

## **Questionnaire for Vehicle participants in the San Antonio Study**

Name of Participant:

Vehicle ID :

Name of ERG Personnel:

Date :

1. Can you tell us approximately how many miles you drive in a given year?
2. Do you park this vehicle inside a garage or outside at night?
3. When was the last time you fueled your vehicle?
4. When was the last time you changed the oil in this vehicle?
5. Have you had any other maintenance performed on the vehicle in the last year?
6. Have you ever had a gasoline smell around your vehicle? If yes, could you describe the circumstance.
7. If yes, have you done anything to fix it?
8. How long have you owned your car?
9. Has the car ever been in an accident to your knowledge?
10. Have you ever replaced the gas cap?