Indoor Environmental Quality Occupant Diary

North Carolina Department of Health and Human Services Division of Public Health, Occupational and Environmental Epidemiology Branch

Instructions

This form is a component of an indoor environmental quality evaluation. Please record each occasion when you experience a symptom of ill health or discomfort that you think may be linked to your workplace. It is important that you record all the information requested on the form. Please try to describe the severity of your symptoms (e.g., mild, severe) and duration (the length of time they persist). Any other observations such as equipment in operation, odors, construction (indoor and outdoors) should be noted in the "Comments" column.

Employee Name:	Phone No.
Building Name:	Room No.

Collect data for two (2) weeks minimum.

DIARY							
Date/Time	Location	Symptom	Severity/Duration	Weather Conditions	Comments		