





# Construction Defect Questionnaire

Have the construction defects caused missed work or lost earnings? Yes \_\_\_ No \_\_\_ If yes, please complete the "Lost Earnings & Wrongful Termination" questionnaire. (Questionnaire available at [www.thomascarrollandassociates.com](http://www.thomascarrollandassociates.com) to accompany this one.)

Have the construction defects caused any health problems? Yes \_\_\_ No \_\_\_

If yes, please explain provide a list of health problems caused by the construction defects. (Use additional pages if necessary.) \_\_\_\_\_

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Has a defect testing expert been examined the defects? Yes \_\_\_ No \_\_\_

If yes, provide the contact information for the person(s) who tested for defects (Use additional pages if necessary)

## Defect Testing Expert #1

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email address: \_\_\_\_\_

## Defect Testing Expert #2

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email address: \_\_\_\_\_

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Do the construction defects effect more than one unit? Yes \_\_\_ No \_\_\_ If yes, please answer the following three question.

Number of Units in Development: \_\_\_\_\_

Number of Units Tested: \_\_\_\_\_

Number of Units Attempted to be Tested: \_\_\_\_\_

**Recommended Reading:** See suggested testing practical, **The Importance of Random Sampling in Construction Defect Damage Estimates**, by Dr. Thomas M. Carroll, available for downloading at [www.thomascarrollandassociates.com](http://www.thomascarrollandassociates.com)

## Other Documents Required

Please enclose copies of the following additional document for our review.

- a. Complaint
- b. Estimates to remediate (repair) damage.
- c. Itemized list of medical and legal expenses that may have been incurred.
- d. Itemized list of any other costs incurred
- e. Construction defect testing expert reports
- f. Statistical sampling expert reports

Name of person completing the questionnaire and date completed:

Name: \_\_\_\_\_  
(last, first, middle)

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
month day year

Relationship to plaintiff: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_