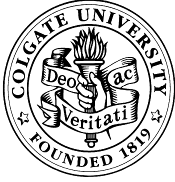

COLGATE UNIVERSITY

Indoor Air Questionnaire

Environmental Health and Safety Office -- Ph# 228-7994
SB-4 McGregory Hall/ 133 Ho Science Center

1. **Do you frequently have any of the following complaints concerning the indoor air quality at this building? (check all that apply)**

__ Temperature too cold
__ Temperature too hot
__ Stuffy air
__ Moldy odors
__ Other odors (please describe)
____
__ Poor lighting
__ Other______________________________
__ Dusty
__ Noisy
__ Too dry
__ Too humid
__ Drafty
__ Crowded work area
__ Vibration
__ *No complaints*

2. **Do any of the following apply to you?(check all that apply)**

__ Wear contact lenses
__ Operate video display terminals at least one hour/average day
__ Operate photo copiers for more than one hour/average day
__ Use any chemical substances such as cleaners, white out, etc.,
__ Use carbonless copy paper
__ Smoke tobacco products
__ None of the above apply

3. **Since you have worked in this building, have you ever been told by a physician that you have any of the following diagnoses? (check all that apply)**

__ Allergic Rhinitis
__ Asthma
__ Allergies
__ Conjunctivitis
__ Sinusitis
__ None
__ Emphysema
__ Laryngitis
__ Bronchitis
__ Other chest conditions

4. **During the last year while working in the building, have you experienced any of the following symptoms?(check all that apply)**

__ Frequent cough
__ Wheezing (except colds)
__ Multiple colds (more than four)
__ Shortness of breath
__ Migraines
__ Burning or irritated eyes
__ None of the above
__ Nasal congestion
__ Sinus infections
__ Sore throat
__ Hoarse voice
__ Headaches at least 2/month
__ Sneezing attacks
__Other(please specify)______________

5 **Please check all medications you are currently taking on a daily or weekly basis:**

__ Pain relievers
__ Decongestant
__ None
__ (Aspirin, Tylenol, ibuprofen, etc.)
__ Antihistamines
__Other (please specify)______________

6. **How would you rate the indoor air quality at this building?**

__ Good __ Average __ Poor

7. **If you feel that there is an indoor air quality problem, does the problem occur more frequently during specific seasons of the year?**

__ Yes __ No __ Don't know __ Not applicable

A. **If yes, rank the seasons from one to four by increasing likelihood of indoor air problems. As an example, 1=season least likely to be associated with indoor air quality problems; 4=season most likely to be associated with indoor air problems).**

__ *Winter(Dec.-Feb.)* __ *Spring (March-May)* __ *Summer (June-Aug.)* __ *Fall(Sept.-Nov.)*

B. **Also If yes, when do indoor air problems seem to be most notable**.

__ Morning __ Daily
__ Afternoon __ Specific Days (i.e. Mon, Tues, etc)
__ All day Please specify____________________
__ Not applicable

8. **Which of the following symptoms have you experienced that you may feel may be related to your work environment? (check all that apply)**

__ Headache __ Sinus congestion __ Sinus infection
__ Eye irritation __ Sore throat __ Hoarseness
__ Runny nose __ Dizziness __ Sneezing
__ Fever(>100.5^{o}F) __ Fatigue/Drowsiness __ Eyes red/watery
__ Cough __ Wheezing __ Shortness of breath
__ Skin problems (rash) __ Muscle aches __ Other_____________________

9. **Do most of the symptoms checked above go away within 1 hour after leaving work?**

__ Yes __ No __ Not applicable

If no, do they go away by the next morning?

__ Yes __ No __ Not applicable

If no, do they go away when you are on vacation?

__ Yes __ No __ Not applicable

10. **Which of the following symptoms have you experienced within the *__last week__* that you feel are related to your work place?(check all that apply)**

__ Headache __ Sinus congestion __ Sinus infection
__ Eye irritation __ Sore throat __ Hoarseness
__ Runny nose __ Dizziness __ Sneezing
__ Fever(>100.5^{o}F) __ Fatigue/Drowsiness __ Eyes red/watery
__ Cough __ Wheezing __ Shortness of breath
__ Skin problems (rash) __ Muscle aches __ Other_________________________

11. **Do you have any health problems or allergies that might account for the above symptoms?**

__ Yes __ No __ Not applicable

12. **Please rank your workplace as to health and safety conditions.**

__ Excellent __ Good __ Average __ Poor __ Bad

13. **Please rank the stress level of your job.**

__ Very Stressful __ Somewhat stressful
__ Not very stressful __ Not at all stressful

14. **Please rank your overall satisfaction with your job.**
__ Very satisfied __ Somewhat satisfied
__ Dissatisfied __ Very dissatisfied

15. **What percentage of your typical work day do you spend in your building?**
__ 0%-25% __ 26%-50% __51%-75% __76%-100%

16. **What percentage of your typical work day do you spend in your office/cubicle?**
__ 0%-25% __ 26%-50% __51%-75% __76%-100%

17. **Are any of the following items located within your workroom or area? (check all that apply)**
__ Photo copier __ Laser printer __ Windows __ Plants

18. **How much control do you have over the air quality in your work environment? (temperature, air, movement, etc.)**
__ Very good control __ Some control __ No control

19. **Which of the following can you individually control?**
__ Temperature __ Air movement __ Light intensity __ No control

20. **Please rate the lighting at your work area.**
__ Too bright __ Little to bright __ Just right __ Little too dim __ Too dim

21. **Has there been any renovation/demolition related activities occurring in or near your work environment? (Ex. New carpet, painting, new office furniture, HVAC work, etc). If so, please specify below.**

____

____

22. **Has there been any evidence of water leaks or visible signs of moisture in and around your area. ___ Yes ___No**

A. If the answer is yes, please describe (eg. Location & duration) ______________________

____

23. **Is your office space near or in a laboratory that uses chemicals?**
___ Yes __No

A) If you answered yes to the above, list the substances known to be used.

____

Your Name (optional)____

Telephone # (optional) ____
Gender: Male__ Female___ **Age:(optional)**________

Job Title/Position?______________________
Name of Building:_______________________ **Suite #:**__________

Note: The information you provide will remain confidential.