Annex 1.2

Substance-specific basic questionnaire

(2nd round priority substances)

WP 7

Task 7.3

D7.6

Version 2.0

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# Introduction and Aims

This questionnaire has been designed to collect all the necessary information concerning individual characteristics of the participants and different sources and routes of exposure to 2nd round priority substances. The questionnaire is also aimed at characterizing, to the extent possible, the level of exposure to these substances.

This questionnaire is divided into two parts:

a)    General questions needed to characterize the study population, as well as to collect information on potential confounders. These questions are structured within the following sections: sociodemographic characteristics, residential environment and home exposures, dietary habits, lifestyles, occupational exposures and health status.

b)    Questions specifically relevant for 2nd round priority substances, included in separate questionnaires for each of these substances: Arsenic & its compounds, Acrylamide, Aprotic solvents, Diisocyanates, Lead & its compounds, Mercury, Mycotoxins, Pesticides and UV Filters-Benzophenones.

Note that both general questions and questions specifically relevant for the target substance(s) of the study have to be asked to participants, since this allows to collect as much as information as possible that will serve as the basis for the interpretation of the results.

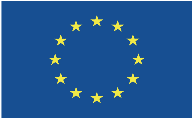
# Basic questionnaire



BASIC QUESTIONNAIRE FOR

2nd ROUND PRIORITY SUBSTANCES

|  |  |  |  |
| --- | --- | --- | --- |
| **QUESTIONNAIRE INFORMATION** | | | |
| ID (PARTICIPANT) | | |\_\_|\_\_|\_\_|\_\_|\_\_| |
| ID (INTERVIEWER) | | |\_\_|\_\_|\_\_|\_\_|\_\_| |
| DATE OF THE INTERVIEW | | |\_\_|\_\_| |\_\_|\_\_| |\_\_|\_\_|\_\_|\_\_| |
| START TIME | | |\_\_|\_\_| : |\_\_|\_\_| |
| END TIME | | |\_\_|\_\_| : |\_\_|\_\_| |
| PLACE |  | |



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## Personal information

**PERSONAL INFORMATION**

|  |  |  |
| --- | --- | --- |
| |  | | --- | | Name and surname initials: | | Sex: Male Female  | |

## Sociodemographic information

**SOCIODEMOGRAPHIC INFORMATION**

1. **What is your birth date?** |\_\_|\_\_| month |\_\_|\_\_|\_\_|\_\_| year
2. **Where were you, your parents and grandparents born? (include the name of each country)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | In (Country) | In another country | Specify country |
| Respondent | Yes NoDon't know | Yes NoDon't know | **……………………………………………..** |
| Mother | Yes No Don't know  | Yes No Don't know  | **……………………………………………..** |
| Father | Yes No Don't know  | Yes No Don't know  | **……………………………………………..** |
| Maternal grandmother | Yes No Don't know  | Yes No Don't know  | **……………………………………………..** |
| Maternal grandfather | Yes No Don't know  | Yes No Don't know  | **……………………………………………..** |
| Paternal grandmother | Yes No Don't know  | Yes No Don't know  | **……………………………………………..** |
| Paternal grandfather | Yes No Don't know  | Yes No Don't know  | **……………………………………………..** |

1. **Which language(s) do you speak at home?**

|  |  |  |
| --- | --- | --- |
| National Language(s) (Country) | Another Language | Specify Language (s) |
| Yes No | Yes No | **……………………………………………..............................................** |

**4. How long have you been living in…? Please indicate the number of years (or months if less than 1 year) (to be adapted to national characteristics)**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  | | --- | --- | | This country | Years |\_\_|\_\_| Months |\_\_|\_\_| | | This region | Years |\_\_|\_\_| Months |\_\_|\_\_| | | This province | Years |\_\_|\_\_| Months |\_\_|\_\_| | | This municipality | Years |\_\_|\_\_| Months |\_\_|\_\_| | | Current address | Years |\_\_|\_\_| Months |\_\_|\_\_| | |  |

**5. If you have lived in other households in the past 10 years, complete the following information for each address (starting with the current address and going back to complete the temporal frame)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Address** | **Street, No.** | **Municipality** | **Province/region** | **Postal Code** | **Country** | **Residence period**  **(month and years)** | |
| **Start** | **Finish** |
| No.1 |  |  |  |  |  |  |  |
| No.2 |  |  |  |  |  |  |  |
| No.3 |  |  |  |  |  |  |  |
| No.4 |  |  |  |  |  |  |  |
| No.5 |  |  |  |  |  |  |  |
| No.6 |  |  |  |  |  |  |  |

**6. What is the highest level of education you attained?**

|  |  |  |  |
| --- | --- | --- | --- |
| 1.No formal education or below primary education **(ISCED 0)** |  | 6. Short-cycle tertiary education**(ISCED 5)** |  |
| 2. Primary education**(ISCED 1)** |  | 7. Bachelor’s or equivalent level**(ISCED 6)** |  |
| 3. Lower secondary education,or second stage of basic education**(ISCED 2)** |  | 8. Master’s or equivalent level**(ISCED 7)** |  |
| 4. Upper secondary education**(ISCED 3)** |  | 9. Doctoral or equivalent level**(ISCED 8)** |  |
| 5. Post-secondary non-tertiary education**(ISCED 4)** |  | 10. Don’t know |  |

