Health Effects of Indoor Mould in Various Patient Populations

Participant Information & Consent

Purpose

To understand housing dampness, mould, additional environmental and occupational exposures and impacts on respiratory health and well-being.

Important Information

- Participation is voluntary.
- You may stop at any time without giving a reason.
- No names, addresses, or identifiable photographs will be collected.
- All data are anonymous and used for research only.

Consent

☐ I am aged 18 years or over

☐ I have read and understood the information above

☐ I consent to take part in this study

SECTION 1: SOCIO-DEMOGRAPHIC INFORMATION

1. Year of birth

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2. Gender

☐ Female

☐ Male

☐ Prefer not to say

3. Do you live (Select One)

☐ Alone

☐ With 1 other person

☐ With 2 to 4 other people

☐ With more than 5 people

4. Are there children in your household?

☐ Yes

☐ No

5. If yes, how many adults live with the children (Select One)

☐ Two parents

☐ Two parents and other adults/relatives

☐ One parent

☐ One parent and other adults/relatives

☐ Other (Please specify)

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6. Housing tenure / Is your home (Select One)

☐ Owned by you (Owner-occupied)

☐ Rented from a private landlord (Private rent)

☐ Rented from the council / housing association (Social housing)

☐ Other/unsure (Please specify)

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7. Postcode

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8. Area you live in

☐ City

☐ Town

☐ Village

☐ Countryside

9. Do you live within 1 mile of farms/agricultural areas?

☐ Yes

☐ No

10. Do you live within 1 mile of industrial composting sites?

☐ Yes

☐ No

SECTION 2: DESCRIPTION OF THE HOME

11. Type of dwelling

☐ Apartment/flat

☐ Detached

☐ Semi-detached

☐ Terraced

☐ Other

12. In the case of an apartment/flat, is it (Select One)

☐ Below ground or ground floor

☐ On floors 1 to 10

☐ On floors >10

☐ N/A (Not an apartment)

13. Approximate year of construction

☐ Before 1950

☐ 1950–1979

☐ 1980–1999

☐ 2000–2019

☐ 2020+

14. How would you describe the standard of your house?

☐ Low

☐ Reasonable

☐ Good

15. Number of rooms

Bedrooms: __________

Living rooms/lounges: __________

Others (Please specify): ____________________

16. How long have you lived in this home?

☐ <12 months

☐ >12 months

17. Ventilation/heating present (tick all that apply)

☐ Kitchen extractor

☐ Bathroom extractor

☐ Mechanical ventilation

☐ Central heating

☐ Portable heaters

☐ Air-conditioning

☐ None

18. Flooring in your home

☐ Most rooms carpeted

☐ Some rooms carpeted

☐ No carpets

19. How often do you usually do the following?

Activity	Never	Rarely	Sometimes	Often	Daily
Open windows	☐	☐	☐	☐	☐
Use extractor fan when cooking	☐	☐	☐	☐	☐
Use extractor fan when showering	☐	☐	☐	☐	☐
Use heating during cold months	☐	☐	☐	☐	☐

SECTION 3: INDICATORS OF DAMPNESS AND MOULD

20. Has your home experienced any of the following in the last 12 months? (tick all that apply)

☐ Water leaks/flooding

☐ Persistent condensation

☐ Poor ventilation

☐ Poor insulation

☐ Delayed or inadequate repairs

☐ None

21. In the last 12 months, how often have you noticed the following?

Issue	Never	Rarely	Sometimes	Often	Persistent
Condensation/steamy air	☐	☐	☐	☐	☐
Damp patches	☐	☐	☐	☐	☐
Cold or wet walls/surfaces	☐	☐	☐	☐	☐
Peeling paint/wallpaper	☐	☐	☐	☐	☐
Visible mould growth	☐	☐	☐	☐	☐

22. Is visible mould currently present?

☐ No

☐ Yes, one room

☐ Yes, multiple rooms

23. If yes, where? (tick all that apply)

☐ Kitchen

☐ Bathroom(s)

☐ Bedroom(s)

☐ Living area

☐ Hallway

☐ Basement

24. Is the area of visible mould larger than 10x10cm / 4x4 in?

☐ Yes

☐ No

25. What colour is the visible mould?

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26. Is there a mouldy or musty smell in your home?

☐ No

☐ Yes (specify room/s)

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27. Have you notified your landlord, housing provider, or contacted a surveyor regarding the issues above?

☐ No

☐ Yes

☐ N/A

28. If yes, what was the outcome?

SECTION 4: ENVIRONMENTAL AND OCCUPATIONAL EXPOSURES

29. What is your current occupation?

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30. What were your main previous occupations?

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31. If you are currently employed, are you involved in any of the following as part of your work? (Skip if not currently employed)

Exposure	Yes	No
Contact with organic waste	☐	☐
Handling plants	☐	☐
Gardening as part of work	☐	☐
Handling air-conditioning/cooling systems	☐	☐

32. Other exposure to mould

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33. If you are currently employed, have you noticed any of the following at your workplace (within the last 12 months)?

☐ Visible mould

☐ Mouldy smell

☐ Water leakage

☐ None of these

34. At your home: Do you dry clothes indoors?

☐ Yes

If yes, which room?

☐ No

35. Do you ask visitors to take their shoes off when entering your home?

☐ Yes, always

☐ Yes, sometimes

☐ No

36. How often do you vacuum your floors?

☐ Daily

☐ Every 2–3 days

☐ Weekly

☐ Less often than weekly

37. Do you use a humidifier?

☐ Yes

☐ No

38. Do you use a dehumidifier?

☐ Yes

☐ No

39. Do you have pets?

☐ Yes

Type: ______________________________

☐ No

40. Do you have a garden?

☐ Yes

☐ No

41. Do you garden regularly?

☐ Yes

☐ No

42. Do you use compost when gardening?

☐ Yes

☐ No

43. Do you compost garden waste?

☐ Yes

☐ No

SECTION 5: HEALTH, RESPIRATORY SYMPTOMS AND LIFESTYLE

44. In the past 12 months, have you experienced any of the following?

Symptom	No	Occasional	Recurrent/mild	Severe / treatment needed
Runny/blocked nose	☐	☐	☐	☐
Cough	☐	☐	☐	☐
Wheezing	☐	☐	☐	☐
Shortness of breath	☐	☐	☐	☐
Asthma-like symptoms	☐	☐	☐	☐
Eye irritation	☐	☐	☐	☐
Chest infections	☐	☐	☐	☐
Sinus problems	☐	☐	☐	☐
Throat problems	☐	☐	☐	☐
Skin irritation	☐	☐	☐	☐
Joint pains	☐	☐	☐	☐
Fatigue	☐	☐	☐	☐
Bowel problems	☐	☐	☐	☐
Depression	☐	☐	☐	☐
Anxiety	☐	☐	☐	☐
Headaches	☐	☐	☐	☐
Difficulty concentrating	☐	☐	☐	☐

45. In the past 12 months, how many times have you:

Action	0	1	2	3	4+
Seen your doctor for	☐	☐	☐	☐	☐

Action	0	1	2	3	4+
chest/breathing problems?					
Received antibiotics and/or steroids for chest problems?	☐	☐	☐	☐	☐
Visited an emergency department for breathing problems?	☐	☐	☐	☐	☐

46. Do you currently smoke?

☐ Yes

☐ No

47. If yes, what do you smoke?

☐ Cigarettes

☐ E-cigarettes

☐ Cannabis

☐ Other: ____________________________

Thank You

Thank you for taking part in this study.

Your contribution will help researchers better understand the relationship between housing conditions, dampness, mould exposure, environmental factors and health.