday while the air conditioning was on? | NO, YES, DK |

**HEATING BLOCK START**

**ASKED IN WINTER ONLY**

| Block | Question | Options |
|-------|----------|---------|
| HEAT1 | Was any heat turned on at any time in your home yesterday? | NO, YES, DK |
| HEAT2 | Was a central furnace turned on? | NO, YES, DK |
| HEAT3 | What kind of fuel was used in a central furnace? (FIRST MENTION) | GAS, ELECTRICITY, OIL, COAL, KEROSENE, WOOD, SOLAR, OTHER (SPECIFY) [specify], DK |
| HEAT4 | Any others? (SECOND MENTION) | NO OTHERS/NONE, GAS, ELECTRICITY, OIL, COAL, KEROSENE, WOOD, SOLAR |
| HEAT5 | Was any room filled room heated with a wood stove? |
|-------|--------------------------------------------------|
| [1] NO | [2] YES | [88] DK |

| HEAT6 | Was any room filled room heated with a) Kerosene space heater? |
|-------|----------------------------------------------------------|
| [1] NO | [2] YES | [88] DK |

| HEAT7 | Was any room filled room heated with a) Electric space heater or electric baseboard heaters? |
|-------|------------------------------------------------------------------------------------------|
| [1] NO | [2] YES | [88] DK |

| HEAT8 | Was any room filled room heated with a) Fireplace? |
|-------|-------------------------------------------------|
| [1] NO | [2] YES | [88] DK |

| HEAT9 | Was any room filled room heated with a) Any other heat source? |
|-------|----------------------------------------------------------------|
| [1] NO | [2] YES - What was that? [specify] | [88] DK |

**HEATING BLOCK END**

**FORMB**

**HOUSE BLOCK 2 START**

Now, I have a few more questions about your home.

**HOUSE 1**

In what year did [fill name-child] move into your home?

**ALL**

[If location of survey is Annapolis Valley or Haldimand-Norfolk, GO TO Farm. If not, GO TO House2.]

**FARM**

Do you live on a farm?
Now, I have a few more questions about your home. Do you live in an:

[1] APARTMENT
[2] DETACHED SINGLE FAMILY HOUSE
[3] A TOWNHOUSE
[4] OR SOMETHING ELSE (SPECIFY) [specify]
[88] DK

Was this building built:

[1] since 2001
[2] between 1991 and 2000
[3] between 1981 and 1990
[4] between 1971 and 1980
[5] between 1951 and 1970
[6] or earlier than 1951
[88] DK

How many stories or floors are in your building or home?
(COUNT ONLY FLOORS WITH FINISHED ROOMS FOR LIVING PURPOSES OR FULL BASEMENTS)

A full or finished basement function as a habitable living space in the house. Typical examples include furnished recreation room, living room or a secondary suite.

An unfinished or partially finished basement serves primarily as a storage space. A basement with only a furnace, water tank, freezer, washer and dryer sets, or other storage would be considered an unfinished basement or partially finished basement.

[1] ONE
[2] TWO
[3] THREE
[4] 4 to 6
[5] 7 to 12
[6] 13 OR MORE STORIES
[88] DK

How many rooms (not counting bathrooms or half-rooms) do you have in your home?

[1] RECORD NUMBER
[31] MORE THAN 30
[88] DK [House7]

Of these rooms, how many are carpeted or have rugs covering most of their surface?

** SHOULD BE LESS THAN OR EQUAL TO TOTAL ROOMS: [fill Q47/House5]

[1] NONE
[2] RECORD NUMBER
MORE THAN 30

DK (House7)

[cowi] [if House5 eq [88] Then goto House7] [if House5 ge House6 then goto House7]

[COWI]
I recorded that you have more carpeted rooms than total rooms. Let me go back over these questions one more time.

** TYPE [g] TO RETURN TO HOUSE5

HOUSE7
Is there a basement in your building or house?

[1] NO
[2] YES
[88] DK

RENOVATIONS BLOCK START

RENO1
In the last six months, have you or anyone else renovated your home in any way? This would include indoor painting, refinishing floors, adding rooms to the house or laying new carpet.