**7. What is your current main labour status?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. Employee working full-time |  | 8. Permanently disabled or/and unfit to work | |  |
| 2. Employee working part-time |  | 9. In compulsory military community or service | |  |
| 3. Self-employed working full-time (including family worker) |  | 10. Fulfilling domestic tasks and care responsibilities | |  |
| 4. Self-employed working part-time (including family worker) |  | 11. Other inactive person | |  |
| 5. Unemployed |  | 12. Other status Specify…………………………………………………… | |  |
| 6. Pupil, student, further training, unpaid work experience |  | 13. Don't know |  | |
| 7. In retirement or in early retirement or has given up business |  |

**8. Which of the following best describes your current professional category?**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Manager |  | 7. Craft and related trade worker |  |
| 2. Professional |  | 8. Plant or machine operator or assembler |  |
| 3. Technician or associate professional |  | 9. Elementary occupation |  |
| 4. Clerical support worker |  | 10. Armed forces occupation |  |
| 5. Service or sales worker |  | 11. Other categories Specify…………………………………………………. |  |
| 6. Skilled agricultural, forestry or fishery  worker |  | 12. Don't know |  |

**9. Please, give us the following information on all members of your household. (Response options for Education, Labour Status and Professional Category will be the same than in previous questions (6, 7 and 8) and will be given/read by the interviewer)**

**Answer options:**

**Education (highest level of education attained)**

**1. ISCED 0:** no formal education or below ISCED 1**2. ISCED 1:** primary education**3. ISCED 2:** lower secondary education,or second stage of basic education**4.ISCED 3:** upper secondary education**5.ISCED 4:**post-secondary non-tertiary education**6.ISCED 5:** Short-cycle tertiary education**7.ISCED 6:** Bachelor’s or equivalent level**8.ISCED 7:** Master’s or equivalent level**9. ISCED 8:** Doctoral or equivalent level**10.**Don’t know

**Labour status**

**1.** Employee working full-time**2.** Employee working part-time**3.**Self-employed working full-time (including family worker)**4.**Self-employed working part-time (including family worker)**5.**Unemployed**6.**Pupil, student, further training, unpaid work experience**7.**In retirement or in early retirement or has given up business**8.**Permanently disabled or/and unfit to work**9.**In compulsory military community or service**10.**Fulfilling domestic tasks and care responsibilities**11.**Other inactive person**12.**Other status

**Professional category**

**1.**Manager**2.** Professional**3.** Technician or associate professional**4.** Clerical support worker**5.** Service or sales worker**6.**Skilled agricultural, forestry or fishery worker work experience **7.** Craft and related trade worker**8.** Plant or machine operator or assembler**9.** Elementary occupation**10.** Armed forces occupation**11.**Other categories

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Member** | **Relationship**  **(partner/ children/another person)** | **Age** | **Gender** | **Education** | **Labour status** | **Professional category** |
| No.1 |  |  |  |  |  |  |
| No.2 |  |  |  |  |  |  |
| No.3 |  |  |  |  |  |  |
| No.4 |  |  |  |  |  |  |
| No.5 |  |  |  |  |  |  |
| No.6 |  |  |  |  |  |  |
| No.7 |  |  |  |  |  |  |
| No.8 |  |  |  |  |  |  |

**10. Could you provide the approximate range of your total household income? (It is referred to annual gross incomes from all members of your household)** (Indicated by each country)

|  |  |  |  |
| --- | --- | --- | --- |
| **Income category** |  | **Income category** |  |
| No.1 |  | No.6 |  |
| No.2 |  | No.7 |  |
| No.3 |  | No.8 |  |
| No.4 |  | Don’t know |  |
| No.5 |  |  |  |

## Residential environment and home exposures

**RESIDENTIAL ENVIRONMENT AND HOME EXPOSURES**

**1. In which area is your home located?**

|  |  |
| --- | --- |
| 1. City centre |  |
| 2. Near city centre |  |
| 3. Suburb/metropolitan area |  |
| 4. Industrial |  |
| 5. Rural/Village |  |
| 6. Other areas  Specify area…………………………………………………………. |  |
| 7. Don’t know |  |

