

Indoor Air Quality Questionnaire

Please fill in the appropriate information, and check the box that best reflects your personal experience regarding your time in this indoor environment and your own health symptoms. If you would like a response from the building manager, please provide your name and address. Please do not discuss your responses with others. **All responses will be held strictly confidential.**

General Information

Name (optional)		Date
Home address (optional)	Home city and state or province (optional)	Home postal code (optional)
Building address	City and state or province	Stake or ward (if applicable)

Section 1—Personal

Year of birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Occupation	Number of years you have occupied or visited this building
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Section 2—Environmental Issues

Do you experience any indoor environmental discomfort while in this building? (Examples: cold, hot, drafty, stuffy, unpleasant smells, poor lighting, dust, or noise)

Yes No If yes, please complete the following information.

Explain environmental discomfort(s).

When did these problems begin?

How often do they occur?

Do you experience these discomforts anywhere else?

Yes No

If yes, where? (Examples: home, other buildings, and so on)

Section 3—Health Issues

Do you have any signs or symptoms of health problems while in this building? (Examples: eye, nose, or throat problems; headache; coughing; dizziness; difficulty concentrating or remembering; or skin problems)

Yes No If yes, please complete the following information.

Explain symptom(s) you are experiencing.

When did these symptoms begin?

How often do they occur?

Do you experience similar problems anywhere else?

Yes No

If yes, where? (Examples: home, other buildings, and so on)

Section 4—Air Quality Episodes

Within the past three months, have you experienced any episodes of poor air quality at this building? (Examples: chemical spills, vehicle exhaust odors, paint odors, or excessive dust)

Yes No

If yes, please explain episode(s) of poor air quality.

Section 5—Additional Comments (optional) Use reverse side if necessary.