UNIVERSITY OF SAN DIEGO

Office of Environmental Health & Safety

Indoor Air Quality Information Form

Occupant Name:____ Date of Complaint:_____________________

Building & Work Location:____

Phone:____________________ What is the best time to reach you? ____

Use the space below to describe the nature of the complaint any potential causes.

Where do you experience discomfort?____

When do you experience discomfort?

What Symptoms do you experience?

How long do your symptoms last?

Additional Comments:

Occupant Information Form

SPATIAL PATTERNS
Where are you when you experience symptoms or discomfort?

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

SYMPTOM PATTERNS
Which of the following, if any, do you experience?

☐Thermal Discomfort	☐Nausea	☐Lethargy	☐Headache	☐Drowsiness	☐Dizziness
☐Itchy or Irritated Eyes	☐Nose	☐Throat	☐Swelling	☐Congestion	☐Dry Throat
☐Shortness of Breath	☐Cough	☐Fever	☐Chills	☐Fatigue	☐Diagnosed Infection

☐Other____

Are you aware of other people with similar symptoms or concerns? ☐ Yes ☐No If yes, please list.

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

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

TIMING PATTERNS
When did your symptoms start?

When are they generally worse?

Do they go away? If so, when?

Have you noticed any specific events that tend to occur around the same time as your symptoms? (example: weather events, temperature or humidity changes, activities in the building)

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

Call this office (2226/2595) or mail form to the Office of Environmental Health & Safety when completed.