

RESIDENCE INFORMATION

ID NUMBER:									
------------	--	--	--	--	--	--	--	--	--

FORM CODE: RIF
 VERSION: 1.0 04/23/2025

Event: _____

0a) Date of Collection: / /

0b) Staff Code:

Instructions: This form should be completed over the phone after completing the Waiver of Documentation of Consent for Pollution Monitoring. If the participant consents to pollution monitoring then this form should be completed to determine where and when the devices should be shipped to the participant.

1) Do you have a secondary residence / address?

- No₀ → **Go to 3**
 Yes₁

2) Are you currently staying or will you be staying at your secondary residence within the next 6 weeks?

- No₀
 Yes₁ → **Note: If Yes, monitoring will not be completed at this time due to not currently residing or staying at the primary residence.** → **Go to END.**

3) Do you have access to a secure outdoor location at your primary residence to place the Outdoor Purple Air device?

- No₀ → **Go to 5**
 Yes₁

4) Does the outdoor location have access to a secure electrical outlet?

- No₀
 Yes₁

5) Does the participant meet the requirements for receiving the Outdoor Purple Air device?

- No₀ → **Select this response if either item 3 OR item 4 above is No**
 Yes₁ → **Select this response if both item 3 AND item 4 above are Yes**

6) Do you have a vacuum cleaner with a hose or have access to a vacuum cleaner with a hose that you can borrow?

- No₀
 Yes₁

ID NUMBER:									
------------	--	--	--	--	--	--	--	--	--

FORM CODE: RIF
VERSION: 1.0 02/11/2025

Event: _____

END OF FORM