[1] NO
[2] YES
[88] DK

RENO2
Was any indoor painting done?

[1] NO
[2] YES
[88] DK

RENO3
How about refinishing floors?

[1] NO
[2] YES
[88] DK

RENO4
What about additions to the house?

[1] NO
[2] YES
[88] DK

RENO5
What about laying carpet?

[1] NO
[2] YES
[88] DK
| RENO6 | Was glue used or was it tacked down? |
|-------|-----------------------------------|
| [1]   | GLUE                              |
| [2]   | TACKED                            |
| [77]  | OTHER                             |
| [88]  | DK                                |

**RENOVATIONS BLOCK END**

| FORMB  | FRESH AIR BLOCK START |
|--------|-----------------------|

| FRESH1 | Does your home have a Heat Recovery Ventilator (HRV) unit? |
|--------|----------------------------------------------------------|
| [1]    | NO                                                       |
| [2]    | YES                                                      |
| [88]   | DK                                                       |

| FRESH2 | Are exhaust fans used in the kitchen?                      |
|--------|----------------------------------------------------------|
| [1]    | NO                                                       |
| [2]    | YES                                                      |
| [88]   | DK                                                       |

| FRESH3 | Are exhaust fans used in the bathroom?                     |
|--------|----------------------------------------------------------|
| [1]    | NO                                                       |
| [2]    | YES                                                      |
| [88]   | DK                                                       |

| FRESH4 | Are exhaust fans used in the laundry?                      |
|--------|----------------------------------------------------------|
| [1]    | NO                                                       |
| [2]    | YES                                                      |
| [88]   | DK                                                       |

| FRESH5 | Are open doors and windows used to provide fresh air to your home? |
|--------|-------------------------------------------------------------------|
| [1]    | NO                                                                |
| [2]    | YES                                                               |
| [88]   | DK                                                                |

**FRESH AIR BLOCK END**

| FORMB  | WINDOW AND DOOR BLOCK START |
|--------|-----------------------------|

| WINDOW1 | While [fill name] [fill were] at home yesterday, were any windows left open at all? |
|---------|--------------------------------------------------------------------------------------|
| [1]     | NO                                                                                   |
| [2]     | YES                                                                                  |
| [88]    | DK                                                                                   |

| Window2 | [Window2] |
|---------|-----------|

| Door1   | [Door1] |
|---------|---------|

| WINDOW2 | How many windows? |
|---------|-------------------|


### WINDOW3
For about how long altogether were any windows left open?

|   |   |
|---|---|
| [1] | LESS THAN 1 MINUTE |
| [2] | RECORD ACTUAL NUMBER OF MINUTES (LESS THAN 2 HOURS) |
| [180] | FROM 2 TO 4 HOURS |
| [360] | MORE THAN 4 UP TO 8 HOURS |
| [600] | MORE THAN 8 UP TO 12 HOURS |
| [840] | MORE THAN 12 UP TO 16 HOURS |
| [960] | OVER 16 HOURS |
| [88] | DK |

### DOOR1
Does your home have any doors which open directly to the outside of your building or house?

|   |   |
|---|---|
| [1] | NO |
| [2] | YES |
| [88] | DK |

### DOOR2
While [fill name] [fill were] at home yesterday, were any of these outside doors left open at all?

|   |   |
|---|---|
| [1] | NO |
| [2] | YES |
| [88] | DK |

### DOOR3
For about how long altogether was any outside door left open?

|   |   |
|---|---|
| [1] | LESS THAN 1 MINUTE |
| [2] | RECORD ACTUAL NUMBER OF MINUTES (LESS THAN 2 HOURS) |
| [180] | 2 HOURS TO 4 HOURS |
| [360] | MORE THAN 4 UP TO 8 HOURS |
| [480] | MORE THAN 8 UP TO 12 HOURS |
| [720] | OVER 12 HOURS |
| [88] | DK |

