

Condensation Questionnaire

**Lifestyle**

1. How often do you ventilate the property a day by opening the windows?

[ ]  Once [ ]  Twice [ ]  Daily Other [ ] (Please Specify)

2. How often do you use the extractor fan(s) a day?

[ ]  Once [ ]  Twice [ ]  Daily Other [ ] (Please Specify)

[ ]  Don’t have any

3. When bathing do you open your windows / use the extractor fan?

4. At what time(s) do you generally cook?

 Do you close lids on pans? YES [ ]  NO [ ]  Sometimes [ ]

 Do you use the extractor hood when cooking? YES [ ]  NO [ ]  Sometimes [ ]  Don’t have one [ ]

 Do you open the window(s) when cooking?

5. How do you dry you clothes?

 Do you have a Tumble Dryer? YES [ ]  NO [ ]

6. Do you dry your widows and walls, if moisture is visible? YES [ ]  NO [ ]  Sometimes [ ]

**Occupancy**

1. Number of occupants living in the property? ADULTS CHILDREN

2. Number of bedrooms?

3. On average how many hours in total do you spend indoors on average a week? Hours

**Building Specification**

1. Type of windows?

2. Types of walls?

 Number of walls in affected room(s)?

3. Type of heating system?

4. Location of property?

**Type of mould**

1. Types of mould (colour)?
2. Rooms affected?
3. Do you wash the mould?

Please advise on the current actions you are taking to reduce condensation in your home:

Is there anything you wish to add?

**Name:**

**Address**:

**Contact Number**:

**Date**:

**THANK YOU FOR TAKING PART IN COMPLETING THE QUESTIONNAIRE.**