REPLACEMENT QUESTIONNAIRE

Public Health
England

Radon Measurement: Customer name: _______________________________

Please return the detectors at the end of the 3-month measurement period in the pre-paid return envelope (white jiffy) provided.

Please complete the questionnaire below as much as you can.
If you do not know the answer to a particular question, please leave the answer box blank.

PLEASE COMPLETE THE DATES AND ENTER A BOLD ‘X’ IN BLACK INK IN THE APPROPRIATE BOXES

SECTION 1: DATES THE DETECTORS WERE PLACED AND REMOVED

Date you placed the detectors: ___ ___ / ___ ___/ ___ ___
Date you removed the detectors*: ___ ___ / ___ ___/ ___ ___

(*please do not enter this date in advance of actually removing them from position)

SECTION 2: INFORMATION ABOUT THE ROOMS BEING TESTED

What is the floor construction?
Living Area | Bedroom
---|---
[ ] All solid – no gap under the floor | [ ]
[ ] All suspended over a gap | [ ]
[ ] Part solid and part suspended | [ ]

NB. A secondary wooden floor fitted onto a solid base counts as ‘All solid’

On what storey are the rooms?
Living area | Bedroom
---|---
[ ] Third floor or higher | [ ]
[ ] Second floor | [ ]
[ ] First floor | [ ]
[ ] Ground floor | [ ]
[ ] Basement | [ ]

SECTION 3: HOUSE DETAILS

When was it Built?
Before 1900 | Detached
1900 - 1919 | Semi/End Terrace
1920 - 1944 | Mid terrace
1945 - 1964 | Flat/Maisonette
1965 - 1976 | [ ] Is it single storey?
1977 - 1992 | [ ]
1993 - 2000 | [ ]

Do you….

2001 - 2007 | Own your home?
After 2007 | Rent from a Council/Housing Assn?
Not known | Rent from a Private landlord?

Do you have…

Full | Double glazing?
Part | Other insulation
None | Loft

NOTE
Your Landlord will be given a copy of your result on request

SECTION 4: YOUR DETAILS (PLEASE LEAVE BLANK IF YOU PREFER NOT TO ANSWER)

What age groups are in the home?
Please mark all that apply
Under 5 | [ ]
5 to 17 | [ ]
18 to 64 | [ ]
65 and older | [ ]

What is your smoking history?
Please mark all that apply to cover all members of the household
Current smoker | [ ]
Ex smoker | [ ]
Never smoked | [ ]

How long have you lived in the property?

How many hours a week are spent in the property by the person at home the most?
Radon measurement pack – replacement questionnaire

1. Complete the questionnaire above

2. Add the address where detectors were placed:

House name/ number and street: ________________________________________________

    Town: ____________________________________________

    Street: __________________________________________

    Postcode: __________________

3. Write the details from your detectors into the boxes as shown below

   Write the position name here:
   ________________________________
   (Living Area or Bedroom)

   Write the detector number here:
   ________________________________

   Write the position name here:
   ________________________________
   (Living Area or Bedroom)

   Write the detector number here:
   ________________________________