### DOOR4
While [fill name] [fill were] at home yesterday, about how many times would you say that an outside door was opened? Would you say:

|   |   |
|---|---|
| [1] | ONCE OR TWICE |
| [2] | 3-5 TIMES |
| [3] | 6-9 TIMES |
| [4] | 10-19 TIMES |
| [5] | OR 20 TIMES OR MORE |
| [88] | DK |

**WINDOW AND DOOR BLOCK END**
**OVEN1**

Do you have a gas range or gas oven in your home?

|   |   |   |
|---|---|---|
| 1 | NO |   |
| 2 | YES |   |
| [88] | DK |   |

[Next Block]

|   |   |   |
|---|---|---|
| [Oven2] |   |   |

**OVEN2**

Does your gas range or gas oven have a continuously burning pilot light?

|   |   |   |
|---|---|---|
| 1 | NO |   |
| 2 | YES |   |
| [88] | DK |   |

**OVEN3**

Did [fill name] spend any time yesterday at home when the gas range or gas oven was used?

|   |   |   |
|---|---|---|
| 1 | NO |   |
| 2 | YES |   |
| [88] | DK |   |

[Next Block]

|   |   |   |
|---|---|---|
| [Oven4] |   |   |

**OVEN4**

For about how long [fill were] [fill name] home when the range or oven was on?

|   |   |   |
|---|---|---|
| 1 | LESS THAN 1 MINUTE |   |
| 2 | RECORD THE NUMBER OF MINUTES |   |
| [180] | 3 HOURS | [480] 8 HOURS |
| [240] | 4 HOURS | [540] 9 HOURS |
| [300] | 5 HOURS | [600] 10 HOURS |
| [360] | 6 HOURS | [660] 11 HOURS |
| [420] | 7 HOURS | [720] 12 HOURS |
| [800] | MORE THAN 12 HOURS |   |
| [88] | DK |   |

**GAS OVEN BLOCK END**

**FORMA**

**PESTICIDE BLOCK START**

**PEST1**

In the last six months, were any pesticides used to get rid of insects, rodents or other pests at your home?

Surveyor: Agricultural use of pesticides qualifies as yes.

|   |   |   |
|---|---|---|
| 1 | NO |   |
| 2 | YES |   |
| [88] | DK |   |

[Next Block]

|   |   |   |
|---|---|---|
| [Pest2] |   |   |

**PEST2**

Was that done: (read list)

|   |   |   |
|---|---|---|
| 1 | INSIDE |   |
| 2 | OUTSIDE |   |
| 3 | OR BOTH? |   |
PEST3
How many of these times were pesticides applied by a PROFESSIONAL?
[1] NONE
[2] 1-2
[3] 3-5
[4] 6-9
[5] 10+ TIMES
[88] DK

PEST4
How many of these times did you PERSONALLY apply pesticides?
[1] NONE
[2] 1-2
[3] 3-5
[4] 6-9
[5] 10+ TIMES
[88] DK

ALL
CHILD PLAY BLOCK END

If response to Qkid is 0, 6-17 or 99, go to NEXT BLOCK. If response to Qkid is 1-5, go to Play1.

DIRT
I have a few more questions about [fill knam]. Infant’s name given at start of survey.

PLAY1 Q39
Yesterday, did [fill dirt] spend any time crawling, lying, or playing on the floor in your home?
[1] NO
[2] YES
[88] DK

PLAY1A
Thinking of that floor area where [fill dirt] spent most of his or her time yesterday, is that area carpeted?
[1] NO, NOT CARPETED
[2] YES CARPETED
[88] DK

PLAY2
Did [fill dirt] spend any time yesterday playing outdoors?
[1] NO
[2] YES
[88] DK
[99] REFUSED

PLAY3
When [fill dirt] was outdoors yesterday, did he/she spend any time playing on dirt?
PLAY3A
About how much time was on dirt?
[1] LESS THAN 1 MINUTE
[2] RECORD THE NUMBER OF MINUTES
[180] 3 HOURS
[240] 4 HOURS
[300] 5 HOURS
[360] 6 HOURS
[420] 7 HOURS
[480] 8 HOURS
[540] 9 HOURS
[600] 10 HOURS
[660] 11 HOURS
[720] 12 HOURS
[800] MORE THAN 12 HOURS
[88] DK

