



Occupant Name: \_\_\_\_\_

Occupant Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Tribal ID # \_\_\_\_\_

By signing the occupant agrees to allow the Sault Ste. Marie Tribe of Chippewa Indians Environmental Department staff to conduct an Indoor Air Quality (IAQ) assessment of their home/apartment. The Environmental Staff will follow the approved Quality Assurance Project Plan (QAPP) for the IAQ. The fill in questions below are optional, they do not have to be completed to receive an IAQ assessment.

## Occupant Interview Questions

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### SYMPTOM PATTERNS

What kind of symptoms or discomfort are you experiencing?

Are you aware of other people with similar symptoms or concerns within the home? Yes\_\_\_ No\_\_\_

Do you have any health conditions that may make particularly susceptible to environmental problems?

Contact lenses  Chronic cardiovascular disease  Undergoing chemo/radiation therapy

Chronic respiratory disease  Chronic neurological problems  Allergies

Immune system suppressed by disease or other causes  Other

### TIMING PATTERNS

When did your symptoms start?

When are they generally worst?

Do they go away? If so, when?

Have you noticed any other events (such as weather events, temperature or humidity changes, or activities in the building) that tend to occur around the same time as your symptoms?

### SPATIAL PATTERNS

Where are you when you experience symptoms or discomfort?

Where do you spend most of your time in the home?

### ADDITIONAL INFORMATION

Do you have any observations about building conditions that might need attention or might help explain your symptoms (e.g., temperature, humidity, drafts, stagnant air, odors)?

Have you sought medical attention for your symptoms?

Any additional info not addressed here?