

Indoor Air Quality Occupant Interview

The information requested below will help us determine and correct the cause(s) of indoor air quality symptoms. Completing this form is totally voluntary. If you disclose medical information, it will be maintained in a secure and confidential manner. You may complete this form multiple times as your symptoms and situation change.

Name _____ Work Location _____
 Building _____ Phone _____
 Date _____

Symptom Patterns

A checklist of possible symptoms is on the next page. Use the following space to describe symptoms, their frequency, and associated patterns.

Are you aware of others with similar symptoms or concerns? Yes No

If so, what are their names and locations?

Do you have any health concerns, such as those listed, that may make you particularly susceptible to environmental problems? Yes No If yes, please list below. The ADA Coordinator and Employee Services Manager may be informed of health conditions you list in order to follow up on work accommodations you may need.

| Examples of Health Concerns that May Be Impacted by Indoor Air Quality | |
|--|---|
| Chronic cardiovascular disease | Undergoing chemotherapy or radiation therapy |
| Chronic respiratory disease | Immune system suppressed by disease or other causes |
| Contact lenses | Allergies |
| Chronic neurological problems | |

Timing Patterns

When did your symptoms start?

When are they the worst (unless included on the checklist)?

Do they go away? Yes No. If yes, when?

Have you noticed any other events, such as weather events, temperature, or humidity changes or activities in the building, that tend to occur around the same time as your symptoms?

Indoor Air Quality Occupant Interview - continued

Spatial Patterns

Where are you when you experience symptoms or discomfort?

Where in the building do you spend most of your time?

Additional Information

Do you have any observations about building conditions that might need attention or might help explain your symptoms (such as temperature, humidity, drafts, stagnant air, or odors)?

Have you sought medical attention for your symptoms?

Do you have any other comments?

Possible Symptoms

| | |
|--|------------------------------------|
| Fatigue/drowsiness | Dry or flushed facial skin |
| Feeling heavy-headed | Itching or skin irritation |
| Headache | Hands dry, itching, red |
| | Rashes |
| Nausea/dizziness | Extremity tingling/numbness |
| Difficulty concentrating | |
| | Chest pains |
| Itching, burning or eye irritation | Bladder infections/dysuria |
| Blurred vision | Abdominal pain |
| Contact lens irritation or inability to wear contact lenses | Diarrhea |
| Irritated, stuffy, runny nose | Shortness of breath |
| | |
| Nosebleed | Chest congestion |
| Hoarse, dry throat | Unusual taste |
| Cough | Trouble sleeping |
| Tongue/lip numbness | Aching joints |
| | |

RETURN TO Environmental Health and Safety, MAIL STOP 9070