

## Introduction:

Ask to speak to the head of the household or someone responsible for the family. Give your name and explain that you are calling on behalf of the Municipality. Ask the person if they will participate in the survey.

(If they agree, click 'New interview.')

New interview

Credits & disclaimer



ID-code:

Interviewer code

Dwelling code

District, precinct, quarter, ward, zone

1st question

Automatically save all entries

# *Inhabitant Information*

1. Are you male or female?

Male (1)

Female (2)

Missing data

Previous

Next

## *Inhabitant Information*

2. How many people permanently live in the dwelling in total ?

Enter number of people:

Missing data

Previous

Next

# Inhabitant Information

## 3. How old are you (and the others living in the household)?

(Be sure the person being interviewed is 18 or over. Ask for the age of each resident. Less than one year of age = 0.)

**3\_1 Interviewed**

3\_6 Person 6:

3\_2 Person 2:

3\_7 Person 7:

3\_3 Person 3:

3\_8 Person 8:

3\_4 Person 4:

3\_9 Person 9:

3\_5 Person 5:

3\_10 Person 10:

Missing data

Previous

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## *Inhabitant Information*

4. How many years have you lived in this dwelling? (Enter year. Round down. Less than one year = 0; 2.5 years = 2; Don't know = Missing data.)

Years

Missing data

Previous

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## *Inhabitant Information*

5. Which option describes your housing type? (Read options.)

- Detached single-family house (1)
- Semi-detached house or duplex (2)
- Terraced housing unit or townhouse (3)
- Apartment building with up to 3 storeys (4)
- Apartment building with 4 to 8 storeys (5)
- Apartment building with 9 or more storeys (6)

Missing data

Previous

Next

## *Inhabitant Information*

### 6. What floor do you live on?

(Ground floor = 0; Basement = -1. If living in a house ask on what level the main access to the dwelling is located.)

Missing data

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Next



7. What is the name of the neighborhood where your dwelling is located?

Missing data

Previous

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## *Inhabitant Information*

7a. Which comes closest to describing the housing location? (Read options. Services include banks, post office, markets, grocery stores, shops etc.)

- In an urban center with many services and commercial establishments (1)
- In a suburban or residential area with some services and commercial establishments (2)
- In a suburban neighborhood that is entirely residential (3)
- In a rural area (4)
  
- Missing data

Previous

Next

## *Inhabitant Information*

8. Which comes closest to describing the housing circumstances?

(Read options.)

On a busy street (1)

On a less-busy street (2)

Missing data

Previous

Next

## *Layout and structure*

9. In square meters, how big is your dwelling in total?

- less than 30 m<sup>2</sup> (1)
- 30-39 m<sup>2</sup> (2)
- 40-49 m<sup>2</sup> (3)
- 50-59 m<sup>2</sup> (4)
- 60-79 m<sup>2</sup> (5)
- 80-99 m<sup>2</sup> (6)
- 100-119 m<sup>2</sup> (7)
- 120 m<sup>2</sup> or more (8)

Missing data

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## *Housing information*

10.

What is the age of your building or house?

Under 10 years (1)

10-19 years (2)

20-29 years (3)

30-39 years (4)

40-49 years (5)

50-59 years (6)

60-74 years (7)

75-99 years (8)

100 and more (9)

Missing data

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## *Finance and housing*

100. In the past 2 years, have there been difficulties paying the housing expenses?

(If yes, read 'yes' options.)

No, never (1)

Yes, sometimes (2)

Yes, often (3)

Missing data

Previous

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## *Finance and housing*

101. Does this household receive a housing allowance?

No (1)

Yes (2)

Missing data

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## *Conclusion*

102. Your dwelling has been identified for follow-up investigation. Is it possible for a team of experts to visit your dwelling in person?

No (1)

Yes (2)

Missing data

Previous

Next



## *Conclusion*

103. This concludes the interview. Thank you very much for participating. Do you have any additional comments or concerns regarding your dwelling?

103\_1 Additional comments from Inhabitant

103\_2 Additional comments from Interviewer

Previous

Finalize interview

# Layout and structure

## 11. Your dwelling has how many...

(For 'don't know' responses, mark 'DK' in blank. Living areas and bedrooms are all rooms that can be used as a bedroom regardless of current use or function. E.g. Sewing room, dining room, game room, home study are considered living/bed rooms.)