**2. Is there any of the following facilities within 300 m of you home?**

| **Facilities** | **Yes** | **No** | **Don’t know** |
| --- | --- | --- | --- |
| 1. A waste incineration plant |  |  |  |
| 2. A site where waste (all waste/ hazardous waste or chemicals?) is dumped |  |  |  |
| 3. A petrol station |  |  |  |
| 4. A metalworking business |  |  |  |
| 5. A scrap yard |  |  |  |
| 6. A site where solvents are used (e.g. painting business) |  |  |  |
| 7. A farmland, orchardor vineyard |  |  |  |
| 8. A printing business |  |  |  |
| 9. A dry cleaning service |  |  |  |
| 10. A car repair plant |  |  |  |
| 11. A carpentry |  |  |  |
| 12. A glass factory |  |  |  |
| 13. A steel plant |  |  |  |
| 14. A tannery bussiness |  |  |  |
| 15. A construction site |  |  |  |
| 16. A recycling plant |  |  |  |
| 17. A cement, pesticides or plastic compounds factory |  |  |  |
| 18. A place of fertilizer or compost production (including sewage sludge treatment) |  |  |  |
| 19. A power plant using coal, oil, wood etc. |  |  |  |
| 20. A metal smeltery |  |  |  |
| 21. A site producing or using adhesives |  |  |  |
| 22. A site where computer and/or electronic elements are produced |  |  |  |
| 23. A site where photovoltaic devices and sollar cells are produced |  |  |  |
| 24. A site where epoxy resins are produced or used |  |  |  |
| 25. A site where fillers are used or produced |  |  |  |
| 26. A site were food and drink containers (plastic and other containers) are produced |  |  |  |
| 27. A site were lacquers and/or waxes are produced |  |  |  |
| 28. A site where medical equipment is produced |  |  |  |
| 29. A site where polycarbonate plastics are produced |  |  |  |
| 30. A site where thermal paper is produced |  |  |  |
| 31. A site where batteries/candles are produced |  |  |  |
| 32. Other industrial facilities  Specify facility……………………………………………………… |  |  |  |

**3. Which of the following options best describes your home…?**

|  |  |
| --- | --- |
|  | **Yes** |
| 1. Detached house |  |
| 2. Semi-detached house |  |
| 3. Townhouse |  |
| 4. A flat/apartment  4.1. Specify floor number………………………………………… |  |
| 5. A farmhouse |  |
| 6. Other (e.g. caravan, mobile home)  6.1.Specify ………………………………………………………… |  |
| 7. Don’t know | |

**4. Do you know approximately when your home was built?**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Before 1918 |  | 6. 1982-1997 |  |
| 2. 1918-1933 |  | 7. 1998-2008 |  |
| 3. 1934-1949 |  | 8. After 2008 |  |
| 4. 1950-1965 |  | 9. Don’t know |  |
| 5. 1966-1981 |  |  |  |

**5. What is the living surface (in m2) of your home?** ……………………………………**m2** Don’t know

**6. Do you have or have recently had any of the following problems in your home?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes** | **No** | **Don’t know** |
| **1. Mould or mildew on walls or other home surfaces** |  |  |  |
| **2. Water damage** (e.g. broken pipes, a leaky roof or floods) |  |  |  |
| **3. Musty or mouldy odour** |  |  |  |
| **4. Peeling paint on the walls or windowsills** |  |  |  |
| **5. Black magic dust** |  |  |  |

**7. How often is general cleaning done in your home?**

|  |  |  |  |
| --- | --- | --- | --- |
| **1. Once a week** | **2. > Once a week** | **3. < Once a week** | **4. Don’t know** |
|  |  |  |  |

**8. Are you in charge of general cleaning of your home?**

No Yes, entirely Yes, partially In that case specify the percentage you are in charge of \_\_\_\_%

**9. Do you use a vacuum cleaner for general cleaning of your home? If yes, please, specify type and frequency of use**

Yes Specify: Vacuum cleaner with air filter Vacuum cleaner withwater filter Don’t know

|  |  |  |  |
| --- | --- | --- | --- |
| **1. Once a week** | **2. > Once a week** | **3. < Once a week** | **4. Don’t know** |
|  |  |  |  |

No

Don’t know

**10. How is your house usually ventilated? For each option, please, specify frequency of use (months/year in which mechanical systems are used; hours/day for window ventilation by season)**

|  |
| --- |
| **Ventilation system** |
| **1. Mechanical ventilation system**(e.g. fan system, supply and exhaust devices) | No Yes No.months…………Always on…….. |
| **2. Window ventilation** | Autum-Winter No Yes No. h/day…………  Spring-SummerNo Yes No. h/day………… |
| **3. Don’t know** | |

