Household Activity Survey for MONDAY

1. Please enter Monday’s date (mm/dd/yyyy) ______________

2. Did anyone use e-cigarettes (vape) inside the home, including at an open window on Monday?
   ○ Yes   ○ No

3. Did anyone smoke inside the home, including at an open window on Monday?
   ○ Yes   ○ No

4. Did anyone open one or more windows on Monday?
   ○ Yes   ○ No
   (If #4 is “Yes”) 5. How many hours were one or more windows open on Monday? (Enter a whole number between 1 and 24) ___

6. Did anyone keep the front, back or balcony door open for longer than the time needed to enter or leave the home on Monday?
   ○ Yes   ○ No
   (If #6 is “Yes”) 7. How many hours were on or more doors open on Monday? (Enter a whole number between 1 and 24) ___

8. How many meals were cooked using the stove or oven on Monday (not including microwave ovens)?
   ○ No meals   ○ 1 meal   ○ 2 meals   ○ 3 or more meals
   (If #8 is not “No meals”) 9. How many meals were cooked using the stove or oven with the FAN turned on Monday?
   ○ No fan or fan does not work   ○ Fan was not turned on   ○ 1 meal   ○ 2 meals   ○ 3 or more meals

10. Did anyone sweep or vacuum floors or dust one, some or all rooms in the home on Monday?
    ○ No rooms   ○ One room   ○ Some rooms   ○ All rooms

11. Notes:
    ____________________________________________________________________________________
    ____________________________________________________________________________________