

Environmental Health Diary

Name:

Code #

Key:

1 = No impact 2 = Slight impact (non-intrusive) 3 = Moderate Impact (Intrusive) 4 = Substantial Impact (Disruptive) 5 = Severe impact (Harm)

Date & Time	Noise Perception	Describe the noise and any perceived impacts on you	External Vibration Perception	Describe the vibrations and any perceived impacts on you	Internal Body Sensation	Describe the body sensations and any perceived impacts on you	Which room or external location?
10/11/15 8:30 am	Circle only 1 number - 0	"in your own words"	Circle only 1 number - 0	"in your own words"	Circle only 1 number - 0	"in our own words"	e.g. bedroom
	1 2 3 4 5		1 2 3 4 5		1 2 3 4 5		
	1 2 3 4 5		1 2 3 4 5		1 2 3 4 5		
	1 2 3 4 5		1 2 3 4 5		1 2 3 4 5		
	1 2 3 4 5		1 2 3 4 5		1 2 3 4 5		
	1 2 3 4 5		1 2 3 4 5		1 2 3 4 5		
	1 2 3 4 5		1 2 3 4 5		1 2 3 4 5		
	1 2 3 4 5		1 2 3 4 5		1 2 3 4 5		
	1 2 3 4 5		1 2 3 4 5		1 2 3 4 5		
	1 2 3 4 5		1 2 3 4 5		1 2 3 4 5		
	1 2 3 4 5		1 2 3 4 5		1 2 3 4 5		