

## **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:

\_\_\_ Too 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. 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?

\_\_\_\_\_