CHILD PLAY BLOCK END

ALL

HEALTH BLOCK START

HEALTH1
Next, I have a few questions about [fill NAME-child] health. Has a doctor told you that [fill name] [fill have] asthma?
[1] NO
[2] YES
[88] DK

HEALTH2
Has a doctor told you that [fill NAME-child] [fill have] heart disease?
[1] NO
[2] YES
[88] DK

HEALTH3
Has a doctor told you that [fill NAME-child] [fill have] Chronic bronchitis or emphysema?
[1] NO
[2] YES
[88] DK

HEALTH4
Does a long-term physical condition, mental condition, or health problem, reduce the amount or kind of activity [fill NAME] can do? A “long-term condition” refers to a condition that is expected to last or has already lasted 6 months or more.
[1] SOMERVIES
[2] OFTEN
[3] NEVER
[88] DK
I now have a question regarding your household income. Please be assured that, like all other information you have provided, these answers will be kept strictly confidential. What is your best estimate of the total income, before taxes and deductions, of all household members from all sources in the past 12 months?

[allow 7] [MIN: 0] [MAX: 1,000,000; warning after 250,000, go to QINCQ1TEST]

[1] ----------------
[2] $0
[3] MORE THAN $500,000

☑️ [VERF]

☑️ [INCOME BLOCK END]

☑️ [INCQ1]

☑️ [INCQ2]

☑️ [VERIFICATION BLOCK END]

☑️ [DRAW BLOCK END]
CONTACT1
Please provide your first name and the best telephone number(s) to reach you should you be randomly selected as the winner.

Any information you provide will be stored for the purpose of the draw only. Your name and phone number will not be associated with your survey responses. All contact information will be destroyed after the draw has taken place and winners notified.

[1] First Name ___________________________ [END]
[2] Home Phone ___________________________ [END]
[3] Cell Phone ___________________________ [END]
[4] Other Phone ___________________________ [END]

