

## APPENDIX C



CALIFORNIA STATE  
UNIVERSITY  
E A S T B A Y

### QUESTIONNAIRE Indoor Air Quality

Occupant Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Building Name: \_\_\_\_\_

Room Number: \_\_\_\_\_

Time/Hours Worked Today: \_\_\_\_\_

#### Symptom Patterns

1. What kind of symptoms or discomfort are you experiencing?
2. Are you aware of other people with similar symptoms or concerns? Yes\_\_\_ No\_\_\_
3. Do you have any health conditions that may make you particularly susceptible to environmental problems?

#### Timing Patterns

1. When did your symptoms start?
2. When are they generally worst?
3. Do they go away? If so, when?
4. Have you noticed any other events (such as weather conditions, temperature or humidity changes, or activities in the building) that tend to occur around the same time as your symptoms?

#### Spatial Patterns

1. Where are you when you experience symptoms or discomfort?
2. Where do you spend most of your time in the building?

### **Additional Information**

1. Do you have any observations about building conditions that might need attention or might help explain your symptoms?
2. Do you have any other comments?

