Interviewer documentation

Date:

Address:

First name:

Interviewer ID (Initials+last two numbers in your birth year, e.g. JG89):

Apartment (household) ID:

Participant ID:

Participant child/children's ID (if applicable):

Participant child, other parental answer: Yes☐ No☐

Alternaria values of the day (check https://www.astma-allergi.dk/dagens-pollental/):

Cladosporium values of the day (https://www.astma-allergi.dk/dagens-pollental/):

["Thank you very much for participating in the Indoor Climate and Health in Bellahøj (ICHB; ISB in Danish) study! We will start the interview in a little. Some questions may seem strange, but we ask to make sure that we get the right information on all homes and residents. We ask questions in the same way to all, to the extent possible. That is why we will read questions and responses aloud for you.

Everything you say will be treated confidentially and only used for research purposes. When we show the study results, you won't be able to be recognized. We will not share your personal responses with Copenhagen municipality, the housing associations (SAB, AKB, AAB, fsb) or other authorities. We can also interview you in another space, if you prefer. We will receive or retrieve information on your apartment (e.g. size, number of rooms, what type of remodeling has been done, if there has been any mold remediation or investigation of water damage before or while you have lived here, and dates for moving in or out of the apartment) from the housing associations or publicly available data, but we will not ask for personal information (e.g. about personal complaints from you or others).

Remember that even if you have said 'Yes' to participate, you can at any given time choose not to participate anymore. And you can always ask us to delete your answers, or simply not to be contacted again.

For all questions, you can answer 'Not relevant', 'I prefer not to respond', or 'Don't know', if you, for example, feel like it is too personal, don't know, or simply prefer not to respond. We naturally hope that you will respond to as many questions as possible, since this will give us a better foundation to build our study on. When we ask about your CPR number today, it is to give us better options to study more things with your data, for example, with any data on number of contacts with your general practitioner, medicine from the pharmacy, or hospitalization. This enables us to do more analyses in the future, since it can give us a better picture of the indoor climate and indoor air quality and health in Bellahøj, including back in time and in the future. If you do not want this, you can as with all other questions always choose to answer, 'I prefer not to respond'. In total, everything should take about 20-30 minutes.

Do you have any questions about what I have told you, or is there anything you would like to have repeated?

Otherwise, we can begin.

We would also like to know if there is a child under 11 years old or other adults that are also participating in the study, and if they should be interviewed today?

☐ *One or more children under 11 years old* ☐ Today

☐ *Other adults* ☐ Today

"]

Participant ID: _____
Interviewer ID: _____

About you generally

["The first questions in the questionnaire are about you in general. We have to ask some of these questions, even if they may seem strange."]

AB01. What is your sex or gender?

☐Man

☐Woman

☐Other

☐Not relevant

☐I prefer not to respond

☐Don't know

AB02. How old are you?

Choose an item. years old

☐Not relevant

☐I prefer not to respond

☐Don't know

AB03. CPR number

☐

_ _ _ _ _ _ - _ _ _ _

AB04. In which country were you born?

Indicate country: Click or tap here to enter text.

☐Not relevant

☐I prefer not to respond

☐Don't know

AB05. In which country was your (biological) father born?

Indicate country: Click or tap here to enter text.

☐Not relevant

☐I prefer not to respond

☐Don't know

AB06. In which country was your (biological) mother born?

Indicate country: Click or tap here to enter text.

☐Not relevant

☐I prefer not to respond

☐Don't know

AB07. In total, how many years have you lived in Denmark?

(If you have lived here in several periods, you should add them up)

Indicate number of years: Click or tap here to enter text.

☐Not relevant

☐I prefer not to respond

☐Don't know

AB08. What is the highest level of education that you have completed? (Only check one)

☐Primary school (*0-9th grade, 10th grade, middle school diploma*)

☐Vocational degree (*e.g. carpenter, mechanic, electrician, manual skilled laborer, apprentice, care-worker assistant (Danish SOSU), office assistant, bus driver, hairdresser, etc.*)

☐ Secondary school education (*e.g. high school diploma, A-levels*)

☐ Short-cycle tertiary education up to 3 years (*e.g. laboratory assistant, clinical dental technician, business economist, mechanical engineer. Requires a secondary school degree or vocational degree*)

☐ Medium-cycle tertiary education/professional bachelor's education between 3 and 4 years (e.g. public school teacher, journalist, graduate engineer, bachelor's degree. Requires a secondary school degree or vocational degree.)

