INDOOR AIR QUALITY

Building Occupant Report Form

Name: ____________________________ Date: ________________

Department: ____________________________

Job Title: ____________________________

Campus Building and Room #: ____________________________

Phone number: ____________________________

Email: ____________________________

Gender: ___ Male  ___ Female

Overall are you ___ satisfied or ___ dissatisfied with the indoor air quality within your work area. If dissatisfied, please continue with the rest of this form.

Please complete this form to the best of your ability and return it to Yung Morgan at EH&S, 117 Draper Hall or email it to: pmorgan@ehs.umass.edu.

Feel free to give the form to others in your office who are also dissatisfied with the indoor air quality. EH&S will evaluate the indoor air quality issues after receiving the completed form.
1. When did you begin working in this building?

2. When did you begin working at your present office location?

3. Are any of these a problem in the building? (circle all that apply)
   - Temperature too hot
   - Smoky air
   - Temperature too cold
   - Stale air
   - Peculiar odors (musty, sweet, cheesy)
   - Soot by air vents
   - Stuffy air
   - Drafts

When are these a problem? Please describe where and when they are found (e.g., does it occur only in the mornings; is the problem seasonal, or only on Mondays, etc.).

4. _____ Number of persons working in the same room (estimate)

5. _____ Number of windows in the same room

6. Do the windows open? _____ Yes _____ No
7. Do you have any of the following health complaints? (This is a list of symptoms that result in buildings with air quality problems. Not all of these may be present in your building.)

- Aching joints
- Nausea
- Back pain
- Skin irritation/itching
- Muscle twitching
- Sneezing or coughing
- Dizziness
- Chest tightness
- Hearing disturbances
- Eye or nose irritation
- Dry cough
- Headache
- Heartburn
- Fatigue/drowsiness
- Dry skin
- Sore or dry throat
- Shortness of breath
- Nasal irritation or nosebleeds
- Sinus congestion or runny nose
- Skin rash
- Menstrual irregularities
- Chills or fever
- Other (fill in): ________________________________

8. When do these symptoms occur?

- Mornings
- Afternoons
- All day long
- No noticeable pattern

9. Are these symptoms worse on some days than others? (e.g., Tuesdays are bad; Thursdays are not)

Specify which days of the week: ________________________________

______________________________
10. Where in the building do these symptoms occur? (check all that apply)
   
   _____ At my desk  _____ In the lavatory
   _____ In the lounge  _____ No particular place

   Other: ____________________________________________________________

11. When did you first notice these symptoms?

12. Do you suffer from allergies, like hay fever? _____ Yes _____ No

13. If yes, what time of year are you most affected?

14. When do you experience these symptoms?

   _____Only at work  _____At work and at home

15. Have you had to leave work early or miss work because of these symptoms?

   _____ No _____ Yes  _____ How many times in the past month?

   How long were you out of work? (# of days): __________

16. When do you experience relief from these symptoms?

17. Has a doctor told you that you have any of the following health problems?
   (check all that apply)

   _____Hay fever, pollen allergies  _____Asthma
   _____Chronic bronchitis  _____Chronic sinus problems
   _____Skin allergies, dermatitis

18. Have any of these gotten worse lately?

   _____Yes _____ No  If yes, which ones? _______________________________

19. ______________________________

20. Do you smoke tobacco?

   _____Yes _____ No  Amount per day _____________________________
19. Do you seem to be getting more colds or flu than you normally might?  
____ Yes _____ No

20. Has anything happened recently at your workplace that could affect the air quality? (e.g., new carpeting, new furniture, new equipment, etc.)

21. What do you think is the cause of your symptoms or illness?

Other people smoking  
Cleaning and maintenance  
Temperature/ventilation  
Renovations/construction  
Presence of toxic chemicals

Other comments about the situation: _______________________________________

___________________________________________________________

J: Academic & Environmental safety/IH/IAQ/form: IAQ occupant survey  rev 7-26-12