11\_1 Kitchens

11\_4 Indoor staircases or flights of stairs

11\_2 Bathrooms

11\_5 Pantry or utility

11\_3 Living and bedrooms

11\_6 Enclosed balconies, porches or terraces

Missing data

Previous

Next

## *Layout and structure*

12. In the current situation, does your dwelling need more rooms or fewer?

Number of rooms is sufficient (1)

More rooms needed (2)

Fewer rooms needed (3)

Missing data

Previous

Next

## *Layout and structure*

13. What is the maximum number of children, 17 years or younger, sleeping in the same room?

children

Missing data

Previous

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## *Environmental Tobacco Smoke*

14. Do any children sleep in the same room  
where people smoke? (Verify. If yes, read 'yes' options.)

No, never (1)

Yes, sometimes (2)

Yes, often (3)

Missing data

Previous

Next

## *Layout and structure*

15. What is the maximum number of adults, 18 and older, sleeping in the same room? (Verify.)

adults

Missing data

Previous

Next

## *Environmental Tobacco Smoke*

16. Do any adults sleep in the same room where people smoke? (Verify. If yes, read 'yes' options.)

No, never (1)

Yes, sometimes (2)

Yes, often (3)

Missing data

Previous

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## *Inhabitant Information*

17. On a scale from 1 to 5, how satisfied are you with the dwelling? 1 being highly dissatisfied and 5 being highly satisfied. (Probe for NUMBER.)

Highly dissatisfied

Highly satisfied

1

2

3

4

5

Missing data

Previous

Next



# *Temperature*

18. Do you perceive the temperature in the dwelling during the summer season as a problem? (If yes, read 'yes' options.)

No, never (1)

Yes, sometimes (2)

Yes, often (3)

Missing data

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18a. Is it because it is too warm or too cold?

Too warm (1)

Too cold (2)

At times the dwelling is too warm but at other times it  
 is too cold OR some rooms in the dwelling are warm at  
the same time that other rooms are cold (3)

Missing data

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# Temperature

19. If it is too warm inside the dwelling during summer, what are the reasons?

(Read all options and ask for a response between options. Multicode.)

- 19\_1 Dwelling, building, or windows are oriented toward the sun
- 19\_2 Inadequate protection from sun (shutters, shades, trees, other buildings etc.)
- 19\_3 Inadequate or no cooling system in the dwelling (air conditioning, fans etc.)
- 19\_4 Insufficient insulation (roof, walls, windows etc.)
- 19\_5 Not possible to open windows or cross ventilate
- 19\_6 Not affordable

19\_7 Other

(Ask then specify.)

19\_8 No reason identified

(After reading options, if no reasons are identified, mark here.)

Missing data

Previous

Next

# Temperature

20. Other than opening windows, how is the dwelling kept cool? (Multicode. Read all options and ask for a response between options.)

20\_1 Installed or central air conditioning system

20\_2 Window air conditioning unit

20\_3 Installed or ceiling fans

20\_4 Mobile fans

20\_5 No cooling system

Missing data

Previous

Next

## *Temperature and Heating*

20a. On a scale from 1 to 5, how do you evaluate the overall quality of the cooling system in your dwelling? 1 being highly dissatisfied and 5 being highly satisfied. (Probe for NUMBER.)

Highly dissatisfied

Highly satisfied

1

2

3

4

5

Missing data

Previous

Next

## *Temperature and Heating*

20b. Do you perceive the temperature in the dwelling during the transient seasons, meaning spring or fall, as a problem? (If yes, read 'yes' options.)

No, never (1)

Yes, sometimes (2)

Yes, often (3)

Missing data

Previous

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## *Temperature and Heating*

21. Is it because it is too warm or too cold?

Too warm (1)

Too cold (2)

At times the dwelling is too warm but at other times it  
 is too cold OR some rooms in the dwelling are warm  
at the same time that other rooms are cold (3)

Missing data

Previous

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## *Temperature and Heating*

22. Do you perceive the temperature in the dwelling during the winter season as a problem?

(If yes, read 'yes' options.)

No, never (1)

Yes, sometimes (2)

Yes, often (3)

Missing data

Previous

Next



## *Temperature and Heating*

23. Is it because it is too warm or too cold?

Too warm (1)

Too cold (2)

At times the dwelling is too warm but at other times it

is too cold OR some rooms in the dwelling are warm at the same time that other rooms are cold (3)

Missing data

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# Temperature and Heating

24. If it is cold inside the dwelling during winter or the transient season, what are the reasons?

(Read all options and ask for a response between options. Multicode. If not cold code = No such problem.)

