Indoor Air Quality (IAQ) Questionnaire - Employee

Your input is important. Some people are concerned about the office environment. In order to investigate these complaints, please complete this questionnaire.

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

1. Problem/Complaint Information
- Briefly describe the nature of your IAQ problem and complaints: __________________
- 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?
  ____ 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. Personal 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?