# Cal State San Marcos
# Indoor Air Quality Survey

## Survey Questionnaire
## Occupant Interview

Survey Date:_____Building Name/Number:_____Floor Number. _____

Room/Office Number:_____ Work Location (Dept.):_____

Employee Name (optional):_____ Job Title:_____

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This section is used to help Safety, Risk & Sustainability (SR&S) resolve Indoor Air Quality (IAQ) related complaints and concerns. IAQ problems can include one or more of the following: temperature control, ventilation, moisture, and air pollutants Employee (occupant) concerns, complaints, observations, and comments are often a vital source of information leading to the solution of an IAQ issues Please use the space provided below to describe as accurately as possible the nature of your complaint or concern and feel free to include what your thoughts are on the cause of the problem (additional space on back side of this page)

_____

_____

_____

_____

_____

_____

Please complete the remainder of this questionnaire to assist in the investigation of your work Environment. Responses to the questions should be based on personal experiences only, without interferences or suggestive information from others.

1. How long have you been employed here?_____yr._____mo.

2. Has this department recently moved here from another location? Yes_____No_____If yes from where and how long ago?_____

_____

3. Are you aware of other people with similar concerns or complaints? Yes_____No_____If yes, do they work in your department? Yes_____No_____If no, where do they work?

4. Have there been any recent changes in the office'? Describe the changes and when they occurred.

5. Are you aware of any recent cleaning activities i.e., rug shampoo, floor stripping/waxing, or painting in the area? If yes provide approximate dates and times.

SYMPTON PATTERNS

1. Do you Smoke cigarettes? Yes ____ No ____

2. Does cigarette smoke bother you? Yes____No

3. Do you wear contact lenses? Yes ____ No ____

4. What kind of symptoms or discomforts are you experiencing? Are you experiencing any of the following? Check all that apply if any.

O Hay fever, Allergies
O Skin allergies, Dermatitus
OOther allergies
O Cardiovascular disease
O Colds
O Flu
O Sinus problems
O Respiratory disease

5. Select all of the following symptoms, if any, that you may feel are related to your working under the condition you have previously described.

O Aching body joints
O Muscle twitching
O Back pain
O Dry, Flaking skin
O Discolored skin
O Skin irritation, Itching
O Heartburn
O Nausea
O Contact lens problems, Irritation
O Eye irritation
O Noticeable odors
O Sinus congestion
O Sneezing
O Chest tightness
O Headache
O Hearing disturbances
O Dizziness
O Fatigue, Drowsiness
O Unstable temperatures Hot ____ Cold ____
O Unstable air humidity Dry ____ Damp ____
O Room light: Dim ____ Ok ____ Bright ____
O Other (Specify) _____

TIMING PATTERNS

1. When did you first notice these symptoms and how often have they occurred since then?

_____

_____

2. Has there been a change in symptoms and patterns? Yes ____ No ____ Explain: _____

_____

3. Do your symptoms continue after work? Yes ____ No For how long? _____

_____

4. Do you have allergies? Yes ____ No ____ Explain: _____

_____

5. Have you seen a doctor'? Yes ____ No ____ What was the diagnosis and was medication prescribed? _____

_____

6. When do the symptoms occur?

? Morning
? Daily

O Noon
O Afternoon
O Specific day(s) of the week
O All day every day
O No noticeable trend

7. Have you noticed any other events (such as weather. temperature or humidity changes. drafts, stagnant air, odors, or activities) in the building that tend to occur around the same time as your symptoms? _____

_____

_____

8. In your opinion, what approach would be best in removing the source of concern or complaints? (What would you suggest and or recommend as a corrective measure?)

_____

_____

SPATIAL PATTERNS

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

_____

_____

2. Where are you when you experience symptoms or discomfort?

_____

_____

Thank you for your cooperation!