



57060

TEACHER QUESTIONNAIRE

Dear Teacher,

Thank you for participating in the California Portable Classrooms Study. Your support is critical to the success of obtaining useful statewide results. Results from this study will be used to identify potential environmental problems, determine if and to what extent they occur, and make recommendations to resolve current and future problems. Be assured that your responses remain confidential and will only be reported in summary reports to government researchers.

Please complete the following questionnaire regarding the room identified at the beginning of Section B. Please review the instructions below describing the correct and incorrect way to fill in boxes. Use a black ink pen or the enclosed #2 pencil to apply dark marks to the questionnaire boxes. Please do not fold this questionnaire. After you have finished the questionnaire please seal it in the white envelope and return it to the study coordinator.

If you have any questions about the questionnaire, please call Mr. Michael Phillips, the RTI Survey Manager, at 1-800-334-8571, ext. 6276. Call before 2:00 pm Pacific time or leave a voice mail message.

FILLING IN BOXES:

Correct Mark (Dark and thick)

Incorrect Marks (Light and thin)

PRINTING NUMBERS IN BOXES:

Write digits like this:

1	2	3	4	5	6	7	8	9	0
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Do not write digits like this:

1	2	3	4	5	6	7	8	9	0
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Section A. Respondent Information

Please fill in today's date (mm-dd-yy)

Month		Day		Year	
<input type="text"/>					

- Your gender and current age: male female years
- Your job category: teacher administrator facility staff
 aide office staff other
- How long have you worked in this room? Less than all year all year 2 3+
 - in this school? (years) 1 2-5 6-10 11-16 16+
 - in the teaching profession? (years) 1 2-5 6-10 11-16 16+

Section B. Room Description

Please fill in room number/name:

<input type="text"/>																			
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- How much time do you typically spend in this classroom?
 - days of the week: 1 2 3 4 5
 - hours of the day: less than 3 3-6 more than 6
- Which term best describes this classroom? **Choose one:**

<input type="checkbox"/> general instruction classroom	<input type="checkbox"/> ceramic studio	<input type="checkbox"/> library	<input type="checkbox"/> office
<input type="checkbox"/> art room	<input type="checkbox"/> computer lab	<input type="checkbox"/> auto/metal shop	<input type="checkbox"/> none of these
<input type="checkbox"/> science lab	<input type="checkbox"/> wood shop	<input type="checkbox"/> music room	
- Which student grade level(s) are taught within this room? **Mark all that apply:**

<input type="checkbox"/> K	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12	<input type="checkbox"/> not applicable
- Do students generally stay in this room or change rooms during the day? stay change
- How many students per class typically occupy this room?
- The building this classroom is in: portable or relocatable permanent don't know
- Which best describes the flooring in this room? **Mark all that apply:**
 - Carpet: entire room partial area rug sitting pads
 - Hard: vinyl/linoleum wood rubber concrete/ceramic walk-off mat(s)
- What is the primary wall material in this room? **Choose one:**

<input type="checkbox"/> sheetrock or plaster	<input type="checkbox"/> painted cinderblock
<input type="checkbox"/> vinyl-coated tackable wallboard	<input type="checkbox"/> other or don't know

<input type="text"/>							
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12. What, if any, plumbing is in this room? none sink toilet fountain

13. How many sides of this room have windows? none 1 2 3 4

14. What kinds of windows are in this room? **Mark all that apply.**

- none windows up to door height (7ft) windows up to 9 ft
 windows above 9 ft skylights

15. How often do you open windows for natural ventilation, in general?

- rarely occasionally frequently
 most of the time all of the time none openable

16. Does a door into this room open directly to the outdoors? yes no

• If yes, how often do you leave this door open during the school day, in general?

- rarely occasionally frequently
 most of the time all of the time

17. Does this room have air conditioning (AC)? yes no

18. Is there a thermostat in this room? yes no don't know

• If yes, indicate which is the case:

- I can adjust it it is kept locked it does not work

Section C. Room Contents & Activities

19. Indicate what kinds of furnishings are in this room. **Mark all that apply.**

- Table & Desks: none solid wood plastic
 metal pressed wood* don't know
- Bookcases: none solid wood plastic
 metal pressed wood* don't know
- Cabinets: none solid wood plastic
 metal pressed wood* don't know

**Materials such as plywood and particle/fiber board; some may have a thin laminate.*

20. Has the room acquired new furnishings during this school year? **Mark all that apply.**

- none tables bookcases don't know
 carpet desks/chairs cabinets

21. Do you keep any of the following living items in this room? **Mark all that apply.**

- potted plants or terrarium birds mammals
 reptiles/amphibians fish bugs

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22. Do you currently have any of the following items in this room? **Mark all that apply:**

- Copiers: none photocopy machine mimeograph machine
 laser printers carbonless copy paper laminator
- Appliances: none stove or oven lab burners
 refrigerator washing machine microwave oven
- Chemicals: none cleaning products
 lab chemicals biological specimens stored in chemicals

