Indoor Air Quality (IAQ) Questionnaire - Employee

Your input is important. In order to investigate these concerns, please complete this questionnaire.

Name: ___________________________________________ Date: ______________
Building: ______________________________ Floor: __________ Room: ________

1. Problem/Concern Information
- Briefly describe the nature of your IAQ problem and concern: __________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
- Is your workspace or area:
- 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 treatments?
  ___ 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?