**Occupant Name:**        **Job Title:**

**Building:**       **Room #:**       **Phone #:**

Please record each occasion when you experience a symptom of ill-health or discomfort that you think may be linked to an environmental condition in the building. The information you provide will assist in identifying conditions that may be associated with your concern. A description of the severity of your symptoms **(mild, moderate, or severe)** and their duration (the length of time that they persist) is essential. Similar symptoms experienced at home should also be recorded.

Any other observations that you think may help in identifying the cause of the problem should be noted in the “Comments” column. Feel free to attach additional pages or use more than one line for each event if you need more room to record your observations.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Time/Date** | **Location** | **Symptom** | **Severity/Duration** | **Comments** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |