

Air Quality Survey

The Delaware Nation Environmental Programs are committed to expanding our services to Tribal Members to include an Indoor Air Quality Program. In order to better serve you, we would like your opinion on issues that can affect the air quality in your home. By completing this survey you can assist our staff in determining the needs of the Delaware Nation. Thank you for your cooperation.

SECTION I- Please circle the number that applies to your home

- 1. How many people live in your home? 1 2 3 4 5 6 or more**
- 2. What age group(s) ? 1-12 13-21 22-45 46 and over**
- 3. Do people smoke in your home? Yes No**
- 4. How many indoor pets are in your home? 1 2 3 4 5 6 or more**

SECTION II – Please circle all that apply to your home

- What type of heating source is used in your home?
Fireplace furnace wood burning stove kerosene heater other**
- How often do you have your heating source inspected for leaks or faulty connections?
Annually Every 2 years Every 5 years Never**
- Do you or anyone in your household use any of the following products?
Aerosols cleaners or disinfectants hobby supplies (paints or varnishes) pesticides**
- Do you or anyone in your household have the following?
Asthma breathing problems**
- Do you or anyone in your home have any of these chronic conditions?
coughing fever fatigue headaches itchy/ watery eyes muscle aches**
- Have you ever seen mold in the following locations?
kitchen bathroom living room bedrooms attic basement garage**

SECTION III - What indoor air quality issues would you like to see addressed?

Please circle all that apply

**Mold smoke pet dander dust mites gas stoves and heaters wood burning
cleaning products hobby supplies pesticides all of the above**

**If you have any questions or comments concerning this survey, please call BJ Simpson
(405 247- 2448 ext: 1174**