## Dietary habits

**DIETARY HABITS**

1. **How often did you consume the following food items in the last 4 weeks?**

| **Food item** | **(nearly) never** | **1-3 per month** | **1 per week** | **2-3 per week** | **4-6 per week** | **1 per day** | **2-3 per day** | **≥4**  **per day** | **Don’t know** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **I. FISH** | | | | | |  | | | |
| **White fish** (e.g. hake, snapper, sea bream)  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Blue fish (big size)** (e.g. mackerel, tuna, sword fish)  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Blue fish (small size)** (e.g. anchovy, herring)  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Salmon**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Cephalopods** (e.g. squid, octopus)  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Fresh fish** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Farmed fish** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Wild fish** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Tinned fish** (a small can)  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Frozen fish**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Smoked fish**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Fish fingers**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Surimi and surimi based products**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Crustaceans and shellfish** (lobster, crayfish, scampi, crab, prawns, oysters, mussels, etc.)  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **II. MEAT** | | | | | |  | | | |
| **White meat (**poultry, turkey, etc.)  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Red meat** (pork, beef, horse, lamb, etc.)  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Offal** (liver, kidney, etc.)  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Game meat** (pheasant,wild duck, etc.)  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Tinned meat**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **III. DAIRY PRODUCTS (NOT SKIMMED) AND EGGS** | | | | | | | | | |
| **Butter**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Milk**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Fresh Cheese**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Aged Cheese**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Yogurt**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Eggs**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **IV. CEREALS** | | | | | | | | | |
| **White bread**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Whole grain bread**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Cereal products (crackers, rusk…)**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Barley**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Oats**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Bran**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Maize-based food**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Other cereals**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Pasta**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Rice**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **V. FATS** | | | | | | | | | |
| **Vegetal fats**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Animal fat**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **VI. VEGETABLES AND FRUIT** | | | | | |  | | | |
| **Raw and cooked vegetables** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Carrots**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Fresh tomatoes**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Leafy vegetables**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Eggplant, courgette**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Pepper**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Asparagus**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Broccoli**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Green beans**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Chips/French fries**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Mushrooms**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Onions**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Garlic**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Corn on the cob**  **No. servings (unit) ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Soybeans**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Sunflower seeds**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Basil** (a hint) | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Black pepper**(a hint) | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Tinned products** (vegetables, legumes, cereals)  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Orange**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Banana**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Apple, pear**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Peach, apricot**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Melon, watermelon**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Grape**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Prunes**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Kiwi**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Strawberry**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Pineapple**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Dried fruits**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Grape juice**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Orange juice**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Apple juice**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **VII. SNACKS AND DRINKS** | | | | | | | | | |
| **Popcorn (microwave)**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Popcorn (home-made)**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Peanuts**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Other nuts**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Pistachio**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Potato chips (**packaged)  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Chewing gum**(one) | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Hazelnut spread**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Ice cream**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Jelly candies**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Candies, confectionery and candy bars not chocolate**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Chocolate – chocolate candy bars**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Cakes**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Coffee**  **No. cups ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Tea**  **No. cups ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **VIII. OTHER FOOD** | | | | | |  | | | |
| **Smoked food** (ham, smoked pork, smoked sausage, smoked cheese, salmon, etc.) | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Food grilled over an open flame/burning embers** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Fried food** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Ready meals (in plastic packaging)** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |

**2. Do you consume dietary supplements (e.g. vitamins and minerals)? If yes, please indicate type, frequency, starting and finishing date (if the use has finished).**

| **Type** | **Frequency (doses/week)** | **Starting date**  **(month/year)** | **Finishing date**  **(month/year)** |
| --- | --- | --- | --- |
| No 🞏 Yes 🞏 Don’t know 🞏 | | | |
| **Vitamin A**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |
| **Vitamin B/ B-complex**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |
| **Vitamin C**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |
| **Vitamin D**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |
| **Vitamin E**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |
| **Iron**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |
| **Zinc**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |
| **Calcium**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |
| **Other supplements**  🞏 No 🞏 Yes 🞏 Don’t know  Specify…………………………………………………………………. |  |  |  |

**3. How much water do you drink on average each day? (Do also think of hot beverages and soups!)**

| **Less than 1 l/day** | **1-2 l/day** | **2-3 l/day** | **3-5 l/day** | **More than 5 l/day** | **Don't know** |
| --- | --- | --- | --- | --- | --- |
| 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |

**4. What is the main source of your...?**

|  |  |
| --- | --- |
| **1. drinking water?** | **2. cooking water?** |
| Public network ⬜ Private well ⬜  Bottled water (plastic) ⬜ Don't know ⬜  Bottled water (glass) ⬜ Others ⬜  Specify……………….. | Public network ⬜ Private well ⬜  Bottled water (plastic) ⬜ Don't know ⬜  Bottled water (glass) ⬜ Others ⬜  Specify……………….. |

**5. Do you use water purification devices or water filtering systems for your...**

|  |  |
| --- | --- |
| **1. drinking water?** | **2. cooking water?** |
| 🞏 Filter (faucet attachment, refrigerator filter)  🞏 Water softener  🞏 Other, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  🞏 No treatment  🞏 Don't know | 🞏 Filter (faucet attachment, refrigerator filter)  🞏 Water softener  🞏 Other, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  🞏 No treatment  🞏 Don't know |

## Lifestyle

**LIFESTYLE**

1. **In relation to smoking habits, which of the following options best describes your situation? Please, specify all the information for the situation chosen.**

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| **1. 1 I have never smoked (Go to question 2)** |  |  |
| **1.2 I was a smoker but I gave up smoking**  1.2.1 Age start smoking|\_\_|\_\_| 🞏 Don't know  1.2.2. Age stop smoking |\_\_|\_\_|🞏 Don't know  1.2.3 Type/Variety and average of consumption   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **a. Cigarretes** No. per day |\_\_|\_\_|\_\_| | 🞏 Don't know |  |  |  | | **b. Pipes** No. per day |\_\_|\_\_|\_\_| | 🞏 Don't know |  |  |  | | **c. Cigars** No. per day |\_\_|\_\_|\_\_| | 🞏 Don't know |  |  |  | | **d. Electronic** No. per day |\_\_|\_\_|\_\_| | 🞏 Don't know |  |  |  | | **cigarretes** |  |  |  |  | | **e. Products** No. per day |\_\_|\_\_|\_\_| | 🞏 Don't know |  |  |  | | **for smoking**  **cessation** |  |  |  |  | | **f. Others** No. per day |\_\_|\_\_|\_\_| | 🞏 Don't know |  |  |  | | Specify……………………………………… |  |  |  |  | |  |  |
| **1.3. I currently smoke (occasionally smoker)**  1.3.1 Age start smoking|\_\_|\_\_|🞏 Don't know  1.3.2 Type/Variety and average of consumption   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **a. Cigarretes** No. per week |\_\_|\_\_|\_\_| | 🞏 Don't know |  |  |  | | **b. Pipes** No. per week |\_\_|\_\_|\_\_| | 🞏 Don't know |  |  |  | | **c. Cigars** No. per week |\_\_|\_\_|\_\_| | 🞏 Don't know |  |  |  | | **d. Electronic** No. per week |\_\_|\_\_|\_\_| | 🞏 Don't know |  |  |  | | **cigarretes** |  |  |  |  | | **e. Products** No. per week |\_\_|\_\_|\_\_| | 🞏 Don't know |  |  |  | | **for smoking**  **cessation** |  |  |  |  | | **f. Others** No. per week |\_\_|\_\_|\_\_| | 🞏 Don't know |  |  |  | | Specify……………………………………… |  |  |  |  | |  |  |
| **1.4. I currently smoke (daily smoker)**  1.4.1 Age start smoking|\_\_|\_\_|🞏 Don't know  1.4.2 Type/Variety and average of consumption   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **a. Cigarretes** No. per day |\_\_|\_\_|\_\_| | 🞏 Don't know |  |  |  | | **b. Pipes** No. per day |\_\_|\_\_|\_\_| | 🞏 Don't know |  |  |  | | **c. Cigars** No. per day |\_\_|\_\_|\_\_| | 🞏 Don't know |  |  |  | | **d. Electronic** No. per day |\_\_|\_\_|\_\_| | 🞏 Don't know |  |  |  | | **cigarretes** |  |  |  |  | | **e. Products** No. per day |\_\_|\_\_|\_\_| | 🞏 Don't know |  |  |  | | **for smoking**  **cessation** |  |  |  |  | | **f. Others** No. per day |\_\_|\_\_|\_\_| | 🞏 Don't know |  |  |  | | Specify……………………………………… |  |  |  |  | |  |  |

**2. How many people living in this house smoke regularly (indoors)? For each of them, please indicate the average number of cigarettes smoked indoors per day**

|  |  |
| --- | --- |
| **Member** | **Smoking habit** |
| No.1 | No. cigarettes/day |\_\_|\_\_|\_\_| 🞏 Don't know |
| No.2 | No. cigarettes/day |\_\_|\_\_|\_\_| 🞏 Don't know |
| No.3 | No. cigarettes/day |\_\_|\_\_|\_\_| 🞏 Don't know |
| No.4 | No. cigarettes/day |\_\_|\_\_|\_\_| 🞏 Don't know |

**3. Do those who visit this house smoke indoor?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Never** | **Rarely (<1/month)** | **Sometimes (<1/week)** | **Once a week** | **2-3 times/week** | **4-6 times/week** | **Don't know** |
|  |  |  |  |  |  |  |

**4. How long, on a daily average, do you usually spend in the following indoor places where people smoke?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Never** | **<1h/day** | **1-4h/day** | **>4h/day** | **Don't know** |
| **a. At workplace** |  |  |  |  |  |
| **b. At transports (car, train, bus...)** |  |  |  |  |  |
| **c. At restaurants, pubs, clubs, events** |  |  |  |  |  |
| **d. At friends', relatives' or neighbours' homes** |  |  |  |  |  |
| **e. Other indoor places** |  |  |  |  |  |

**5. From the following list of alcoholic drinks, please, indicate your frequency of consumption during the previous 12 months?**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Never** | **<1/month** | **1-3/month** | **1/week** | **2-3/week** | **4-6/week** | **>6/week** | **Don’t know** |
| **1. Beer** (a glass, 200 cc) |  |  |  |  |  |  |  |  |
| **2. Red wine** (a glass, 125 cc) |  |  |  |  |  |  |  |  |
| **3. White wine**(a glass, 125 cc) |  |  |  |  |  |  |  |  |
| **4. Spirits <40% alcohol** (fruit liquors. A glass, 50 cc) |  |  |  |  |  |  |  |  |
| **5. Spirits >40% alcohol** (whisky, gin, vodka… A glass, 50 cc) |  |  |  |  |  |  |  |  |
| **6. Alcoholic cocktails** (a glass, 50 cc) |  |  |  |  |  |  |  |  |

**6. Which of the following best describes your current physical exercise?** (Please do not take into account your physical activity at work)

|  |  |
| --- | --- |
| 1. Never do physical activity |  |
| 2. Light physical exercise for relaxation fewer than three times a week |  |
| 3. Medium and intensive physical exercise fewer than three times a week |  |
| 4. Intensive physical exercise at least three times a week for 10 minutes or more |  |
| 5. Daily exercise over 30 minutes a day |  |
| 6. Don't know |  |

**7. How much time on average do you spend in the following places?** (referred to workdays and weekends)

|  | **Workdays** | **Weekends** |
| --- | --- | --- |
| **1. Inside your home** | |\_\_|\_\_| hours |\_\_|\_\_| minutes  🞏 Don't know | |\_\_|\_\_| hours |\_\_|\_\_| minutes  🞏 Don't know |
| **2. Inside other houses** | |\_\_|\_\_| hours |\_\_|\_\_| minutes  🞏 Don't know | |\_\_|\_\_| hours |\_\_|\_\_| minutes  🞏 Don't know |
| **3. In other indoor spaces**(e.g. at workplace, shopping centre, sports club, cinema,restaurant...) | |\_\_|\_\_| hours |\_\_|\_\_| minutes  🞏 Don't know | |\_\_|\_\_| hours |\_\_|\_\_| minutes  🞏 Don't know |
| **4. In your car** | |\_\_|\_\_| hours |\_\_|\_\_| minutes  🞏 Don't know | |\_\_|\_\_| hours |\_\_|\_\_| minutes  🞏 Don't know |
| **5. In other closed vehicles for daily commuting** (e.g. bus, car, train...) | |\_\_|\_\_| hours |\_\_|\_\_| minutes  🞏 Don't know | |\_\_|\_\_| hours |\_\_|\_\_| minutes  🞏 Don't know |
| **6. Outdoor traffic** (on foot, running, bicycle, motorbike, skating, at train stations or bus stops...) | |\_\_|\_\_| hours |\_\_|\_\_| minutes  🞏 Don't know | |\_\_|\_\_| hours |\_\_|\_\_| minutes  🞏 Don't know |
| **7. Outdoors, away from home** (park, garden, forest, beach, outdoor sports area...) | |\_\_|\_\_| hours |\_\_|\_\_| minutes  🞏 Don't know | |\_\_|\_\_| hours |\_\_|\_\_| minutes  🞏 Don't know |

## Occupational exposure

**OCCUPATION**

**CURRENT OCCUPATIONAL EXPOSURE**

1. **Please, indicate the sector of industry/workplace where you work in** (refer to *The Statistical Classification of Economic Activities in the European Community*, abbreviated as NACE (NACE Rev. 2; annex to the interviewer manual).

If other, please specify:

1. **Please, describe your current job:**
2. **How long have you been doing this job? Specify years or months, if less than one year**

|\_\_|\_\_| years |\_\_|\_\_| months

1. **Do you come into contact with the following substances on your job?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **4.1. Oil, gasoline, or diesel** | Yes | No | Don't know | Specify: (e.g. oil refining/ petrochemical plants/ petroleum refinery, garage work, contaminated soil renovation, other job, which?)  ………………………………….. |
| **4.2. Creosote, creosote oil, coaltar** | Yes | No | Don't know | Specify: (e.g. creosote work, wood impregnation, pillar work, rail work, contaminated soil renovation, other job, which?)  ………………………………….. |
| **4.3. Bitumen, bitumen products** | Yes | No | Don't know | Specify: (e.g. road paving, bitumen work, bitumen roofing, waterproofing, contaminated soil renovation, other job, which?)  ………………………………….. |
| **4.4. Combustion products, including gasoline/diesel exhausts, ash or soot** | Yes | No | Don't know | Specify: (e.g. aluminium production, chimney sweeping, coking plants, firefighting/ fire practice/ fire prevention training, foundry industry, garage work, heating/ thermal power plants, metallurgic industry, mining, vehicle inspection, vehicle depots, waste incineration)  ………………………………….. |
| **4.5. Polycyclic aromatic hydrocarbons (PAHs),** if not included in other substance group/categories | Yes | No | Don't know | Specify:  ………………………………….. |
| **4.6. Metallic dust** | Yes | No | Don't know | Specify:  ………………………………….. |
| **4.7. Mercury** | Yes | No | Don't know | Specify:  ………………………………….. |
| **4.8 Lead** | Yes | No | Don't know | Specify:  ………………………………….. |
| **4.9. Cadmium** | Yes | No | Don't know | Specify:  ………………………………….. |
| **4.10. Chromium** | Yes | No | Don't know | Specify:  ………………………………….. |
| **4.11. Other metals** | Yes | No | Don't know | Specify:  ………………………………….. |
| **4.12. Pharmaceuticals** | Yes | No | Don't know | Specify:  ………………………………….. |
| **4.13. Paints/ coatings** | Yes | No | Don't know | Specify:  ………………………………….. |
| **4.14 Printing inks** | Yes | No | Don't know | Specify: (e.g. ink production, printing industry, other job, which?)  ………………………………….. |
| **4.15. Dyes, azo dyes and pigments** (tattoo inks, sulphur dyes, indigo compounds) | Yes | No | Don't know | Specify: (job/working task, what kind of dye?)  ………………………………….. |
| **4.16. Diisocyanates,4,4'-Methylenediphenyl diisocyanate (MDI)-based lacquers, foams and adhesives, toluene diisocyanate (TDI) and MDI or TDI-based polyurethane polymers** | Yes | No | Don't know | Specify:  ………………………………….. |
| **4.17. Varnishes** | Yes | No | Don't know | Specify:  ………………………………….. |
| **4.18. Solvents** | Yes | No | Don't know | Specify:  ………………………………….. |
| **4.19. Plasticisers** | Yes | No | Don't know | Specify:  ………………………………….. |
| **4.20. Pesticides, biocides or disinfection products** (herbicides, fungicides, insecticides or bactericides) | Yes | No | Don't know | Specify:  ………………………………….. |
| **4.21. Cosmetics or hair treatment products** (hair dyes etc.) | Yes | No | Don't know | Specify:  ………………………………….. |
| **4.22. Anilines** (e.g. aniline, 4,4’-methylenedianiline (=4,4’-MDA), 4,4'-methylenebis[2-chloroaniline] (= MOCA), o- and p-toluidine, p-phenylenediamine (= p-PDA), 1,3-diphenylguanidine), if not included in other substance/ group | Yes | No | Don't know | Specify:  ………………………………….. |
| **4.23. Rubber chemicals** | Yes | No | Don't know | Specify:  ………………………………….. |
| **4.24. Flame retardants** | Yes | No | Don't know | Specify:  ………………………………….. |
| **4.25. Nanomaterials** | Yes | No | Don't know | Specify:  ………………………………….. |
| **4.26. Photoresist/antireflective coatings** | Yes | No | Don't know | Specify:  ………………………………….. |
| **4.27. Other hazardous materials, hazardous waste or other chemicals** (e.g. contaminated soil renovation) | Yes | No | Don't know | Specify:  ………………………………….. |
| **4.28 Mycotoxins** (working with flours as bakery, waste Management, farming activities as animal production, greenhouse and others) | Yes | No | Don't know | Specify:  ………………………………….. |
| **4.29. Other compounds**  Specify......................................... | Yes | No | Don't know | Specify:  ………………………………….. |

1. **Please, indicate the main work tasks/activities that you perform regularly:**

**Task/activity 1**

* Duration of the tasks (hours in a work shift):
* Frequency of the tasks (days/week or days/month, please circle):
* Chemicals/substances produced, used or handled (please, refer to category list of question 4):
* Use of Personal Protective Equipment (PPE) (please, specify the type):
* Availability of collective protective measures (please, specify the type):

**Task/activity 2**

* Duration of the tasks (hours in a work shift):
* Frequency of the tasks (days/week or days/month, please circle):
* Chemicals/substances produced, used or handled (please, refer to category list of question 4):
* Use of Personal Protective Equipment (PPE) (please, specify the type):
* Availability of collective protective measures(please, specify the type):

**Task/activity 3**

* Duration of the tasks (hours in a work shift):
* Frequency of the tasks (days/week or days/month, please circle):
* Chemicals/substances produced, used or handled (please, refer to category list of question 4):
* Use of Personal Protective Equipment (PPE) (please, specify the type):
* Availability of collective protective measures(please, specify the type):

1. **In the working environment in which you perform working tasks/activities are there technical risk management measures (e.g. local exhaust ventilation, compartmentalisation of the exposure source...) available?**

Yes No Don't know

If yes, please specify:

1. **Are you subjected to a health surveillance program at work?**

Yes No Don't know

**If yes: Does the health surveillance program to which you are subjected include biological monitoring (measurement of chemicals or their metabolites in e.g. blood or urine samples)?**

Yes No Don't know

If yes, please specify:

* What chemicals/substances have been monitored (if known, please specify the CAS number)?
* How often is the biological monitoring carried out?

1. **Are your family/household members working with chemicals in their job**? If yes, specify

Yes No Don't know

**OCCUPATIONAL HISTORY**

**1. Please, fill the following questions for each of the previous jobs where you have worked in the past 25 years:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Previous job** | **Sector of industry/ workplace \*** | **Job description** | **Job duration** |
| **Job no.1** |  |  | **\_\_ years \_\_months** |
| **Job no.2** |  |  | **\_\_ years \_\_months** |
| **Job no.3** |  |  | **\_\_ years \_\_months** |

\* refer to annex NACE Rev. 2 (interviewer manual). If other, please specify.

