###### D4: IAQ Occupant Diary

Occupants may need to keep a diary to record the time, place, and circumstances surrounding the occurrence of symptoms or problems to help determine the cause and find a solution.

Occupant Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_

Building Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Room Number/Location\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Date****Time** | **Location** | **Symptom** | **Intensity 1****Duration 2** | Own 3**Activity** | **Environmental** **Conditions 4** | **Other Activities5 or Comments** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

1: How severe were the symptoms on a scale of 1(mild) to 5(very bad)

2: How long did the symptom last

3: What were you doing at the time the symptoms first occurred (e.g. reading, drawing, copying)

4: Include any adverse air quality conditions: e.g. too hot/cold, odor, glare, drafts etc.

5: What else was happening near by (e.g. use of printer, vacuuming, cooking etc.)

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Date****Time** | **Location** | **Symptom** | **Intensity 1****Duration 2** | Own 3**Activity** | **Environmental** **Conditions 4** | **Other Activities5 or Comments** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

1: How severe were the symptoms on a scale of 1(mild) to 5(very bad)

2: How long did the symptom last

3: What were you doing at the time the symptoms first occurred (e.g. reading, drawing, copying)

4: Include any adverse air quality conditions: e.g. too hot/cold, odor, glare, drafts etc.

5: What else was happening near by (e.g. use of printer, vacuuming, cooking etc.)