23. Are any of the following items ever used in this room? **Mark all that apply:**

- Paints/pens: never permanent markers or art pens
 oil/acrylic paints whiteboard markers
- Glues/fluids: never correction fluid
 rubber cement epoxy
- Air freshener: never plug-in deodorizer
 hanging freshener spray can
- Candles: never scented candles
 unscented candles incense
- Air Cleaner: never ozone or ion-generating air purifier
 portable air (filter) purifier

24. Have you applied any of the following pesticides in this room this year? **Mark all that apply:**

- Sprays: never in the past currently
- Powders: never in the past currently
- Traps: never in the past currently

Section D. Observations & Impressions

25. Which is your classroom preference at your school?

- permanent portable no opinion

26. Characterize each of the following as it applies to your room. **Mark all that apply:**

- Temperature: generally acceptable often too cold often too hot
- Humidity: generally acceptable often too humid often too dry
- Air: generally acceptable often too drafty often too stale or stuffy
- Light: generally acceptable too dim too bright
 glare from lights too much direct sun

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27. Are there noises that generally disrupt teaching activities in this room? **Mark all that apply:**

- Inside: none lighting (buzz) other
- ventilation (fan) next-room voices
- Outside: none mower/blower aircraft
- playground traffic other

28. Do you ever turn off the heater or air conditioner in this room because of excessive noise?

- never rarely occasionally frequently most of the time

29. Are you aware of past or current pest problems in this room? **Mark all that apply:**

- Bugs (ants, etc.): never in the past currently
- Rodents (mice, etc.): never in the past currently

30. Indicate if you have experienced any of the following odors in this room. **Mark one for each:**

never sometimes often

• Musty odor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Cleaning products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Bus/auto exhaust	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• New carpet or furniture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Fresh paint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Cooking odor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Pesticides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Asphalt/tar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Tobacco smoke	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Trash or dumpster odor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Sewer/compost	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Fire/smoke odor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

31. Have you observed construction activities during school hours this year? **Mark all that apply:**

- When: never in the past currently don't know
- Where: your room same building nearby or new building outdoors other
- Type: painting carpentry plumbing flooring roofing other

32. Have you observed water leaks, flooding, water stains or visible mold in this room? **Mark all that apply:**

- Leak or flood: never in the past currently don't know
- Type: roof window sink/toilet overflow sprinkler plumbing other
- Water stains: never in the past currently don't know
- Where: walls ceiling window sills carpet/rug/floor furniture other
- Visible mold: never in the past currently don't know
- Where: walls ceiling window sills carpet/rug/floor furniture other

33. How often are the floors in this room swept or vacuumed?

- daily 2-3/week weekly
- 1-2/month less than 1/month don't know

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34. Do you feel the room receives adequate custodial services? yes no
 • If not, what do you feel is needed? more frequent more effective both

35. To whom do teachers direct questions or complaints about temperature, odors, or hygiene in their rooms? **Mark all that apply.**

- custodian principal/administrator IAQ coordinator
 facility staff health & safety staff

36. How many times have you made complaints about such conditions in this room during this school year?
 never 1-2 3-5 6-10 11 or more

37. How would you generally characterize the overall environmental quality in this classroom?
 excellent good adequate poor very poor

Section E. Symptoms & Related Questions

38. Were you absent in the past two weeks?

- no 1-2 days 3-5 days more than 5 days
 • Chief cause: cold or flu asthma any other reason
 allergies other respiratory

39. In the past two weeks, did you experience any of the following symptoms at school? Indicate if they continued or improved when you were home.

		<u>At school</u>		<u>At home</u>	
	none	occasional	frequent	same/worse	improves
•Nose (congestion, runny nose, dry nose)	<input type="checkbox"/>				
•Throat (irritation, sore throat, dryness)	<input type="checkbox"/>				
•Eyes (irritation, redness, watering, puffiness)	<input type="checkbox"/>				
•Skin (dryness, flaking, rash, other irritation)	<input type="checkbox"/>				
•Headaches or sinus pain	<input type="checkbox"/>				
•Drowsiness or difficulty concentrating	<input type="checkbox"/>				
•Dizziness or faintness	<input type="checkbox"/>				
•Shortness of breath, wheeze, difficulty breathing	<input type="checkbox"/>				
•Upset Stomach	<input type="checkbox"/>				

40. Do you have any of the following chronic medical conditions? **Mark all that apply.**

- hay fever or other allergies bronchitis heart disease
 asthma hypertension

• If you have asthma, how often did you use inhaled asthma medication in the past two weeks?

- never 1-2 times per week most days every day

41. How many students in your class currently take medication for asthma?

- don't know none 1-2 3-5 6-10 11+

42. Are you currently a smoker? yes no

43. Do you live with a smoker? yes no

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