24\_1 Dwelling is too big for efficient heating

24\_2 Heating does not function

24\_3 Lack of heating system in some rooms

24\_4 Lack of control of heating

24\_5 Windows not tight or single-glazed

24\_6 Wrong placement of heating

24\_7 Low efficiency or standard of heating system

24\_8 Household cannot afford heating

24\_9 Insufficient thermal insulation of the building

24\_10 Do not want to use or turn on heating

24\_11 No obvious reason

24\_12 Other

(Ask then specify.)

24\_13 No reason identified

(After reading options, if no reasons are identified, mark here.)

Missing data

Previous

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## *Temperature and Heating*

25. Does the dwelling have an installed heating system? (If yes, read 'yes' options.)

- No heating system (1)
- Yes, with thermostat regulation (2)
- Yes, without thermostat regulation (3)

Missing data

Previous

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## *Energy consumption & heating*

26. Do you use heating devices and heat sources such as fireplaces, salamandras, electrical devices, etc.? (If yes, read 'yes' options.)

No use of additional heating devices (1)

Yes, sometimes (2)

Yes, often (3)

Missing Data

Previous

Next

# *Energy consumption & heating*

## 27. What energy sources do they use?

(Multicode. May have more more than one source.)

27\_1 Solid fuel (coal, wood)

27\_2 Gas

27\_3 Electricity

27\_4 Other:

(Ask then specify.)

Missing data

Previous

Next

## *Energy consumption & heating*

28. In the past 2 years, have there been difficulties paying the heating expenses?

(If yes, read 'yes' options.)

No, never (1)

Yes, sometimes (2)

Yes, often (3)

Missing data

Previous

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## *Temperature and Heating*

29. On a scale from 1 to 5, how do you evaluate the overall quality of the heating system in your dwelling? 1 being highly dissatisfied and 5 being highly satisfied. (Probe for NUMBER.)

Highly dissatisfied

Highly satisfied

1

2

3

4

5

Missing data

Previous

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## *Window Quality*

30. Does your dwelling have single-glazed or double-glazed windows?

- Single-glazed (1)
- Double-glazed or better (2)
- Some are single-glazed and others are double-glazed (3)
- Other type of window option (4)

Missing data

Previous

Next



## *Light/Window view*

31. Are you generally satisfied with the amount of natural light you get through the windows, or do you miss the daylight?

Miss the daylight (1)

Satisfied with amount of natural light (2)

Too much light or glaring (3)

Missing data

Previous

Next

## Lighting

32. Does lighting equipment exist in your dwelling? (If yes, read 'yes' options.)

No (1)

Yes, and it works everywhere (2)

Yes, but it is not sufficient OR it does not work everywhere (3)

Missing data

Previous

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33. Do you have dampness or condensation in your dwelling, including in the attic and basement?

(If yes, read 'yes' options.)

No, never (1)

Yes, sometimes (2)

Yes, often (3)

Missing data

Previous

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## *Air humidity*

34. Do you have visible mould growth in your dwelling? (If yes, read 'yes' options.)

- No, never (1)
- Yes, sometimes (2)
- Yes, often (3)

Missing data

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## *Air humidity*

34a.

Is there an air dehumidifier  
anywhere in the dwelling?

No (1)

Yes (2)

Missing Data

Previous

Next

## Air quality

35.

Do you have any of the following problems with the quality of air in your house? (Read all options and ask for a response between options. Multicode.)

- 35\_1 Dampness
  - 35\_2 Dryness
  - 35\_3 Dust and particles
  - 35\_4 Smell
  - 35\_5 Smoke
  - 35\_6 Not enough air exchange, stale or stuffy air
  - 35\_7 Too much air exchange, draft
  - 35\_8 Outside air pollution
  - 35\_9 Other
- (Ask then specify.)

- 35\_10 No such problem (After reading options, if no problems are identified, mark here.)

Missing data

Previous

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## *Ventilation/Air exchange*

36. Other than windows, do you have an installed ventilation system in at least one room of your dwelling?

(If yes, read 'yes' options. The question refers to a ventilation system for air circulation not a cooling system.)

