

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 one 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:
