

**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                  |
|---|--------------------------|
| <input type="checkbox"/> All solid – no gap under the floor | <input type="checkbox"/> |
| <input type="checkbox"/> All suspended over a gap           | <input type="checkbox"/> |
| <input type="checkbox"/> Part solid and part suspended      | <input type="checkbox"/> |

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

**On what storey are the rooms?**

- | Living area                                    | Bedroom                  |
|--|--------------------------|
| <input type="checkbox"/> Third floor or higher | <input type="checkbox"/> |
| <input type="checkbox"/> Second floor          | <input type="checkbox"/> |
| <input type="checkbox"/> First floor           | <input type="checkbox"/> |
| <input type="checkbox"/> Ground floor          | <input type="checkbox"/> |
| <input type="checkbox"/> Basement              | <input type="checkbox"/> |

**SECTION 3: HOUSE DETAILS**

**When was it Built?**

- Before 1900
- 1900 - 1919
- 1920 - 1944
- 1945 - 1964
- 1965 - 1976
- 1977 - 1992
- 1993 - 2000
- 2001 - 2007
- After 2007
- Not known

**What type is it?**

- Detached
- Semi/End Terrace
- Mid terrace
- Flat/Maisonette
- Is it single storey?    Yes     No

**Is the ground floor...**

- All solid?
- All suspended?
- Mixed?
- Do you have a basement?    Yes     No

**Do you have...**

- Full
- Double glazing?    Part     None
- Other insulation    Wall     Loft     None

**Do you....**

- Own your home?
- Rent from a Council/Housing Assn?
- Rent from a Private landlord?
- Have a Tied/Grace & Favour home?

**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:**

\_\_\_\_\_