DRAW BLOCK END
## Appendix B – CHAPS 2 Activity and Location Codes

**Table B.1 Non-Infant Activity Codes**

| General Category | Code | Activity                                      |
|------------------|------|-----------------------------------------------|
| **Work Related** | 1    | Main Job                                      |
|                  | 2    | Unemployment                                  |
|                  | 3    | Travel During Work                            |
|                  | 5    | Second Job                                    |
|                  | 8    | Breaks                                        |
|                  | 9    | Travel To/From Work                           |
| **Household Work** | 10   | Food Preparation                              |
|                  | 100  | Cooking Food on Range or Stove                |
|                  | 11   | Food Cleanup                                  |
|                  | 12   | Cleaning House                                |
|                  | 13   | Outdoor Cleaning                              |
|                  | 14   | Clothes Care                                  |
|                  | 15   | Car Repair/Maintenance                        |
|                  | 16   | Other Repairs (By Respondent)                 |
|                  | 17   | Plant Care                                    |
|                  | 18   | Animal Care                                   |
|                  | 19   | Other Household Work                          |
| **Child Care**   | 20   | Baby Care                                     |
|                  | 21   | Child Care                                    |
|                  | 22   | Helping/Teaching                              |
|                  | 23   | Talking/Reading to Children                   |
|                  | 24   | Indoor Playing                                |
|                  | 25   | Outdoor Playing                               |
|                  | 26   | Medical Care-Child                            |
|                  | 27   | Other Child Care                              |
|                  | 29   | Travel for Child Care                         |
| **Obtaining Goods** | 30   | Shopping for Food                             |
|                  | 31   | Shopping for Clothes/HH Items                 |
|                  | 28   | Dry Cleaning                                  |
|                  | 32   | Personal Care Services                        |
|                  | 33   | Medical Appointments                          |
|                  | 34   | Govt/Financial Services                       |
|                  | 35   | Car Repair Services                           |
|                  | 36   | Other Repair Services                         |
|                  | 37   | Other Services                                |
|                  | 38   | Errands                                       |
|                  | 39   | Travel Related to Goods and Services          |
| **Personal Needs** | 40   | Washing (e.g., Showering, Bathing)            |
|                  | 41   | Medical Care                                  |
|                  | 42   | Help and Care                                 |
|                  | 43   | Eating                                        |
|                  | 44   | Personal Hygiene                              |
|                  | 45   | Sleeping/Napping                              |
|                  | 47   | Dressing, etc.                                |
|                  | 48   | Other (Not ascertained) Activities            |
|                  | 49   | Travel for Personal Care                      |
| General Category | Code | Activity                          |
|------------------|------|-----------------------------------|
| Educational      | 50   | Attending F/T School              |
|                  | 51   | Other Classes                     |
|                  | 54   | Doing Homework                    |
|                  | 55   | Using Library                     |
|                  | 56   | Other Education                   |
|                  | 59   | Travel for Education              |
|                  | 591  | Recess/Break                      |
| Organizational   | 60   | Professional/Union                |
|                  | 61   | Special Interest                  |
|                  | 62   | Political/Civic                   |
|                  | 63   | Volunteer/Helping                 |
|                  | 64   | Religious Groups                  |
|                  | 65   | Religious Practices (By R)        |
|                  | 66   | Fraternal Organization            |
|                  | 67   | Child/Youth/Family Organization   |
|                  | 68   | Other Organizations               |
|                  | 69   | Travel for Organizational Activities |
| Social, Entertainment | 70  | Sports Events                     |
|                  | 71   | Entertainment                     |
|                  | 72   | Cinema/Movies                     |
|                  | 73   | Theatre                           |
|                  | 74   | Museums                           |
|                  | 75   | Visiting                          |
|                  | 76   | Parties                           |
|                  | 77   | Bars/Lounges                      |
|                  | 78   | Other Social                      |
|                  | 79   | Travel for Social                 |
| Recreation       | 80   | Active Sports                     |
|                  | 81   | Outdoor                           |
|                  | 82   | Exercise                          |
|                  | 83   | Hobbies                           |
|                  | 84   | Domestic Crafts                   |
|                  | 85   | Art                               |
|                  | 86   | Music/Drama/Dance                 |
|                  | 87   | Board/Card Games                  |
|                  | 88   | Computer Use / Video Games        |
|                  | 89   | Travel for Recreation Activities  |
| Media, Communications, Passive Leisure | 90 | Radio                           |
|                  | 91   | TV / DVD                          |
|                  | 92   | Records/Tapes/CDs/Digital Music   |
|                  | 93   | Reading Books                     |
