

## UNTHSC –FW

### Indoor Pollution Questionnaire

Name \_\_\_\_\_ Date \_\_\_\_\_  
 Social Security number \_\_\_\_\_ Age \_\_\_\_\_

Listed here are some complaints expressed by others who have been in contact with indoor air pollutants, which includes chemicals, molds, and bacteria. After each complaint is a series of numbers. The number zero (0) would mean that in the last month there is no problem in this area. The number ten (10) indicates that the worse response that you have ever experienced for that complaint has occurred. The numbers in between indicate your feelings about how much each complaint has affected you. Please fill in the numbers to help us determine the potential impact of the exposure on you and / or your child. Circle the number.

1. Cough	0	1	2	3	4	5	6	7	8	9	10
2. Asthma	0	1	2	3	4	5	6	7	8	9	10
3. Flu –like	0	1	2	3	4	5	6	7	8	9	10
4. Headaches	0	1	2	3	4	5	6	7	8	9	10
5. Memory	0	1	2	3	4	5	6	7	8	9	10
6. Concentration	0	1	2	3	4	5	6	7	8	9	10
7. Diarrhea	0	1	2	3	4	5	6	7	8	9	10
8. Muscle pain	0	1	2	3	4	5	6	7	8	9	10
9. Fatigue	0	1	2	3	4	5	6	7	8	9	10
10. Rashes	0	1	2	3	4	5	6	7	8	9	10
11. Hoarseness	0	1	2	3	4	5	6	7	8	9	10
12. Sore Throats	0	1	2	3	4	5	6	7	8	9	10
13. Nose bleeds	0	1	2	3	4	5	6	7	8	9	10
14. Sinus trouble	0	1	2	3	4	5	6	7	8	9	10
15. Eye irritation	0	1	2	3	4	5	6	7	8	9	10
16. Shortness of Breath	0	1	2	3	4	5	6	7	8	9	10
17. Hair loss	0	1	2	3	4	5	6	7	8	9	10
Subtotal	___	___	___	___	___	___	___	___	___	___	___
Total	_____										

Do you notice an odor in your home or business? YES NO What does the odor smell like? \_\_\_\_\_

Have you become more aware of odors in the past 90 days than before? YES NO  
If yes, are the odors more pleasant? Less pleasant?

Has an air quality inspection been done in your home or business? YES NO

Now add up the score in each column from questions 1 to 17 (example if you circled 4 answers in the 10 column, write 40 in the subtotal). After you have added up the columns, add all the sums in the subtotals to find the total and place it on the total line.

To score this test, preliminary correlations indicate that a score of 0 to 30 is found in the control population. These are non-allergic individuals who don't report a problem with odors, molds or other adverse exposures in their home or business.

31 to 50 indicate that mild exposure symptoms may be present. Remember that these same problems can found independent of indoor pollution.

51 to 85 indicate that moderate exposure symptoms may be present.

86 to 110 indicate that severe exposure symptoms may be present.

Over 110 indicate that unusually severe exposure symptoms may be present.

A clinician must validate all scores after proper evaluation of all confounding variables and analysis of objective data regarding potential pollution in the home or office environment. This questionnaire is not an objective determination of pollution in the home or work environment and is a monitoring tool when such a problem exists. It may be helpful as a screening tool but that aspect is still under investigation.

**Thank you for filling out the questionnaire completely.**

**Stevan Cordas DO MPH 2002**