- No (1)
- Yes, forced ventilation based on electric power (2)
- Yes, free ventilation that does not use electric power (3)

Missing data

Previous

Next

## *Ventilation/Air exchange*

37. Particularly in wintertime, do you have problems with moving air and draft in your dwelling because doors or windows cannot be tightly closed or are of insufficient quality? (If yes, read 'yes' options.)

No, never (1)

Yes, sometimes (2)

Yes, often (3)

Missing data

Previous

Next



## Noise

38. Do you ever feel disturbed by noise in your dwelling even if the windows are closed?

(If yes, read 'yes' options.)

No, never (1)

Yes, sometimes (2)

Yes, often (3)

Missing data

Previous

Next

## Noise

39. In the past 2 years, have any members of the household discussed or mentioned noise as a reason for sleep problems or regular sleep disturbance?

No (1)

Yes (2)

Missing data

Previous

Next

# Noise

## 40. Are there any disturbances by one or more of the following sources?

(Read all options and ask for a response between options. Multicode.)

- 40\_1 Traffic noise
- 40\_2 Airplane noise
- 40\_3 Train noise
- 40\_4 Elevator or lift
- 40\_5 Parking & parking lots
- 40\_6 Animals or birds
- 40\_7 Staircase
- 40\_8 Playing children in the
- 40\_9 Noise within own dwelling
- 40\_10 Playgrounds, schools, recreational facilities
- 40\_11 Noise from surrounding area such as bars, discos, events
- 40\_12 Neighbor's talking, music, TV, repairs, animals etc.
- 40\_13 Noise from commercial, industrial or construction
- 40\_14 Ventilation or heating system, waste chute
- 40\_15 Other   
(Ask then specify.)
- 40\_16 None of the above (After reading options, if no disturbances are identified, mark here.)
- Missing data

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Next

## *Pests and insects*

41. Currently, which of the following pests are present in your house?

(Read all options and ask for a response between options. Multicode.)

41\_1 Ants

41\_5 Rats or mice

41\_2 Flies

41\_6 Cockroaches

41\_3 Fleas

41\_7 Other

41\_4 Bedbugs

(Ask then specify.)

41\_8 None of the above

(After reading options, if no pests are identified, mark here.)

Missing data

Previous

Next

## *Pests and insects*

42.

In the last 2 years, has there been any pest control treatment in your dwelling? (If yes, read 'yes' options. Multicode.)

- 42\_1 Yes, non-chemical physical traps with or without bait
- 42\_2 Yes, bait for ingestion by pest (poisoned or not)
- 42\_3 Yes, insecticidal spray or contact poison
- 42\_4 Yes, but I do not know what type
- 42\_5 No

Missing data

Previous

Next

## *Hygiene & sanitation*

43. During the last 2 years, did you at any time experience trouble with the quantity or pressure of the water supply? (If yes, read 'yes' options.)

No, never (1)

Yes, sometimes (2)

Yes, often (3)

Missing data

Previous

Next

44. Do you have trouble with the hot or cold water?

Hot water (1)

Cold water (2)

Both hot and cold water (3)

Missing data

Previous

Next

## *Hygiene & sanitation*

45. In the past 2 years, have you experienced any trouble with the quality of the water supply, such as discolored water, bad smell, bad taste etc.?

(If yes, read 'yes' options.)

No, never (1)

Yes, sometimes (2)

Yes, often (3)

Missing data

Previous

Next



46. Is it necessary to treat the water that is provided to your dwelling before drinking? (Boiling, cleaning, filtering etc.)

No, never (1)

Yes (2)

Don't drink the water (3)

Missing data

Previous

Next

## *Hygiene & sanitation*

47. Have you ever experienced any trouble with the water drainage or sewage system? (If yes, read 'yes' options. Multicode.)

47\_1 Yes, in the dwelling

47\_2 Yes, in the building

47\_3 Yes, on our street

47\_4 No

Missing Data

Previous

Next

## *Hygiene &*

48. Is hot water available in the kitchen?

No (1)

Yes (2)

Missing data

Previous

Next

## *Hygiene & sanitation*

49. Is piped water available in the kitchen?

No (1)

Yes (2)

Missing Data

Previous

Next

## *Hygiene & sanitation*

50. Is hot water available in the bathroom?

No (1)

Yes (2)

Missing data

Previous

Next

## *Hygiene & sanitation*

51. Is piped water available in the bathroom?

No (1)

Yes (2)

Missing data

Previous

Next

52. If there are gas water heaters, are they connected to the outside?

(Probe to determine if all gas water heaters are connected to outside.)

