



OCCUPIED DWELLING QUESTIONNAIRE

Indoor Air Assessment Survey

Date: _____

1. Name: _____

Address:

Home Phone: _____ Work Phone: _____

2. What is the best time to call to speak with you? _____ At: Work [] or Home [] ?

3. Are you the Owner [], Renter [], Other [] (please specify) _____ of this Home/Structure? If you are not the owner, please provide owner contact information _____

4. Total number of occupants/persons at this location? _____ Number of Children _____ Ages _____

5. How long have you lived at this location? _____

General Home Description

6. Type of Home/Structure (check only one): Single Family Home [], Duplex [], Apartment [], Townhouse [] Other _____

7. Home/Structure Description: Number of floors: _____ Basement [] Crawlspace [] Partial Crawlspace/Basement [] % of each _____ Slab On Grade [] Other [] _____

8. Age of Home/Structure: _____ years, Not Sure/Unknown []

9. General Above-Ground Home/Structure construction (check all that apply): Wood [], Brick [], Concrete [], Cement block [], Other [] _____

10. Foundation Construction (check all that apply): Concrete Slab [] Fieldstone [] Concrete Block [] Elevated Above Ground/Grade [] Other [] _____

11. Do you have Private Well or Cistern
 If yes, please describe location, use, and current condition _____

12. Do you have a Septic System? Yes No Not Used Unknown
 If yes, what is the construction type? _____
 Where is it located? _____
 When was the last time it was serviced? _____
 Do you (or have you ever) use(d) any degreaser for your septic system? Yes No
 If yes, when was the last application? _____
13. Do you have standing water outside of your home? (pond, ditch, etc.) Yes No

Basement Description (please check all boxes that apply):

14. Is the basement Finished or Unfinished ?
15. If finished, how many rooms are in the basement? _____
 What are rooms used for? Bedrooms Family Room Storage
 Other _____
16. If not finished, do you plan on finishing in the future? Yes No
17. Is the basement floor (check all that apply) Concrete , Tile , Carpeted , Dirt ,
 Other _____
18. Are the basement walls Poured Concrete , Cement Block , Stone , Wood ,
 Brick , Other _____
19. Does the basement have a moisture problem?
 Yes, frequently (3 or more times/year)
 Yes, occasionally (1-2 times/year)
 Yes, rarely (less that 1 time/year)
 No
 Describe the moisture problem _____

20. Does the basement ever flood?
 Yes, frequently (3 or more times/year)
 Yes, occasionally (1-2 times/year)
 Yes, rarely (less that 1 time/year)
 No
21. Does the basement have any of the following? Floor Cracks , Wall Cracks , Sump ,
 Floor Drain , Other Hole/Opening In Floor
 Describe _____

22. Are any of the following used or stored in the basement (check all that apply):
 Paint Paint Stripper/Remover Paint Thinner Metal Degreaser/Cleaner
 Gasoline Diesel Fuel Solvents Glue Laundry Spot Removers
 Drain Cleaners Pesticides
 Other equipment with fuel tanks (chain saw, lawn mower, snow blower, etc.) ,
 Other products with/containing Volatile Organic Compounds, describe: _____

23. Have you recently (within the last six months) done any painting or remodeling in your home?
 Yes No
 If yes, specify what was done, where in the home, and what month:

24. Have you installed new carpeting in your home within the last year? Yes No
 If yes, when and where? _____
25. Do you regularly use or work in a dry cleaning service?
 Yes, use dry-cleaning regularly (at least weekly)
 Yes, use dry-cleaning infrequently (monthly or less)
 Yes, work at a dry cleaning service
 No
26. Does anyone in your home use solvents at work?
 Yes If yes, how many persons?
 No If no, go to question 28
27. If yes for question 26, are the work clothes washed at home? Yes No
28. Where is the washer/dryer located?
 Basement
 Upstairs Utility Room
 Kitchen
 Garage
 Use a Laundromat
 Other, please specify _____
29. If you have a dryer, is it vented to the outdoors? Yes No
30. What type (s) of home heating do you have (check all that apply)
 Fuel type: Gas , Oil , Electric , Wood , Coal ,
 Other _____
- Heat conveyance system:
- Forced Hot Air
 - Forced Hot Water
 - Steam
 - Radiant Floor Heat
 - Wood Stove
 - Coal Furnace
 - Fireplace
 - Other _____

31. Does your home have (or had in the past) a storage tank for storage of Gasoline , Fuel Oil , Propane
 If yes, where is/was it located? _____

 How is/was the tank filled? _____

 Is there staining near the tank? Yes No
32. Do you have air conditioning? Yes No
 Central Air Conditioning
 Window Air Conditioning Unit(s)
 Other (please specify) _____
33. Do you use any of the following? Room Fans , Ceiling Fans , Attic Fan
34. Do you ventilate using the fan-only mode of your central air conditioning or forced air heating system? Yes No
35. Has your home had termite or other pesticide treatment? Yes No Unknown
 If yes, please specify type of pest controlled _____
 And approximate date of service _____
36. Water heater type: Gas , Electric , by Furnace ,
 Other (please describe) _____
37. Water heater location: Basement , Upstairs Utility Room , Garage ,
 Other (please specify) _____
38. What type of cooking appliance do you have? Electric , Gas
 Other (please describe) _____
39. Is there a stove exhaust hood present? Yes No
 Does it vent to the outdoors? Yes No
40. Smoking in Home:
 None , Rare (only guests) , Moderate (residents, light smokers) ,
 Heavy (at least one heavy smoker in household)
41. If yes to question 40, what is smoked?
 Cigarettes Cigars
 Pipe Other
42. Do you regularly use air fresheners? Yes No
43. Does anyone in the home have indoor home hobbies or crafts involving:
 Heating , Soldering , Welding , Model Glues , Paints ,
 Spray Paint , Wood Finishing , Other _____

47. Chemical Inventory/Summary

Chemical/Chemical Product (consumer name)	Amount present in home
a)	
b)	
c)	
d)	
e)	
f)	
g)	
h)	
i)	
j)	
k)	
l)	
m)	
n)	
o)	