

Questionnaire on 3rd Year Medical Class Housing Conditions – March 2008

Questionnaire number
(office use)

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Please write your student email address
(before the @student.otago.ac.nz) if you are
happy about being followed up later in the year

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Please write the answer in the box or indicate the number of the option you choose

- 1) What best describes where you live?
- 1 Live in rented house/flat
 - 2 Live with parents
 - 3 Live with another family but not my parents
 - 4 Live in my/my partner's own home
 - 5 Live in a University hostel/hall of residence
 - 6 Other place, specify _____

If you live in a University hostel/hall of residence please go direct to Question 33

- 2) How long, in months, have you lived where you are now?
- 3) How many adults (age 18 or over) usually live in your house (include yourself)?
- 4) How many couples usually live in your house?
- 5) How many children (age <18) usually live in your house?
- 6) How many storeys has the house/block?
- 7) How many bedrooms are there in the house?
- 8) Generally the building is ...
- 1 Well maintained
 - 2 Reasonably maintained
 - 3 Poorly maintained
 - 4 Very poorly maintained
- 9) Subjective 'dampness' feel of house?
- 1 Feels dry throughout
 - 2 Feels damp in places
 - 3 Feels damp throughout
- 10) Does the house smell 'musty'?
- 1 Yes
 - 2 No

- 11) How would you describe the "Air tightness" of your house?
- 1 Airtight
 - 2 Some airflow
 - 3 Average
 - 4 Leaky
 - 5 Draughty
- 12) Shade of your house over a year period?
- 1 House always in shade
 - 2 House has some shade in winter
 - 3 House in shade throughout winter
 - 4 House loses sun in late afternoon or early morning
 - 5 House never shaded
- 13) Outdoor air? (**put a "1" in all the boxes that apply**)
- .1 Adjacent to busy road
- .2 Adjacent to unsealed road
- .3 Close to petrol station
- .4 Close to air polluting industries
- .5 Close to commercial orchard
- .6 Other factors lessening outdoor air quality
Specify _____
- 14) Wind exposure of house?
- 1 Sheltered
 - 2 Medium sheltered
 - 3 Little shelter
 - 4 Medium exposed
 - 5 Exposed
- 15) How would you describe the "ventilation" of your house?
- 1 Minimal (too little) ventilation
 - 2 Adequate ventilation
 - 3 Excessive (too much) ventilation
- 16) Mould in kitchen?
- 1 No visible mould
 - 2 Specks of mould
 - 3 Moderate mould patches <10cm across
 - 4 Large mould patches ≥10cm across
 - 5 Extensive blackened area
- 17) Natural ventilation in kitchen?
- 1 No openable window and no window vents
 - 2 One or more openable window, or window vents
- 18) Mechanical ventilation in kitchen?
- 1 To outside
 - 2 To roof space
 - 3 To another room
 - 4 None

- 19) Bathroom mould?
1 No visible mould
2 Specks of mould
3 Moderate mould patches <10cm across
4 Large mould patches >10cm across
5 Extensive blackened area
- 20) Mechanical ventilation in bathroom?
1 To outside
2 To roof space
3 To another room
4 None
- 21) Bathroom has a window?
1 Yes
2 No
- 22) Bathroom window opens and closes properly?
1 Yes
2 No
- 23) Mould in your bedroom?
1 No visible mould
2 Specks of mould
3 Moderate mould patches <10cm across
4 Large mould patches ≥10cm across
5 Extensive blackened area
- 24) Is your bedroom the most mouldy room of the house?
1 Yes
2 No
- 25) What is the floor covering of your bedroom?
1 None
2 Rugs
3 Carpets
4 Vinyl
5 Other
- 26) Estimate how much sun your bedroom gets in the winter?
1 8 hours per day or more
2 Between 4 and 8 hours of sun
3 Between 2 and 4 hours of sun
4 Less than 2 hours of sun
- 27) Weather-tightness of roof and windows?
1 Weather-tight
2 Moderate leaks
3 Extensive leaks
- 28) Ceiling insulation?
1 Yes
2 No
3 Don't know
- 29) Do you use any form of heating to heat your house?
1 Yes
2 No
3 Don't know

If 'Yes' please indicate which of the following heating you use
(put a "1" in all the boxes that apply)