|                  | 94   | Reading Magazines/etc.            |
|                  | 95   | Reading Newspaper                 |
|                  | 96   | Conversations / Talking / Texting |
|                  | 97   | Letters, Writing, Paperwork       |
|                  | 98   | Thinking/Relaxing                 |
| Travel Related Activity | 99 | Travel Related to Passive Leisure |
|                  | 101  | Travel to Home                    |
| General Category                  | Code | Activity                                      |
|----------------------------------|------|----------------------------------------------|
| Personal Needs                   | 431  | Being Bottle-Fed                             |
|                                  | 432  | Being Breast-Fed                             |
|                                  | 46   | Crying/Fussing                               |
|                                  | 47   | Dressing, Grooming, Diaper Change            |
|                                  | 433  | Drinking                                     |
|                                  | 43   | Eating                                       |
|                                  | 44   | Personal Hygiene                              |
|                                  | 45   | Sleeping/Napping                             |
|                                  | 40   | Washing (E.G., Bathing)                      |
|                                  | 48   | Other (Not Ascertained) Activities           |
| Child Care                       | 271  | Cuddling/Rocking/Soothing                    |
|                                  | 33   | Medical Appointments                         |
|                                  | 20   | Receiving Baby Care                          |
|                                  | 26   | Receiving Medical Care                       |
|                                  | 27   | Other Child Care                             |
| Playing                          | 85   | Art (E.G., Paints And Crayon)                |
|                                  | 82   | Exercise (E.G., Swimming, Bouncing, Crawling)|
|                                  | 24   | Indoor Playing                               |
|                                  | 25   | Outdoor Playing                              |
|                                  | 241  | Playing With Dirt/Plant                      |
|                                  | 242  | Playing With Other                           |
|                                  | 243  | Playing With Pet/Animal                      |
|                                  | 244  | Playing With Toy                             |
|                                  | 248  | Other Playing                                |
| Learning                         | 1001 | Exploring                                    |
|                                  | 1002 | Imitating/Stimulating                       |
|                                  | 1003 | Interacting With Object/Things              |
|                                  | 1008 | Other Learning                               |
| Educational, Organizational      | 67   | Child/Youth/Family Organization              |
|                                  | 52   | Daycare Or Nursery                           |
|                                  | 65   | Religious                                    |
|                                  | 56   | Other Education                              |
|                                  | 68   | Other Organizational                         |
| Recreation, Leisure              | 982  | Awake And Content                            |
|                                  | 932  | Being Read To                                |
|                                  | 96   | Conversations / Talking                      |
|                                  | 93   | Looking At Book/Magazines                    |
|                                  | 90   | Radio                                        |
|                                  | 92   | Records/Tapes/CDs/Digital Music              |
|                                  | 981  | Thinking/Relaxing/Being Sang To              |
|                                  | 91   | TV / DVD                                     |
|                                  | 988  | Other Recreation                             |
|                                  | 983  | In a stroller or a carrier                   |
| Social, Entertainment            | 781  | Dancing                                      |
|                                  | 71   | Entertainment                                |
|                                  | 782  | Helping                                      |
|                                  | 74   | Museums                                      |
|                                  | 78   | Other Social                                 |
| General Category | Code | Activity                                      |
|------------------|------|----------------------------------------------|
|                  | 76   | Parties                                      |
|                  | 70   | Sports Events                                |
|                  | 75   | Visiting                                     |
| Travel Related Activity | 101  | Travel To Home                               |
|                  | 9    | Travel To/From Work (With Parent/Guardian)   |
|                  | 29   | Travel For Child Care                        |
|                  | 39   | Travel For Goods And Services                |
|                  | 49   | Travel For Personal Need                     |
|                  | 59   | Travel For Education Or Organizational Activities |
|                  | 249  | Travel For Playing                           |
|                  | 89   | Travel For Recreation                        |
|                  | 79   | Travel For Social, Entertainment             |
|                  | 1009 | Travel For Learning                         |
|                  | 299  | Transported Into And Out Of Vehicle (Include Strapping Infant Into Car Seat) |
| General Category | Code | Location                                      |
|------------------|------|-----------------------------------------------|
| In Own Home      | 100  | Home-Other                                    |
|                  | 101  | Kitchen                                       |
