

## APPENDIX 5: INDOOR AIR QUALITY (IAQ) QUESTIONNAIRE

Your input is important. In order to properly investigate air quality complaints, please complete this questionnaire. Your name will be kept confidential and only used as a part of this investigation.

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Building: \_\_\_\_\_ Floor: \_\_\_\_\_ Room: \_\_\_\_\_

### 1. Problem/Complaint Information

- Briefly describe the nature of your IAQ problem and complaints: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Is your workspace or area:

Too hot?  Too Cold?  Too humid?  Too dry?  Drafty?  Too stale?

- Check as appropriate for the following conditions:

Odors present?  Excessive dust?  Excessive moisture?  Mold growth?

Explain \_\_\_\_\_

- Does the custodial team do a good job of housekeeping? \_\_\_\_\_

- Have any of the following activities taken place near your work area recently:

Construction activities?  Increase/decrease in # of people working in the area?

Heating or cooling system changes?  Mowing or chemical treatment?

Change in building layout or use?  Carpet cleaning?  New furniture?

- Is your area carpeted or tiled? \_\_\_\_\_ Do you have windows in your work area? \_\_\_\_\_

### 2. Symptom Information

- Are you experiencing health effects that may be caused by poor IAQ? \_\_\_\_\_

- Are you experiencing any of the following symptoms?

Sneezing?  Itchy throat?  Headache?  Dry skin?  Nausea?  Allergy?

Itchy eyes?  Freq. colds/flu?  Sinus trouble?  Congestion?  Sore throat?

Sleepiness?  Skin irritation?  Excessive noise?  Problem w/contact lenses?

Explain \_\_\_\_\_

- When did the symptoms begin? \_\_\_\_\_ When are they worst? \_\_\_\_\_

- Do your symptoms diminish or go away when you leave work? \_\_\_\_\_

- Do your symptoms coincide with any activities, events, seasons, outdoor conditions, etc?

Explain \_\_\_\_\_

(Examples: floor cleaning, construction, smoking, grass cutting, food heating, etc.)

- Have you been to a doctor for these symptoms? \_\_\_\_\_

- Are others in your area having similar problems? \_\_\_\_\_

### 3. Other information

- What do you think is the most likely cause for poor IAQ in your area? \_\_\_\_\_  
\_\_\_\_\_

- Do you have any additional information about your work area's IAQ? \_\_\_\_\_  
\_\_\_\_\_

- Is there a location in your building where these problems do not occur? If so, where? \_\_\_\_\_  
\_\_\_\_\_

