

REPLACEMENT QUESTIONNAIRE



**UK Health
Security
Agency**

Radon Measurement: Customer name: _____

Please return the detectors at the end of the 3-month measurement period in the pre-paid return envelope 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?		On what storey are the rooms?	
Living Area	Bedroom	Living area	Bedroom
<input type="checkbox"/> All solid – no gap under the floor	<input type="checkbox"/>	<input type="checkbox"/> Third floor or higher	<input type="checkbox"/>
<input type="checkbox"/> All suspended over a gap	<input type="checkbox"/>	<input type="checkbox"/> Second floor	<input type="checkbox"/>
<input type="checkbox"/> Part solid and part suspended	<input type="checkbox"/>	<input type="checkbox"/> First floor	<input type="checkbox"/>
NB. A secondary wooden floor fitted onto a solid base counts as 'All solid'		<input type="checkbox"/> Ground floor	<input type="checkbox"/>
		<input type="checkbox"/> Basement	<input type="checkbox"/>

SECTION 3: HOUSE DETAILS							
When was it Built?		What type is it?		Is the ground floor...		Do you have...	
Before 1900	<input type="checkbox"/>	Detached	<input type="checkbox"/>	All solid?	<input type="checkbox"/>	Full	<input type="checkbox"/>
1900 - 1919	<input type="checkbox"/>	Semi/End Terrace	<input type="checkbox"/>	All suspended?	<input type="checkbox"/>	Double glazing?	Part <input type="checkbox"/>
1920 - 1944	<input type="checkbox"/>	Mid terrace	<input type="checkbox"/>	Mixed?	<input type="checkbox"/>	None	<input type="checkbox"/>
1945 - 1964	<input type="checkbox"/>	Flat/Maisonette	<input type="checkbox"/>	Do you have a basement?	Yes <input type="checkbox"/>	Other insulation	Wall <input type="checkbox"/>
1965 - 1976	<input type="checkbox"/>	Is it single storey?	Yes <input type="checkbox"/>	No	<input type="checkbox"/>	Loft	<input type="checkbox"/>
1977 - 1992	<input type="checkbox"/>	No	<input type="checkbox"/>			None	<input type="checkbox"/>
1993 - 2000	<input type="checkbox"/>	Do you....				NOTE Your Landlord will be given a copy of your result on request	
2001 - 2007	<input type="checkbox"/>	Own your home?	<input type="checkbox"/>	Rent from a Council/Housing Assn?	<input type="checkbox"/>		
After 2007	<input type="checkbox"/>			Rent from a Private landlord?	<input type="checkbox"/>		
Not known	<input type="checkbox"/>			Have a Tied/Grace & Favour home?	<input type="checkbox"/>		

SECTION 4: YOUR DETAILS (PLEASE LEAVE BLANK IF YOU PREFER NOT TO ANSWER)			
What age groups are in the home?		What is your smoking history?	
Please mark all that apply	Under 5 <input type="checkbox"/>	Please mark all that apply to cover all members of the household	Current smoker <input type="checkbox"/>
	5 to 17 <input type="checkbox"/>		Ex smoker <input type="checkbox"/>
	18 to 64 <input type="checkbox"/>		Never smoked <input type="checkbox"/>
	65 and older <input type="checkbox"/>		
		How long have you lived in the property?	<input style="width: 50px;" type="text"/>
		How many hours a week are spent in the property by the person at home the most?	<input style="width: 50px;" type="text"/>

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:
