Indoor Air Quality Survey

Name: _____ Date: _____

Location of Concern: ☐ Office ☐ Residence Gender: ☐ Male ☐ Female

Department: _____ Job Title: _____

Campus Building and Room/Dorm Number: _____

Email: _____ Phone number: _____

1. How long have you been working/living in this **building**? _____
2. How long have you been working/living in your current office/room/residence? _____
3. Are you concerned about any of the following in the **building**? *(check all that apply)*

   ☐ Temperature too hot ☐ Smoky air ☐ Peculiar odors

   ☐ Temperature too cold ☐ Stale air ☐ Chemicals fumes/mists

   ☐ Stuffy air ☐ Soot by air vents ☐ Drafts

4. Is there a particular time of day you notice the air quality issue? *(check all that apply)*

   ☐ Mornings ☐ Afternoons ☐ Nights

   ☐ All day long ☐ No noticeable pattern

5. Common indoor air quality issues are listed below. Please check any that apply to your situation:

   ☐ Lack of ventilation ☐ Odor(s) If so, please describe: _____

   ☐ Dust in the air ☐ Visible mold

   ☐ Other, specify: _____

6. Has there been a flood or any water damage recently? ☐ Yes ☐ No

   If yes, please describe: _____

7. Number of persons (estimate) working/living in the same room: _____
8. Number of windows in the same room: _____ Do the windows open? ☐ Yes ☐ No

9. Do you have any of the following health conditions? *(This is a list of symptoms that result in buildings with air quality problems. Not all of these may be present in your building. Check all that apply.)*

☐ Skin rash	☐ Nausea
☐ Chills or fever	☐ Skin irritation/itching
☐ Headache	☐ Sneezing or coughing
☐ Dizziness	☐ Chest tightness
☐ Hearing disturbances	☐ Eye or nose irritation
☐ Dry cough	☐ Sinus congestion or runny nose
☐ Heartburn	☐ Fatigue/drowsiness
☐ Dry skin	☐ Sore or dry throat
☐ Shortness of breath	☐ Nasal irritation or nosebleeds

☐ Other: _____

10. When do these symptoms occur? *(check all that apply)*

☐ Mornings ☐ Afternoons ☐ Nights

☐ All day long ☐ No noticeable pattern

11. Are these symptoms worse on some days than others? *(e.g., Tuesdays are bad; Thursdays are not)*

Specify which days of the week: _____

12. Where in the building/residence hall do these symptoms occur? *(check all that apply)*

☐ At my desk ☐ In the lavatory ☐ In my residence

☐ In the lounge ☐ No particular place

☐ Other: _____

13. When did you first notice these symptoms? _____

14. Do you suffer from allergies? ☐ Yes ☐ No

If yes, please specify: _____

If yes, what time of year are you most affected? _____

15. When do you experience these symptoms?

☐ Only at work ☐ Only at my residence ☐ At work and at home

16. Have you had to leave work early or miss work because of these symptoms? ☐ Yes ☐ No

    If yes, how many times in the past month? _____

    If yes, how long were you out of work? *(number of days)* _____

17. Are the symptoms better when you are away from the area? ☐ Yes ☐ No

18. Have you seen a physician about these symptoms? ☐ Yes ☐ No

    If yes, what did the doctor say and when? _____

19. Has a doctor diagnosed you with any of the following health problems? *(check all that apply)*

    ☐ Hay fever, pollen allergies ☐ Asthma

    ☐ Chronic bronchitis ☐ Chronic sinus problems

    ☐ Skin allergies, dermatitis ☐ Other: _____

20. Have any of these worsened lately? ☐ Yes ☐ No

    If yes, which ones? _____

21. Do you smoke? ☐ Yes ☐ No

22. Do you seem to be getting more colds or flu than normal? ☐ Yes ☐ No

23. Has anything happened recently at your workplace or residence that could affect the air quality? *(e.g., new carpeting, new furniture, new equipment)* _____

24. What do you think is the cause of your symptoms or illness?

    ☐ Other people smoking ☐ Cleaning and maintenance

    ☐ Temperature/ventilation ☐ Renovations/construction

    ☐ Presence of toxic chemicals or gas ☐ None of the above

25. Have you or someone brought furniture from elsewhere into your office or residence? ☐ Yes ☐ No

26. Have any alarms, such as smoke or carbon monoxide, activated recently? ☐ Yes ☐ No

Other comments about the indoor air quality situation: _____