

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.**