

DIARY NO. ____

Diary Sessions

Date: _____ Time: _____

Have you maintained a regular diet today? **Y | N**

Have you smoked today? **Y | N**

If so, how many cigarettes have you had today?

_____ **cigarette(s)**

Have you been on any prescribed medication today? **Y | N**

If so, what is your medication for?

Have you consumed alcohol today? **Y | N**

If so, how many units (1 unit = 1 pint) _____ **unit(s)**

Name: _____

Address: _____

No. Occupants: _____

No. of Rooms: _____

How many hours have stayed at home today? _____ Hrs

Describe what you did in the house today
(i.e. laundry, cooking, cleaning, vacuuming, etc.).

Laundry: _____

Drying: _____

Cooking: _____

Cleaning/vacuuming: _____

Other(s): _____

Was your heating on today? **Y | N**

If so, which heaters/radiators were on and how high?

Living room 1 2 3 4 5 auto

Kitchen 1 2 3 4 5 auto

Bedroom 1 1 2 3 4 5 auto

Bedroom 2 (near entrance) 1 2 3 4 5 auto

Bedroom 3 (if applicable) 1 2 3 4 5 auto

Bathroom 1 1 2 3 4 5 auto

Bathroom 2 (if applicable) 1 2 3 4 5 auto

Hallway 1 2 3 4 5 auto

Thermostat _____ °C

Describe why you have set the heating this way
(i.e. for warmth, health reasons, due to the weather outside,
draughts, etc.).

Do you find it difficult to operate your heating system?

Y | N | sometimes

Have you opened any windows today? **Y | N**

If so, for how long have you kept each window open?

	WINDOW 1	WINDOW 2
Living room	_____	_____
Kitchen	_____	_____
Bedroom 1	_____	_____
Bedroom 2 (near entrance)	_____	_____
Bedroom 3 (if applicable)	_____	_____
Bathroom 1	_____	_____
Bathroom 2 (if applicable)	_____	_____

Describe why you have monitored the windows in this way like this (i.e. fresh air, flat is too warm and needs cooling, etc.).

Do you find it difficult to adjust your windows?

Y | N | sometimes

Have you opened any trickle vents today? **Y | N**

If so, for how long have you kept each trickle vent open?

	WINDOW 1	WINDOW 2
Living room	_____	_____
Kitchen	_____	_____
Bedroom 1	_____	_____
Bedroom 2 (near entrance)	_____	_____
Bedroom 3 (if applicable)	_____	_____
Bathroom 1	_____	_____
Bathroom 2 (if applicable)	_____	_____

Describe why you have set the trickle vents like this (i.e. fresh air, need to ventilate after smoking, etc.).

Circle the intensity of your feelings based on the weather.

No effect 1 2 3 4 5 High impact

Describe any other reason(s) for how you feel today.
(i.e. medication, other problems in the house, etc.).

Circle the intensity of your feelings based on other reasons.

No effect 1 2 3 4 5 High impact

Describe you health conditions today (i.e. pains, headaches,
itchy/watery eyes, heavy breathing, etc.)

Circle the intensity of your feelings based your health conditions.

No effect 1 2 3 4 5 High impact

Describe any problems you have had to face in your home today.
(i.e. problems with electricity, heating, dampness, etc.).

Circle the intensity of your feelings based on problems you have had to face in your home.

No effect 1 2 3 4 5 High impact

Describe the amount of control you have felt within your home environment today.
(i.e. ability to heat home, level of noise, etc.).
