

# Health Risk Survey Questionnaire - IAQ Monitoring at MBIP

This short questionnaire has been given to you to facilitate the identification of potential sources of Indoor Air Quality (IAQ) pollutants and to identify adverse health effects that may be associated with exposure to these pollutants. Your answers will remain confidential. Please complete the form as accurately as possible before returning to us.

**\* Indicates required question**

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1. Date \*

*Example: January 7, 2019*

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## **General Information**

2. 1. Building/Company name \*

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3. 2. Department/Division \*

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## 4. Which branch office you're located at? \*

*Mark only one oval.*

- Majlis Bandaraya Iskandar Puteri, Medini
- Bengkel Jalan Pontian Lama
- Bengkel Taman Impian Emas - Jabatan Landskap
- Bengkel Taman Impian Emas - Jabatan Penguatkuasa
- Bengkel Taman Kangkar Pulai
- Depoh Penguatkuasa Taman Damai Jaya
- Bengkel Hutan Bandar Mutiara Rini
- Depoh Kenderaan
- Kaunter Perkhidmatan Wisma MBIP
- Bahagian Letak Kereta, Skudai
- Other: \_\_\_\_\_

## 5. 3. Has your company carried out any assessment related to IAQ? \*

*Mark only one oval.*

- Yes
- No
- In progress
- Not sure

**Background factor**

## 6. 4. Sex \*

*Mark only one oval.*

- Male
- Female

## 7. 5. Age \*

*Mark only one oval.*

- < 25 years old
- 25 - 39 years old
- 40 - 55 years old
- > 55 years old

## 8. 6. Do you smoke?

*Mark only one oval.*

- Yes
- No
- Sometimes

**Nature of Occupation**

## 9. 7. Occupation/Position \*

*Mark only one oval.*

- Managerial
- Executive
- Others

## 10. 8. How long you have been at your present place of work? \*

*Mark only one oval.*

- Less than 1 year
- 1 - 4 years
- More than 4 years

11. 9. No. of hours spent per day at your main workstation \*

*Mark only one oval.*

Less than 8 hours

8 - 12 hours

More than 12 hours

12. 10. Brief description of work:

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### **Environmental Condition**

13. 11. Type of workstation \*

*Mark only one oval.*

Enclosed room

Open concept

14. 12. No. of people sharing your workstation \*

*Mark only one oval.*

1 - 3

4 - 6

More than 6 people

## 15. 13. How is your area air-conditioned? \*

*Mark only one oval.*

Central unit

Local unit (split unit)

## 16. 14. Please indicate if you work or near the following equipment: \*

*Mark only one oval per row.*

	2-3 times weekly	Never
Everyday		

**Video display  
unit/computer**

**Photocopier**

**Fax machine**

**Laser printers**

17. 15. Have you been bothered during the last three (3) months by any of the following factors at your workstation/workplace? \*

Mark only one oval per row.

Yes,  
often      Yes,  
(every      sometimes      No,  
week)      never

<b>Draught</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Room temperature too high</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Varying room temperature</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Room temperature too low</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Stuffy "bad" air</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Dry air</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Unpleasant odour</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Passive smoking</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Dust and Dirt</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### Past/Present Diseases/Symptoms

## 18. 16. Have you ever had asthmatic problems? \*

Mark only one oval per row.

Yes      No

**Asthmatic**

**problems**

:

**If yes,**

**during**

**last year?**

## 19. 17. Have you ever suffered from sinusitis? \*

Mark only one oval per row.

Yes      No

**Sinusitis**

**problems:**

**If yes,**

**during**

**last**

**year?**

## 20. 18. Have you ever suffered from eczema? \*

Mark only one oval per row.

Yes      No

**Eczema**

**problems:**

**If yes,**

**during**

**last year?**

**Present Symptoms**

21. 20 (a). During the last three (3) months, have you had any of the following symptoms at work? \*

Mark only one oval per row.

	Yes, often (every week)	Yes, sometimes (2-3 times/week)	No, never
<b>Headache</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Heavy-headed</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Fatigue/lethargy</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Drowsiness</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Dizziness</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Nausea/vomiting</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Cough</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Irritated, stuffy nose</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Hoarse, dry throat</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Skin rash/ itchiness</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Irritation of the eyes</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Scaling/itching scalp or ears</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

22. 20 (b). Referring to above question 20(a), do you believe it is **DUE TO YOUR WORK ENVIRONMENT?**

\*

*Mark only one oval per row.*

	Yes, it is due to work environment	No, it is not related to work environment
<b>Headache</b>	<input type="radio"/>	<input type="radio"/>
<b>Heavy-headed</b>	<input type="radio"/>	<input type="radio"/>
<b>Fatigue/lethargy</b>	<input type="radio"/>	<input type="radio"/>
<b>Drowsiness</b>	<input type="radio"/>	<input type="radio"/>
<b>Dizziness</b>	<input type="radio"/>	<input type="radio"/>
<b>Nausea/vomiting</b>	<input type="radio"/>	<input type="radio"/>
<b>Cough</b>	<input type="radio"/>	<input type="radio"/>
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<b>Hoarse, dry throat</b>	<input type="radio"/>	<input type="radio"/>
<b>Skin rash/itchiness</b>	<input type="radio"/>	<input type="radio"/>
<b>Irritation of the eyes</b>	<input type="radio"/>	<input type="radio"/>
<b>Scaling/itching scalp or ears</b>	<input type="radio"/>	<input type="radio"/>

23. 21. No. of days in the past one (1) month that you had to take off work because \* of these complaints

*Mark only one oval.*

- 1-3 days
- 4-7 days
- More than 7 days
- No, I did not take leave in past one month

24. 22. When do these complaints occur? \*

*Mark only one oval.*

- Mornings
- Afternoons
- No noticeable trend

25. 23. When do you experience relief from these complaints? \*

*Mark only one oval.*

- After I leave my workstation
- After I leave the building
- No noticeable trend

26. 24. Overall, are you satisfied with your current air quality at your workplace? \*

*Mark only one oval.*

- Yes
- No