☐Long-cycle tertiary education lasting 5 or more years (*e.g. doctor, economist, lawyer, high school teacher, civil engineer*)

☐Other education, specify which: _____

☐Not relevant

☐I prefer not to respond

☐Don't know

AB09. Which of the following best describes your current employment?

(check the option that fits best)

☐I am employed (e.g. full-time employment, part-time employment, job activation or flexible contract employment)

☐I am temporarily out of work (e.g. unemployed, on sick leave, or in a work capacity evaluation process)

☐I am permanently out of work (e.g. retired, on early retirement, on disability retirement)

☐I am in school

☐Other employment, specify which: ____

☐Not relevant

☐I prefer not to respond

☐Don't know

[If AB09==1, 2, 3, 4, → AB10.]

AB10. What job do you have?

(Dependent on AB09; If AB09==1, 2, 3, 4, → AB11.)

Indicate job: Click or tap here to enter text.

☐Not relevant

☐I prefer not to respond

☐Don't know

About your household and contacts

["The following questions in the questionnaire are about general information about your household, home, and contact with others."]

AB11. Do you live with other people?

☐No

☐Yes

☐Not relevant

☐I prefer not to respond

☐Don't konw

AB12. Who do you live with? (all the time or most of the time)

(Set a check on each line)

	Yes	No
AB12_A. Spouse/girlfriend or boyfriend/partner/common-law partner or spouse	☐	☐
AB12_B. Own children (biological or adopted)	☐	☐
AB12_C. Children who are not your own (foster children/partner's children)	☐	☐
AB12_D. Cohabitants in a collective	☐	☐
AB12_E. Others	☐	☐

☐Not relevant

☐I prefer not to respond

☐Don't know

AB13. How many adults live in the household?

(You should count all who are 18 years or older, even if they are your or others' children)

Choose an item.

☐Not relevant

☐I prefer not to respond

☐Don't know

AB14. How many children and adolescents under 18 years live in the household?

(Dependent on AB11: If AB10==2 & AB11B==1 | AB11C==1)

(You should count all under 18 years old, also children who some of the time live with another parent)

Choose an item.

[If AB14== 0, → AB16.]

☐Not relevant

☐I prefer not to respond

☐Don't know

AB15. Are there any children in the home that attend preschool, daycare, crèche, or integrated daycare and preschool?

[Dependent on AB11; if AB10==2]

[Dependent on AB13; if AB13==0, → AB13.]

☐No

☐Yes

☐Not relevant

☐I prefer not to respond

☐Don't know

AB16. How often are there visitors in the home from outside the household?

☐Daily

☐Weekly

☐Monthly

☐Rarely or seldom

☐Never

☐Not relevant

☐I prefer not to respond

☐Don't know

AB17. How often are you together with someone or several people whom you don't live with?

(e.g. friends, children, family, colleagues (outside of work hours))

☐Daily

☐Weekly

☐Monthly

☐Rarely or seldom

☐Never

Choose an item.

☐Not relevant

☐I prefer not to respond

☐Don't know

About your apartment

["The next questions are about your apartment. We would like to know your experience of it, and how you and others use it. Some questions are about your own habits and experiences, while others are intended for all in the home. Remember that there are no wrong answers."]

AB18_A. When did you move to Bellahøj (for the first time)?

(e.g. August 1984)

Month _ _ _ _ _ _ _ _ _ _ Year _ _ _ _

☐Not relevant

☐I prefer not to respond

☐Don't know (answer AB18_B)

AB18_B. If you cannot answer precisely with a month and year, then state about how many years you have lived in Bellahøj

_____

☐Not relevant

☐I prefer not to respond

☐Don't know

AB19_A. When did you move into your current apartment in Bellahøj?

(e.g. August 1984)

Month _ _ _ _ _ _ _ _ _ _ Year _ _ _ _

☐Not relevant

☐I prefer not to respond

☐Don't know (answer AB19_B)

AB19_B. If you cannot answer precisely with a month and year, then state about how many years you have lived in Bellahøj

_____

☐Not relevant

☐I prefer not to respond

☐Don't know

AB20. Have you on or close to the floor, walls or ceilings in any of the given rooms, noticed any of the following:

(Several checks are possible)

	Visible damp	**Visible mold**	**Loose or discolored coatings**	**Moldy smell**	**None of the stated**
AB20_A. Living or dining room	☐	☐	☐	☐	☐
AB20_B. Bedroom	☐	☐	☐	☐	☐
AB20_C. Kitchen	☐	☐	☐	☐	☐
AB20_D. Bathroom	☐	☐	☐	☐	☐
AB20_E. Hallway/entrance	☐	☐	☐	☐	☐

☐Not relevant

☐I prefer not to respond

☐Don't know

AB21. During the winter, is it possible to note condensation or damp on the inside of the bottom-most part of the window glass in any of the stated rooms?

(Set a check on each line)

	Yes, more than the window's bottom-most 5 cm	**Yes, less than 5 cm**	**No**
AB21_A. Living or dining room	☐	☐	☐
AB21_B. Bedroom	☐	☐	☐
AB21_C. Kitchen	☐	☐	☐
AB21_D. Bathroom	☐	☐	☐

AB22. Do you have a suspicion that there might be damp and/or mold problems that are not visible from within the apartment (that is, that are inside the floors, walls or ceiling)?

☐No

☐Yes

☐Not relevant

☐I prefer not to respond

☐Don't know

AB23. Have you noticed visible signs of damp or mold in the apartment before it was remodeled?

(Only answer if you have lived in a not-yet-remodeled apartment in Bellahøj before, otherwise → AB24.)

☐No

☐Yes

☐Not relevant

☐I prefer not to respond

☐Don't know

AB24. How do you feel about the air humidity in the apartment?

☐Too dry

☐Dry

☐Comfortable

☐Humid

☐Too humid

☐Not relevant

☐I prefer not to respond

☐Don't know

AB25. Is there a rangehood or exhaust hood in the kitchen?

☐No

☐Yes

☐Not relevant

☐I prefer not to respond

☐Don't know

AB26. How often is the rangehood or exhaust hood used?

(If you don't make food yourself, think about the person or people who do)

[Dependent on AB25, skip if AB25==0]

☐Always

☐Often

☐Once in a while

☐Rarely or seldom

☐Never

☐Not relevant

☐I prefer not to respond

☐Don't know

AB27. How often does someone air out while food is being prepared?

☐Always

☐Often

☐Once in a while

☐Rarely or seldom

☐Never

☐Not relevant

☐ I prefer not to respond

☐Don't know

"In the next five questions, you can answer 'Daily', 'Weekly', 'Once in a while', 'Rarely or seldom', or 'Never'. "

AB28. How often are candles lit during the late spring to early fall?

(April to September)

☐Daily

☐Weekly

☐Once in a while

☐Rarely or seldom

☐Never

☐Not relevant

☐I prefer not to respond

☐Don't know

AB29. How often are candles lit during the late fall to early spring?

(October to March)

☐Daily

☐Weekly

☐Once in a while

☐Rarely or seldom

☐Never

☐Not relevant

☐I prefer not to respond

☐Don't know

AB30. How often do you use your balcony during the late spring to early fall?

(April to September)

☐Daily

☐Weekly

☐Once in a while

☐Rarely or seldom

☐Never

☐Not relevant

☐I prefer not to respond

☐Don't know

AB31. How often does someone air out in the apartment for more than 5 minutes in the late fall to early spring?

(October to March)

☐Daily

☐Weekly

☐Once in a while

☐Rarely or seldom

☐Never

☐Not relevant

☐I prefer not to respond

☐Don't know

AB32. How often is the apartment cross-ventilated for at least 5 minutes during the late fall to early spring?

((October to March)) That is to say, two ends of the apartment are open at the same time to air out more effectively)

☐Daily

☐Weekly

☐Once in a while

☐Rarely or seldom

☐Never

☐Not relevant

☐I prefer not to respond

☐Don't know

"The next questions have other response options"

AB33. How often is the apartment floor vacuumed, swept, or washed?

☐Every day

☐About two to six times a week

☐Once a week

☐Every other week

☐Once a month

☐More rarely

☐Not relevant

☐I prefer not to respond

☐Don't know

AB34. Does anybody in the home smoke?

☐Yes, in the apartment

☐Yes, just on the balcony

☐No, only outside

☐No, there is nobody who smokes

☐Not relevant

☐I prefer not to respond

☐Don't know

AB35. How is the temperature in the living room or dining room during the winter?

☐Too cold

☐Cold

☐Comfortable

☐Warm

☐Too warm

☐Not relevant

☐I prefer not to respond

☐Don’t know

AB36. How is the temperature in the living room or dining room during the summer?

☐Too cold

☐Cold

☐Comfortable

☐Warm

☐Too warm

☐Not relevant

☐I prefer not to respond

☐Don’t know

AB37. Where is the laundry dried?

(You can set multiple checks)

☐In the tumble dryer in the apartment

☐In the laundromat or other places outside the home

☐In the living or dining room or kitchen

☐In the bathroom

☐In the bedroom

☐On the balcony

☐Not relevant

☐I prefer not to respond

☐Don't know

AB38. Are there pets in the home?

☐Dog

☐Cat

☐Bird

☐Rodents

☐Fish

☐Other

☐No

☐Not relevant

☐I prefer not to respond

☐Don't know

AB39. Which of the following outdoor areas are you most happy about living close to?

(Only check one)

☐Degnemosen

☐Bellahøjparken

☐Bellahøjmarken

☐Rødkilde Parken and Rødkilde Pladsen

☐Genforeningspladsen and Ghandis Plæne

☐Louisehullet/Brønshøjparken

☐Utterslev Mose and Kirkemosen

☐Brønshøj Kirkegaard

☐Bispebjerg Kirkegaard

☐Grøndalsparken

☐Byhave Hulgårds Plads and Stjerneparken

☐Brønshøj Kirkegaard

☐Brønshøj Torv

☐Utterslev Torv

☐Grønningen-Bispeparken

☐Not relevant

☐I prefer not to respond

☐Don't know

About your health

["The last questions are about your health. We would like to know if you have any illnesses or diseases, or problems with your health, and about your habits. Remember that your answers will not be passed on to anyone outside the project, but you can always skip a question if you prefer not to respond."]

AB40. Overall, how would you say your health is?

☐Excellent

☐Very good

☐Good

☐Fair

☐Poor

☐Not relevant

☐I prefer not to respond

☐Don't know

AB41. How would you describe your overall diet?

☐Excellent

☐Very good

☐Good

☐Fair

☐Poor

☐Not relevant

☐I prefer not to respond

☐Don't know

AB42. How often do you eat dark green leafy vegetables (e.g. spinach, kale, pak choy, or something similar)?

☐Never/ Very rarely or seldom

☐Less than once a week

☐Once a week

☐A few times a week

☐Almost every day

☐Every day/several times a day

AB43. About how many hours and minutes do you sleep on a normal weekday? (include napping)

_ _ _ _

☐Not relevant

☐I prefer not to respond

☐Don't know

AB44. Do you smoke, or have you previously smoked?

☐Yes, Daily

☐Yes, but not daily

☐No, but I have smoked previously

☐No, I have never smoked

☐Not relevant

☐I prefer not to respond

☐Don't know

AB45. In the last week, how many days have you been physically active for at least 30 minutes?

(Count physical activity in your free time, e.g. cycle trip, brisk walk, exercise, sports, or similar)?

Choose an item. days

☐Not relevant

☐I prefer not to respond

☐Don't know

AB46. Now comes a list of different health-related problems and illnesses or diseases. Could you for each of these tell if you have the illness or disease mentioned now, or if you have had it before?

If you <u>are</u> in medical treatment (e.g. for high blood pressure), you should respond that you have the illness or disease now.

(Set a check in each line)

	Yes, have it now	**Yes, have had it before**	**No**
AB46_A. Asthma	☐	☐	☐
AB46_B. Allergies	☐	☐	☐
AB46_C. Pneumonia	☐	☐	☐
AB46_D. COPD (chronic obstructive lung disease)	☐	☐	☐

AB46_E. Elevated blood pressure	☐	☐	☐
AB46_F. Elevated cholesterol	☐	☐	☐
AB46_G. Type 1 diabetes	☐	☐	☐
AB46_H. Hyperglycemia/type 2 diabetes	☐	☐	☐
AB46_I. Back pain	☐	☐	☐
AB46_J. Arthritis, osteoarthritis, Rheumatoid arthritis	☐	☐	☐
AB46_K. Migraine or recurrent headaches	☐	☐	☐
AB46_L. Cancer	☐	☐	☐
AB46_M. Heart attack	☐	☐	☐
AB46_N. Ischemic stroke/blood clot in the brain	☐	☐	☐
AB46_O. Depression or anxiety	☐	☐	☐
AB46_P. Other psychiatric diagnosis or disorder	☐	☐	☐
AB46_Q. Obesity	☐	☐	☐
AB46_R. Severe underweight	☐	☐	☐
AB46_S. Vitamin D deficiency	☐	☐	☐

☐Not relevant

☐I prefer not to respond

☐Don't know

AB46_AA. Were you diagnosed by a doctor?

[Dependent on AB46_A, skip if AB46_A==0]

☐No

☐Yes

☐Not relevant

☐I prefer not to respond

☐Don't know

AB46_BA. Were you diagnosed by a doctor?

[Dependent on AB46_B, skip if AB46_B==0]

☐No

☐Yes

☐Not relevant

☐I prefer not to respond

☐Don't know

AB47. How tall are you?

_ _ _ cm

☐Not relevant

☐I prefer not to respond

☐Don't know

AB48. How much do you weigh?

_ _ _ kg

☐Not relevant

☐I prefer not to respond

☐Don't know

AB49. Have you in the last 12 months been sick with influenza, common cold, pneumonia, or a similar respiratory tract infection?

[If AB48==0, → end]

☐No

☐Yes

☐Not relevant

☐I prefer not to respond

☐Don't know

AB50. When and how many times were you sick?

(Put a number in for each month, 0 if none, >0 if 1 or more times)

[Dependent on AB48; if AB48==0 → end]

	Number of times
AB50_A. December (this year)	
AB50_B. November (this year)	
AB50_C. October (this year)	
AB50_D. September (this year)	
AB50_E. August (this year)	
AB50_F. July (this year)	
AB50_G. June (this year)	
AB50_H. May (this year)	
AB50_I. April (this year)	
AB50_J. March (this year)	
AB50_K. February (this year)	
AB50_L. January (this year)	
AB50_M. December (last year)	
AB50_N. November (last year)	
AB50_O. October (last year)	
AB50_P. September (last year)	
AB50_Q. August (last year)	

☐Not relevant

☐I prefer not to respond

☐Don't know

["Now this interview is done and we would once again like to thank you a lot for your responses".]

The following points can be agreed on with the participant, so that they are free to choose as they wish. Dust collectors and indoor climate loggers (if there are enough), should be set up from 1 October and thereafter. For interviews before 1 October, there needs to be an agreement on a date for setting these up.

☐A skin prick test

☐A lung function test

☐*FeNO*

☐Indoor climate loggers and dust collectors

☐Indoor climate loggers

)

Should be filled out after the interview

Data collection method

☐1. Questionnaire-based face-to-face interview (that is, was conducted as specified in the questionnaire)

☐2. Questionnaire-based face-to-face interview with substantial deviations (that is, was not conducted entirely in the specified format of the questionnaire)

☐3. Questionnaire-based face-to-face interview with interpreter (that is, family member served as an interpreter)

☐4. Questionnaire-based phone interview (that is, questionnaire over the phone)

☐ 5. Self-administered online questionnaire (i.e. administered online via SMS)

'Sequential mixed mode': 1>2>3>4>5

Documentation:

☐On paper first, and entered by two different individuals afterwards

☐Online