

IEQ Evaluation - Health Symptoms Associated with the Mold/Dampness in your Work Area

Date:	Time:	Observer:	How long have you worked in this area?	How many hours A day?
School:	Floor:	Room:		

Did you fill out an IEQ room observation form? Yes _____ No _____

Please check any symptoms you associate with conditions in your room, if uncertain, please include them.

Symptom	Frequency of Occurrence			
	Never	Once a Week or Less	More than Once a Week	Use Space Below for Notes/comments
Eye Irritation?				
Headache?				
Fatigue?				
Sinus congestion / infection?				
Throat irritation?				
Runny Nose?				
Chest tightness/wheezing?				
Allergies?				
Difficulty breathing?				

Have you been diagnosed by a healthcare provider with any of the following since beginning work at your current school? (check all that apply)

Illness	Yes	Dates	No
Asthma			
Chronic bronchitis			
Chronic sinusitis or sinus infection			
Allergies			
Other illness you associate with your workplace			

Are your symptoms better or worse when you are outside of school?

*** Please use any free space on this form -- to the right of the chart above -- for notes and comments*