

D3: Indoor Air Quality Interview Form

This form is used in conjunction with the Occupant Complaint Form. If the occupant called in the complaint and has not filled out the Occupant Complaint Form, ask him/her to do so as needed. Assure the occupant that all information provided will be kept confidential.

Building Name _____ Address _____ File # _____

Occupant Name _____

Room Number/Location _____ Phone _____

Interviewed by _____ Date _____

Symptom Patterns

What kind of symptoms or discomfort are you experiencing?

Are you aware of other people with similar symptoms or concerns? Yes _____ No _____. If yes, what are their names and locations?

Do you have any health conditions that may make you particularly susceptible to environmental problems?

contact lenses € allergies	chronic cardiovascular disease chronic respiratory disease chronic neurological problems	undergoing chemotherapy or radiation therapy immune system suppressed by disease or other causes
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Spatial Patterns

Where are you when you experience symptoms or discomfort? _____

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

Where else in the building do you frequent? _____

Timing Patterns

When did the symptoms/problems start? _____

When are symptoms/problems generally worse?

Beginning of week	Morning	Afternoon	Spring	Summer
End of week	Particular times of day		Fall	Winter
Particular days of week			Particular months	

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Other pattern or no pattern (explain)

When do symptoms/problems go away?

After you leave the building ____yes____no: If yes, how long does it take to go away? ____

After you leave the space ____yes____no: If yes, how long does it take to go away? ____

Have you noticed any particular events, activities that you or others engage in, weather conditions, temperature or humidity conditions, odors, or other things that tend to occur around the same time or before your symptoms?

Additional Information

Do you have any observations about the building conditions that might need attention or might help explain your symptoms?

Do you have other comments?