California State University
Dominguez Hills

Indoor Air Quality Questionnaire/Complaint form

If you or others in your workplace are concerned about the indoor air quality of their work environment please fill out this form to detail the nature of your concerns in order to start or supplement the investigation of these concerns. Some of the questions on this form are personal or related to your medical condition. All personal information that you fill out on this form will be kept confidential and will generally be shredded after it is compiled and the investigation is complete.

Name (not needed if you wish to be anonymous):_____

Job Title: _____

Department: _____ Building: _____

Room Number: _____ Phone: _____ Email: _____
(room, phone and e-mail is not needed if you wish to be anonymous):

1. Briefly describe your air quality concerns including the specific location(s) of the concern:

Some common problems are listed below. Please circle any that apply to your situation:

lack of fresh air
mold odor
other noticeable odors
describe:_____

dust in the air
visible mold
other
specify:_____

2. When did these problems begin and when do they occur?

Month/year when problem began: _____

What time of day do you experience the problem? morning / afternoon / all day

Are there specific day(s) of the week that you experience the problem?
Circle: M / Tu / W / Th / F / Sa / Su

Is there a specific time of year that you experience the problem?
Specify: _____
If there is no noticeable trend to the times that you experience the problem, check here: _____

3. What health symptoms have you experienced?

Select any symptoms you have experienced in your building. This is a random list - not all symptoms listed have been noted in our buildings.

Symptom	Occasionally	Frequently	Not related to building	Appears after arrival	Increases after arrival
Difficulty in concentrating					
Dry or sore throat					
Aching joints					
Muscle twitching					
Back pain					
Hearing problems					
Dizziness					
Dry, flaking skin					
Discolored skin					
Skin irritation					
Itching					
Heartburn					
Nausea					
Noticeable odors					
Sinus congestion					
Sneezing					
High stress levels					
Chest tightness					
Eye irritation					
Fainting					
Hyperventilation, shortness of breath					
Problems with contacts					
Headache					
Fatigue/drowsiness					
Temperature too hot					
Temperature too cold					
Other (specify)					

Do these symptoms clear up within 1-2 hours after leaving work? Yes / No

If no, do they clear up over night or over the weekend? Yes / No

If all symptoms do not clear up when away from the building, which symptoms persist away from your workplace throughout the week?

Have you sought medical attention for your symptoms? Yes / No

Do you have any allergies or other health problems that may account for any of the listed symptoms?
Yes / No

If yes, please describe:

Have any of your symptoms reduced your ability to work, caused you to stay home from work or caused you to leave work early? Yes / No

If yes, please explain:

How many hours per day do you spend in this building? _____

How many hours per day at your work station? _____

Do any of your co-workers have similar symptoms that you are aware of? Yes / No

4. Circle any of the following that apply to you?

    Wear contact lenses

    Operate video display or computer terminals How many hours per day?_____

    Operate photocopier machines at least 10% of the day

    Use or operate other office machines or equipment that may lead to health problems

      List: _____

    Currently taking medication Yes / No

5. Do you smoke? Yes / No

6. Briefly describe your primary job tasks:

Do any of these tasks produce dust or odor or use any toxic substances? Yes / No
If yes, please list or describe:

7. Do you have any non- CSUDH related exposures such as an additional jobs, hobbies, farming, welding, auto repair, etc.? Yes / No

If yes, please list or describe:

8. Do you have an idea as to what is the cause of symptoms in your workplace?

9. Can you offer any other comments or observations that may be helpful in determining the environmental condition of your workplace?

Thank you for completing this form. We will use it to better investigate the symptoms in your workplace.