www.SIMMCOHVAC.com 416-255-0048 service@simmcohvac.com

Indoor Air Quality (IAQ) Health Survey	
Name:	Company:
Date:	Department/ Position:
Background Information:	
How long have you been working for your employer? ___ Months ___ Years	
Where do you spend most of your time at work?	
Have there been any changes in the workplace recently? (new location, renovations, cleaning)	
Symptoms & Patterns: Check all the symptoms or discomfort you are experiencing:	
☐ Headache	☐ Blurred Vision
☐ Nausea	☐ Sinus Congestion
☐ Dizziness	☐ Difficulty in concentrating
☐ Tiredness / fatigue	☐ Pain or discomfort of:
☐ Irritation of eyes, nose, throat	☐ Back
☐ Breathing problems	☐ Neck
☐ Coughing	☐ Hands
☐ Sneezing	☐ Wrist
☐ Wheezing	☐ Shoulders
☐ Shortness of breath	☐ Other _____
Do you have any other health conditions that may make symptoms worse? (Allergies, immune system disorders, or chronic cardiovascular or respiratory disease)	
Have you seen a doctor for these symptoms? ☐ Yes ☐ No (Do you wish to provide general details?)	

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Timing:	
When do you notice these symptoms and how often do they occur?	
On average, when you notice the symptoms, how long have you been at work? ☐ Less than 1 hour ☐ 2-4 hours ☐ >4 hours ☐ 1 day ☐ After ___ days	
Has there been any changes to the symptoms or patterns? ☐ Yes ☐ No If yes, please explain:	
When do the symptoms go away? ☐ Overnight ☐ After a week away ☐ Rarely/ Never Can you provide more information?	
Has the pain or discomfort caused you to take time off work? ☐ Yes ☐ No	
Are you aware of other people with similar symptoms or concerns? ☐ Yes ☐ No If yes, can you provide more details:	
Suspected or Potential Causes:	
Check any of the following that are true:	
Are there any unusual odours?	Is the work area too warm?
Does the air seem stuffy?	Is the work area too cool?
Is the air dry?	Does the temperature vary from room to room?
Is it dusty?	Are there drafts where you work?
Do you get shocks from static electricity?	

- Use this questionnaire in consultation with a health and safety professional or a SIMMCO INC. consultant.
- Modify or customize this questionnaire to address the conditions and work practices at your workplace.
- Analyze the responses in consultation with a SIMMCO INC. consultant.