|                  | 102  | Living Room/Family Room/Den                   |
|                  | 103  | Dining Room                                   |
|                  | 104  | Bathroom                                      |
|                  | 105  | Bedroom                                       |
|                  | 106  | Study/Office                                   |
|                  | 107  | Garage                                        |
|                  | 108  | Basement                                      |
|                  | 110  | Utility Room/Laundry Room                     |
|                  | 111  | Pool, Spa (outdoors)                          |
|                  | 112  | Yard, Patio, Other Outside House              |
|                  | 113  | Moving from Room to Room                      |
|                  | 114  | Moving In and Out of the House                |
|                  | 120  | Other Verified                                |
|                  | 199  | Refused                                       |
| In Other’s House | 200  | Home-Other                                    |
|                  | 201  | Kitchen                                       |
|                  | 202  | Living Room/Family Room/Den                   |
|                  | 203  | Dining Room                                   |
|                  | 204  | Bathroom                                      |
|                  | 205  | Bedroom                                       |
|                  | 206  | Study/Office                                   |
|                  | 207  | Garage                                        |
|                  | 208  | Basement                                      |
|                  | 210  | Utility Room/Laundry Room                     |
|                  | 211  | Pool, Spa (outdoors)                          |
|                  | 212  | Yard, Patio, Other Outside House              |
|                  | 213  | Moving from Room to Room                      |
|                  | 214  | Moving In and Out of the House                |
|                  | 220  | Other Verified                                |
|                  | 299  | Refused                                       |
| Traveling        | 300  | Other Travel Location Specify                 |
|                  | 301  | Car                                           |
|                  | 302  | Truck (Pick-up or van)                        |
|                  | 303  | Truck (Other than pick-up or van)             |
|                  | 304  | Motorcycle/Moped/Motorized Scooter            |
|                  | 305  | Bus                                           |
|                  | 306  | Walking                                       |
|                  | 307  | Bicycle/Skateboard/Roller-Skates              |
|                  | 308  | In a Stroller/Carried by an Adult             |
|                  | 310  | Train/Subway/Rapid Transit                    |
|                  | 311  | Airplane                                      |
|                  | 312  | Boat                                          |
|                  | 313  | Waiting for Bus, Train, Ride (at stop)        |
|                  | 314  | Waiting for Travel, Indoors                   |
|                  | 315  | Running/Jogging                               |
|                  | 320  | Other Verified                                |
| General Category | Code | Location                                      |
|------------------|------|-----------------------------------------------|
|                  | 399  | Refused                                       |
| Other Indoor     | 400  | Other Indoor-Specify                          |
|                  | 401  | Office Building/Bank/Post Office             |
|                  | 402  | Industrial Plant/Factory/Warehouse           |
|                  | 403  | Grocery Store/Convenience Store              |
|                  | 404  | Shopping Mall/Non-Grocery Store              |
|                  | 405  | Bar/Night Club/Bowling Alley                 |
|                  | 406  | Auto Repair Shop/Gas Station                 |
|                  | 407  | Indoor Gym/Sports or Health Club             |
|                  | 408  | Public Building/Library/Museum/Theatre       |
|                  | 409  | Laundromat                                    |
|                  | 410  | Hospital/Health Care Facility/Doctor’s Office|
|                  | 411  | Beauty Parlour/Barber Shop/Hair Dressers     |
|                  | 412  | At Work: No Specific Main Location, Moving Among Locations |
|                  | 413  | School                                        |
|                  | 414  | Restaurant                                    |
|                  | 415  | Church                                        |
|                  | 416  | Hotel/Motel                                    |
|                  | 417  | Dry Cleaners                                  |
|                  | 418  | Other Repair Shop                             |
|                  | 419  | Indoor Parking Garage                         |
|                  | 420  | Other Indoor Verified                         |
|                  | 421  | Indoor Pool                                   |
|                  | 499  | Refused                                       |
| Other Outdoor    | 500  | Other Outdoor Specify                         |
|                  | 501  | Sidewalk/Street/Neighbourhood                |
|                  | 502  | Parking Lot                                   |
|                  | 503  | Service Station/Gas Station                   |
|                  | 504  | Construction Site                             |
|                  | 505  | School Grounds/Playground                     |
|                  | 506  | Sports Stadium                                |
|                  | 507  | Park/Golf Course                              |
|                  | 508  | River, Lake                                   |
|                  | 510  | Restaurant/Picnic                             |
|                  | 511  | Farm                                          |
|                  | 512  | Outdoor Pool                                  |
|                  | 520  | Other Verified                                |
|                  | 599  | Refused                                       |
## Appendix C – Location Groupings