- | | | |
|-----|---|--------------------------|
| .1 | Portable electric fan or bar heater | <input type="checkbox"/> |
| .2 | Portable convection or oil filled electric heater | <input type="checkbox"/> |
| .3 | Wall mounted electric heater (eg panel, radiator, fan) | <input type="checkbox"/> |
| .4 | Portable LPG heater (bottled gas) | <input type="checkbox"/> |
| .5 | Wall mounted gas heater with vent to outside | <input type="checkbox"/> |
| .6 | Wall mounted gas heater with no outside vent | <input type="checkbox"/> |
| .7 | Portable kerosene heater | <input type="checkbox"/> |
| .8 | Heat pump | <input type="checkbox"/> |
| .9 | Enclosed wood burner/pot belly | <input type="checkbox"/> |
| .10 | Open fire (eg wood, coal) | <input type="checkbox"/> |
| .11 | Central heating (eg with ducted air or water filled radiators) | <input type="checkbox"/> |
| .12 | Use oven or stove top to heat house (electric or gas) | <input type="checkbox"/> |
| .13 | Other type of heating (specify) _____ | <input type="checkbox"/> |
| 30) | Do you use a dehumidifier in your house?
1 Yes
2 No
3 Don't know | <input type="checkbox"/> |
| 31) | Do you use an in-house ventilation system (eg DVS, HRV)?
1 Yes
2 No
3 Don't know | <input type="checkbox"/> |
| 32) | Do you use a gas stove or oven for cooking?
1 Yes
2 No
3 Don't know | <input type="checkbox"/> |

Thank you answering these questions on where you live. We would like to ask you a few questions about yourself. These – as all answers – will remain confidential

33) How old are you in years?

34) To what ethnic group do you belong? (put a "1" in the box or boxes that apply)

- .1 European
- .2 Maori
- .3 Pacific Island
- .4 Chinese
- .5 Korean
- .6 Malaysian
- .7 Indian
- .8 Other ethnic group, Specify

35) Do you regularly smoke cigarettes (that is one or more a day)?
1 Yes
2 No

36) Does anyone else in your house regularly smoke cigarettes (that is one or more a day) **inside the house**?
1 Yes
2 No

Finally we would like to ask you a few questions about your health

37) Have you had wheezing or whistling in your chest at any time in the **last 3 months**?
1 Yes
2 No (**Go to Q. 38**)
3 Don't know

.1 **If Yes to Q.37**, Have you been at all breathless when the wheezing noise was present?
1 Yes
2 No
3 Don't know

.2 **If Yes to Q.37**, Have you had this wheezing or whistling when you did not have a cold?
1 Yes
2 No
3 Don't know

.3 **If Yes to Q.37**, Have you had wheezing or whistling in your chest at any time in the **last 1 month**?
1 Yes
2 No
3 Don't know

- 38) In the **last 3 months**, has wheezing ever been severe enough to limit your speech to only one or two words at a time between breaths?
- 1 Yes
 - 2 No
 - 3 Don't know
- .1 **If Yes to Q.38**, In the **last 1 month**, has wheezing ever been severe enough to limit your speech to only one or two words at a time between breaths?
- 1 Yes
 - 2 No
 - 3 Don't know
- 39) Have you woken up with an attack of shortness of breath at any time in the **last 3 months**?
- 1 Yes
 - 2 No
 - 3 Don't know
- .1 **If Yes to Q.39**, Have you woken up with an attack of shortness of breath at any time in the **last 1 month**?
- 1 Yes
 - 2 No
 - 3 Don't know
- 40) Have you **ever** been medically diagnosed as having asthma?
- 1 Yes
 - 2 No
 - 3 Don't know
- 41) Are you **currently** taking any medicine (including inhalers, aerosols or tablets) for asthma?
- 1 Yes
 - 2 No
 - 3 Don't know
- 42) Have you had an attack of asthma in the **last 3 months**?
- 1 Yes
 - 2 No
 - 3 Don't know
- .1 **If Yes to Q.42**, Have you had an attack of asthma in the **last 1 month**?
- 1 Yes
 - 2 No
 - 3 Don't know
- 43) Have you had a course of oral corticosteroids for asthma in the **last 3 months**?
- 1 Yes
 - 2 No
 - 3 Don't know
- .1 **If Yes to Q.43**, Have you had a course of oral corticosteroids for asthma in the **last 1 month**?
- 1 Yes
 - 2 No
 - 3 Don't know

- 44) Have you had any emergency visits to GP, after hours or hospital for asthma in the **last 3 months**?
- 1 Yes
 - 2 No
 - 3 Don't know
- .1 **If Yes to Q.44**, Have you had any emergency visits to GP, after hours or hospital for asthma in the **last 1 month**?
- 1 Yes
 - 2 No
 - 3 Don't know
- 45) In the **last 3 months** have you had either diarrhoea or vomiting?
- 1 Yes
 - 2 No
 - 3 Don't know
- 46) In the **last 3 months** have you had a headache?
- 1 Yes
 - 2 No
 - 3 Don't know
- 47) Do you consider that the condition of your house/accommodation is affecting your respiratory health?
- 1 Yes
 - 2 No
 - 3 Don't know

Thank you for participating in this study. Some key findings will be reported to you at the Housing and Health session in early April