- No gas water heater (1)
- Yes, (all) connected to the outside (2)
- No, not (all) connected to the outside (3)
- Do not know if it is / they are connected to the outside (4)
  
- Missing data

Previous

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## *Ventilation/Air quality*

53. Is there a ventilation system in the bathroom? (Not the same as a cooling system. If yes, read 'yes' options.)

No (1)

Yes, only a window that opens (2)

Yes, an installed ventilation system to conduct air outside (3)

Yes, an installed ventilation system and a window that opens (4)

Missing data

Previous

Next



## *Hygiene & sanitation*

54. Is there enough workspace in the kitchen to prepare food?

No (1)

Yes (2)

Missing data

Previous

Next

55. What is the energy source in the kitchen for the stove or cook-top? (For stoves of both electricity and gas, mark 'gas.')

No cooking place (1)

Solid fuel (coal, wood) (2)

Gas (3)

Electricity (4)

Other (5)

Missing data

Previous

Next

56.

What is the energy source in the kitchen for the oven? (For ovens of both electricity and gas, mark 'gas.')

No oven (1)

Solid fuel (coal, wood) (2)

Gas (3)

Electricity (4)

Other (5)

Missing data

Previous

Next

## *Ventilation/Air quality*

57. Is there an exhaust system above the cooking place? (If yes, read 'yes' options.)

- No (1)
- Yes, it is connected to the outside and leads air out of the dwelling (2)
- Yes, but it is not connected to the outside (3)
- Yes, but I do not know what type (4)

Missing data

Previous

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## *Hygiene & sanitation*

### 58. Is there a toilet inside the dwelling?

(If yes, read 'yes' options. Verify.)

- No toilet inside the dwelling (1)
- Yes, a toilet is inside the dwelling AND it is in separate room or a bathroom (2)
- Yes, a toilet is inside the dwelling BUT it is NOT in a separate room or a bathroom (3)

Missing data

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### 59. Is there a shower or bath inside the dwelling?

(If yes, read 'yes' options. Verify.)

- No bath or shower inside the dwelling (1)
- Yes, the shower or bath is inside the dwelling  
AND it is in a separate room or a bathroom (2)
- The shower or bath is inside the dwelling BUT it  
is NOT in a separate room or a bathroom (3)

Missing data

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## *Building quality and maintenance*

60. Is the roof to your dwelling or building waterproof?

(Mark 'no' for all answers other than a direct 'yes'.)

No, the roof is not waterproof or the roof leaks (1)

Yes, the roof is waterproof (2)

Missing data

Previous

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## *Safety and accidents*

61. Are your electrical installations earthed?

(If yes, read 'yes' options.)

- No (1)
- Yes, all of them (2)
- Yes, but not all (3)
- Yes, but I do not know if they are ALL earthed (4)

Missing data

Previous

Next



62. Are any unvented gas appliances ever used inside the dwelling? (If yes, read 'yes' options.)

No, never (1)

Yes, sometimes (2)

Yes, often (3)

Missing data

Previous

Next

## *Safety and accidents*

63. Is there a fire extinguisher in your building or dwelling?

No (1)

Yes (2)

Missing data

Previous

Next

## *Safety and accidents*

64. Is there fire detection equipment in the building or dwelling?

No (1)

Yes (2)

Missing data

Previous

Next

## *Safety and accidents*

65. In the event of a fire, can all household members easily escape from the dwelling and building an outside street?

No (1)

Yes (2)

Missing data

Previous

Next

## *Safety and accidents*

66. Which of the following accidents or injuries, big or small, occurred in the building in the last 2 years?

(Read all options and ask for a response between options. Multicode.)

66\_1 Falls or stumbles

66\_6 Poisoning or chemical agents

66\_2 Burns

66\_7 Gas intoxication

66\_3 Cuts or puncture wounds

66\_8 Electrical shock or accident

66\_4 Choking, suffocating or drowning

66\_9 Other

(Ask then specify.)

66\_5 Collisions or strikings

66\_10 None of the above

(After reading options, if nothing is identified, mark here.)

Missing data

Previous

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## *Safety and accidents*

### 67. Which items were involved in these accidents or injuries?

(Read all options and ask for a response between options. Multicode.)