| Analysis Group       | Code | Location                              |
|----------------------|------|---------------------------------------|
| **Indoors at home**  | 100  | Home-Other                            |
|                      | 101  | Kitchen                               |
|                      | 102  | Living Room/Family Room/Den           |
|                      | 103  | Dining Room                           |
|                      | 104  | Bathroom                              |
|                      | 105  | Bedroom                               |
|                      | 106  | Study/Office                          |
|                      | 107  | Garage                                |
|                      | 108  | Basement                              |
|                      | 110  | Utility Room/Laundry Room             |
|                      | 113  | Moving from Room to Room              |
|                      | 114  | Moving In and Out of the House        |
|                      | 120  | Other Verified                        |
|                      | 199  | Refused                               |
|                      | 200  | Home-Other                            |
|                      | 201  | Kitchen                               |
|                      | 202  | Living Room/Family Room/Den           |
|                      | 203  | Dining Room                           |
|                      | 204  | Bathroom                              |
|                      | 205  | Bedroom                               |
|                      | 206  | Study/Office                          |
|                      | 207  | Garage                                |
|                      | 208  | Basement                              |
|                      | 210  | Utility Room/Laundry Room             |
|                      | 213  | Moving from Room to Room              |
|                      | 214  | Moving In and Out of the House        |
|                      | 220  | Other Verified                        |
|                      | 299  | Refused                               |
|                      | 314  | Waiting for Travel, Indoors           |
|                      | 400  | Other Indoor-Specify                  |
|                      | 401  | Office Building/Bank/Post Office      |
|                      | 402  | Industrial Plant/Factory/Warehouse   |
|                      | 403  | Grocery Store/Convenience Store       |
|                      | 404  | Shopping Mall/Non-Grocery Store       |
|                      | 405  | Bar/Night Club/Bowling Alley          |
|                      | 406  | Auto Repair Shop/Gas Station          |
|                      | 407  | Indoor Gym/Sports or Health Club      |
|                      | 408  | Public Building/Library/Museum/Theatre|
|                      | 409  | Laundromat                            |
|                      | 410  | Hospital/Health Care Facility/Doctor’s Office |
|                      | 411  | Beauty Parlour/Barber Shop/Hair Dressers |
|                      | 412  | At Work: No Specific Main Location, Moving Among Locations |
|                      | 413  | School                                |
|                      | 414  | Restaurant                            |
|                      | 415  | Church                                |
|                      | 416  | Hotel/Motel                           |
|                      | 417  | Dry Cleaners                          |
|                      | 418  | Other Repair Shop                     |
| **Other indoor locations** |      |                                       |
| Analysis Group | Code | Location |
|----------------|------|----------|
|                | 419  | Indoor Parking Garage |
|                | 420  | Other Indoor Verified |
|                | 421  | Indoor Pool |
|                | 499  | Refused |
|                | 111  | Pool, Spa (outdoors) at own home |
|                | 112  | Yard, Patio, Other Outside House |
|                | 211  | Pool, Spa (outdoors) at other’s home |
|                | 212  | Yard, Patio, Other Outside House |
|                | 306  | Walking |
|                | 307  | Bicycle/Skateboard/Roller-Skates |
|                | 308  | In a Stroller/Carried by an Adult |
|                | 313  | Waiting for Bus, Train, Ride (at stop) |
|                | 315  | Running/Jogging |
|                | 500  | Other Outdoor Specify |
|                | 501  | Sidewalk/Street/Neighbourhood |
|                | 502  | Parking Lot |
|                | 503  | Service Station/Gas Station |
|                | 504  | Construction Site |
|                | 505  | School Grounds/Playground |
|                | 506  | Sports Stadium |
|                | 507  | Park/Golf Course |
|                | 508  | River, Lake |
|                | 510  | Restaurant/Picnic |
|                | 511  | Farm |
|                | 512  | Outdoor Pool |
|                | 520  | Other Verified |
|                | 599  | Refused |
| Outdoors       | 300  | Other Travel Location Specify |
|                | 301  | Car |
|                | 302  | Truck (Pick-up or van) |
|                | 303  | Truck (Other than pick-up or van) |
|                | 304  | Motorcycle/Moped/Motorized Scooter |
|                | 305  | Bus |
|                | 310  | Train/Subway/Rapid Transit |
|                | 311  | Airplane |
|                | 312  | Boat |
|                | 320  | Other Verified |
|                | 399  | Refused |