

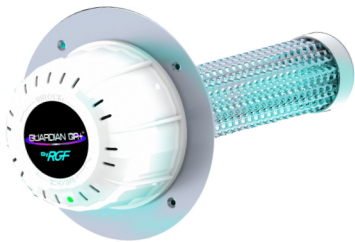


Indoor Air Quality Quiz



	YES	NO
1. Is fresh, pure Indoor Air Quality important to you?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do odors from cooking and other sources tend to linger in your home?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you notice unwelcomed odors when your HVAC system turns on?	<input type="checkbox"/>	<input type="checkbox"/>
4. Is your home in the prime mold/microbial growth range of temperatures between 77F-88F?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you have children or elderly residents that are susceptible to common bacteria/viral infections?	<input type="checkbox"/>	<input type="checkbox"/>
6. Are you continually spending money on chemicals to sanitize your kitchen, bathroom and living area surfaces?	<input type="checkbox"/>	<input type="checkbox"/>
7. Are you looking to combat in home transferring of airborne illness ie flu season?	<input type="checkbox"/>	<input type="checkbox"/>
8. Does anyone in your household smoke?	<input type="checkbox"/>	<input type="checkbox"/>
9. Do you have pets in your home?	<input type="checkbox"/>	<input type="checkbox"/>
10. Does anyone in your family suffer from allergies, asthma or breathing difficulties brought on by airborne particulate ie pollen, pet dander and dust?	<input type="checkbox"/>	<input type="checkbox"/>

Total: _____



	PHI	REME
Bacteria	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mold	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Particulate	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Virus	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
VOCs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