- 67\_1 Animals and pets
- 67\_2 Stairs, staircase
- 67\_3 Kitchen equipment
- 67\_4 Knives and silverware
- 67\_5 Gasses and fumes
- 67\_6 Food items
- 67\_7 Toys
- 67\_8 Construction features like walls, floors, doors, windows and stairs
- 67\_9 Do-it-yourself tools or equipment
- 67\_10 Heating or cooling equipment, stove, oven
- 67\_11 Electrical equipment or installations
- 67\_12 Washing or cleaning products, detergents, liquids
- 67\_13 Furniture or furnishings like carpets, curtains etc.

67\_14 Other

(Ask then specify.)

- 67\_15 None of the above (After reading options, if nothing is identified, mark here.)

Missing data

Previous

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## *Safety and accidents*

68. Is there a place or item in the dwelling,  
involved in at least two accidents or injuries?

No (1)

Yes (2)

Missing data

Previous

Next

## *Safety and accidents*

69. Are there any installations or locations in the dwelling that you see as potentially harmful?

(If yes, fill-in keywords! If no, write 'no' in blank.)

Missing data

Previous

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## *Steps & staircase*

70. Are there any stairs or steps leading from the outside to the inside of your dwelling?

No (1)

Yes (2)

Missing data

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## *Steps & staircase*

71. Do ALL the stairs and steps, inside and outside the building have adequate lighting equipment? (If no, read 'no' options.)

- No, none of the stairs have adequate lighting (1)
- Yes, they all have adequate lighting (2)
- No, some stairs INSIDE do not have adequate lighting (3)
- No, some stairs OUTSIDE do not have adequate lighting (4)
  
- Missing data

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## *Steps & staircase*

72. Do the stairs and staircases have handrails?

No (1)

Yes (2)

Not ALL have handrails (3)

Missing data

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## *General health and constraints*

73. How many members of your household have difficulty using stairs?

(This does not include children under 4. If none, write '0' in blank.)

Missing data

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## *Steps & staircase*

74. Is there a lift or elevator in the building?

(If yes, read 'yes' options.)

No (1)

Yes, and it works (2)

Yes, but it does not work (3)

Missing data

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## *Housing accessibility*

75. Do you think people with disabilities have difficulty getting from the outside to the inside of your dwelling?

No (1)

Yes (2)

Missing data

Previous

Next

## *Housing accessibility*

76. Do you think people with disabilities have difficulty accessing the different parts of your dwelling once they are inside?

No (1)

Yes (2)

Missing data

Previous

Next

## *Housing accessibility*

77. Does anyone in the household have any kind of physical constraint or disability?

No (1)

Yes (2)

Missing data

Previous

Next



## *General health*

78. How many inhabitants are not in good general health?

(If none, write '0' in blank.)

Missing data

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## General health

79. In the past 2 years, has a doctor diagnosed anyone in the dwelling with... (If 'yes' to any, verify the condition has been doctor diagnosed.)

79\_1 Asthma

79\_6 Diarroheal disease

79\_2 Allergies (excluding asthma)

79\_7 Hypertension or cardiovascular effects

79\_3 Bronchitis

79\_8 Chronic headaches or migraines

79\_4 Pneumonia

79\_9 Tuberculosis

79\_5 Cold or throat illness

79\_10 Depression or anxiety

79\_11 Other

(Ask then specify.)

79\_12 No

(After reading options, if no conditions are identified, mark here.)

Missing data

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## *Accidents, air quality and maintenance*

80. In the last 2 years, did the household do any do-it-yourself activities, such as repairs, new paint or bring in new furniture?

(If yes, read all 'yes' options and ask for a response between options. Multicode.)

- 80\_1 Yes, new furniture
- 80\_2 Yes, do-it-yourself work
- 80\_3 Yes, work done by professionals
- 80\_4 Yes, activities due to moving in
  
- 80\_5 No such work done

Missing data

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## *Building quality and maintenance*

81. Thinking about the overall condition, inside the dwelling and outside the building, do you have any structural concerns such as broken windows or cracks, or holes in the walls, ceiling, roof or floor?

No (1)

Yes (2)

Missing data

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# *Dwelling Satisfaction*

82. What is the first renovation you would undertake in your house?

(If none, write 'none' in blank.)

