## **Indoor Air Quality (IAQ) Questionnaire - Employee**

- 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?	Your input is important. In order to investigate these concerns, please complete this que			
1. Problem/Concern Information - Briefly describe the nature of your IAQ problem and concern:  To 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 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?	Name:	Floor	Date:	
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- Is there a location in your building where these problems do not occur? If so, where?				
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