Missing data

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## *Dwelling*

83. Are you happy with your current living conditions or would you move if you had the chance?

(For all answers other than 'completely happy,' mark 'would move.')

Am happy (1)

Would move (2)

Missing data

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## *Immediate environment*

84. Can all household members easily get to the city center?

No (1)

Yes, ALL inhabitants (2)

Some inhabitants have difficulty (3)

Missing data

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## *Immediate environment*

### 85. Is it reasonable to go to the city center using any of the following?

(They do not have to use the means, it just has to be a possible option. Read all options and wait for a response between options. Multicode. If they live in the city center, select "walking.")

85\_1 Public transport

85\_2 Walking

85\_3 Bicycle

85\_4 Private car or taxi

85\_5 None of the above

Missing data

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## *Immediate environment*

86. If there is public transportation, at what time is the last ride home from the city center during the work week?

(Please write time: 23.30, 0.45 etc. If dwelling is in city center or if no public transportation exits, write this information in the blank. Don't know = Missing data.)

Missing data

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## *Immediate environment*

87. On a scale from 1 to 5, how annoyed are you by litter and trash in your immediate environment? 1 being not annoyed at all and 5 being very annoyed. (Probe for NUMBER.)

Not annoyed at all

Very annoyed

1

2

3

4

5

Missing data

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## *Immediate environment*

88. On a scale from 1 to 5, how do you evaluate the amount of dog and animal droppings in the immediate housing environment? 1 being not dirty at all and 5 being very dirty. (Probe for NUMBER.)

Not at all dirty

Very dirty

1

2

3

4

5

Missing data

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## *Immediate environment*

89. Is there any open or green space that belongs to the building or dwelling, which can be used by the household residents? (If yes, read all 'yes' options. This does not include streets, parking lots etc.)

- No (1)
- Yes, a private yard or garden owned by the household (2)
- Yes, common area belonging to the building (3)
- Yes, both a private yard or garden and a common area (4)
- Yes, but I do not know who owns it (5)

Missing data

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## *Immediate environment*

90. How do you evaluate the general condition and impression of these spaces? (Read all options.)

- Well maintained and cared for (1)
- Not well maintained but not run-down (2)
- Run-down and not maintained (3)
- Mix of all options (4)

Missing data

Previous

Next

## *Immediate environment*

91. Is there a public park or an open green space within 100 meters of the dwelling?

No (1)

Yes (2)

Missing data

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Next

## *Housing environment*

92. Are there places in the immediate housing environment, including private and public spaces, where you can sit and relax, have a coffee, or talk peacefully to neighbors and friends?

No (1)

Yes (2)

Missing data

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# Housing environment

93. In your immediate housing environment, are there enough recreational spaces, public and private, for.....

(Read for each of the three population groups.)

No, not really (1)

Yes (2)

To some extent (3)

Missing data

93.1 **Children**

93.2 **Teenagers**

93.3 **Elderly**

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## *Housing environment*

94. Do you feel safe returning to your home when it is dark?

No, not at all (1)

Yes (2)

To some extent (3)

Missing data

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## *Housing environment*

95. What is the first thing you would change about your immediate housing environment?

(If nothing, write 'nothing' in blank.)

Missing data

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## *Housing environment*

96. On a scale from 1 to 5, how do you rate your neighbourhood overall as a place to live? 1 being very bad to 5 being very good? (Probe for NUMBER.)

Very bad

Very good

1

2

3

4

5

Missing data

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## *Finance and housing*

97. Does your household own or rent the dwelling?

Own (1)

Rent (2)

Missing data

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## *Finance and housing*

98.

Does your household qualify  
for state assistance?

No (1)

Yes (2)

Missing data

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# Finance and housing

99. On yearly average, approximately how many euros per month does the household spend on...

(For 'don't know' responses, mark 'DK' in blank.)

99\_1 Water

99\_7 Insurance

99\_2 Electricity

99\_8 Taxes

99\_3 Gas

99\_9 Rent or mortgage

99\_4 Land telephone

99\_10 If not already included in another household expense, how much is spent on heating costs

99\_5 Service charges

(Verify cost of heating has not been included in another expense.)

99\_6 Cleaning and maintenance

99\_11 Other costs

Missing data

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Row number:

Previous interview

Go to this row

Next interview

Continue with question:

Continue to selected interview

Verify interview selected below

Dwelling code

Interviewer Code

Start time

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