**2. Did you come into contact with the following substances on your previous job?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **2.1. Oil, gasoline, or diesel** | Yes | No | Don't know | Specify: (e.g. oil refining/ petrochemical plants/ petroleum refinery, garage work, contaminated soil renovation, other job, which?)  ………………………………….. |
| **2.2. Creosote, creosote oil, coaltar** | Yes | No | Don't know | Specify: (e.g. creosote work, wood impregnation, pillar work, rail work, contaminated soil renovation, other job, which?)  ………………………………….. |
| **2.3. Bitumen, bitumen products** | Yes | No | Don't know | Specify: (e.g. road paving, bitumen work, bitumen roofing, waterproofing, contaminated soil renovation, other job, which?)  ………………………………….. |
| **2.4. Combustion products, including gasoline/diesel exhausts, ash or soot** | Yes | No | Don't know | Specify: (e.g. aluminium production, chimney sweeping, coking plants, firefighting/ fire practice/ fire prevention training, foundry industry, garage work, heating/ thermal power plants, metallurgic industry, mining, vehicle inspection, vehicle depots, waste incineration)  ………………………………….. |
| **2.5. Polycyclic aromatic hydrocarbons (PAHs),**if not included in other substance group/categories | Yes | No | Don't know | Specify:  ………………………………….. |
| **2.6. Metallic dust** | Yes | No | Don't know | Specify:  ………………………………….. |
| **2.7. Mercury** | Yes | No | Don't know | Specify:  ………………………………….. |
| **2.8 Lead** | Yes | No | Don't know | Specify:  ………………………………….. |
| **2.9. Cadmium** | Yes | No | Don't know | Specify:  ………………………………….. |
| **2.10. Chromium** | Yes | No | Don't know | Specify:  ………………………………….. |
| **2.11. Other metals** | Yes | No | Don't know | Specify:  ………………………………….. |
| **2.12. Pharmaceuticals** | Yes | No | Don't know | Specify:  ………………………………….. |
| **2.13. Paints/ coatings** | Yes | No | Don't know | Specify:  ………………………………….. |
| **2.14. Printing inks** | Yes | No | Don't know | Specify:(e.g. ink production, printing industry, other job, which?)  ………………………………….. |
| **2.15. Dyes, azo dyes and pigments** (tattoo inks, sulphur dyes, indigo compounds) | Yes | No | Don't know | Specify: (job/working task, what kind of dye?)  ………………………………….. |
| **2.16. Diisocyanates,4,4'-Methylenediphenyl diisocyanate (MDI)-based lacquers, foams**  **and adhesives, toluene diisocyanate (TDI) and MDI or TDI-based polyurethane polymers** | Yes | No | Don't know | Specify:  ………………………………….. |
| **2.17. Varnishes** | Yes | No | Don't know | Specify:  ………………………………….. |
| **2.18. Solvents** | Yes | No | Don't know | Specify:  ………………………………….. |
| **2.19. Plasticisers** | Yes | No | Don't know | Specify:  ………………………………….. |
| **2.20. Pesticides, biocides or disinfection products** (herbicides, fungicides, insecticides or bactericides) | Yes | No | Don't know | Specify:  ………………………………….. |
| **2.21. Cosmetics or hair treatment products** (hair dyes etc.) | Yes | No | Don't know | Specify:  ………………………………….. |
| **2.22. Anilines** (e.g. aniline, 4,4’-methylenedianiline (=4,4’-MDA), 4,4'-methylenebis[2-chloroaniline] (= MOCA), o- and p-toluidine, p-phenylenediamine (= p-PDA), 1,3-diphenylguanidine), if not included in other substance/ group | Yes | No | Don't know | Specify:  ………………………………….. |
| **2.23. Rubber chemicals** | Yes | No | Don't know | Specify:  ………………………………….. |
| **2.24. Flame retardants** | Yes | No | Don't know | Specify:  ………………………………….. |
| **2.25. Nanomaterials** | Yes | No | Don't know | Specify:  ………………………………….. |
| **2.26. Photoresist/antireflective coatings** | Yes | No | Don't know | Specify:  ………………………………….. |
| **2.27. Other hazardous materials, hazardous waste or other chemicals** (e.g. contaminated soil renovation) | Yes | No | Don't know | Specify:  ………………………………….. |
| **2.28 Mycotoxins** (working with flours as bakery, waste Management, farming activities as animal production, greenhouse and others) | Yes | No | Don't know | Specify:  ………………………………….. |
| **2.29. Other compounds**  Specify......................................... | Yes | No | Don't know | Specify:  ………………………………….. |

**3. Were you subjected to a health surveillance program at work in the past?**

Yes No Don't know

**If yes: Did this health surveillance program to which you were subjected include biological monitoring (measurement of chemicals or their metabolites in e.g. blood or urine samples)?**

Yes No Don't know

If yes, please specify:

* What chemicals/substances have been monitored (if known, please specify the CAS number)?
* How often is the biological monitoring carried out?

## Health status

**HEALTH**

|  |  |
| --- | --- |
| **1. Anthropometric measurements** | **Don’t know** |
| 1.1 How tall are you without shoes (in cm)? \_\_\_ \_\_\_ \_\_\_ cm |  |
| 1.2. How much do you weight without clothes and shoes (in kg)? \_\_\_ \_\_\_ \_\_\_ kg |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **2. Weight change** | **Yes** | **No** | **Don’t know** |
| 2.1 Has your weight changed in the past year? |  |  |  |
| 2.2. Have you lost weight in the past year?  Specify how much your weight has changed (in kg) \_\_\_ \_\_\_ \_\_\_ kg |  |  |  |
| 2.3. Have you gained weight in the past year?  Specify how much your weight has changed (in kg) \_\_\_ \_\_\_ \_\_\_ kg |  |  |  |

| **3. Do you have or have you ever had any of the following diseases or conditions, diagnosed by a medical doctor?**  **If yes, please specify how old you were when this was first diagnosed** | | |
| --- | --- | --- |
| 3.1 Asthma (allergic asthma included) | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
|
|
| 3.2 Chronic bronchitis, chronic obstructive pulmonary disease (COPD), emphysema | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 3.3 Myocardial infarction | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 3.4 Coronary heart disease (angina pectoris) | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 3.5 High blood pressure (hypertension) | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 3.6 Elevated blood cholesterol | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 3.7 Stroke (cerebral haemorrhage, cerebral thrombosis) | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 3.8 Rheumatoid arthritis (inflammation of the joints) | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 3.9 Osteoarthritis (arthrosis, joint degeneration) | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 3.10 Osteoporosis | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 3.11 Low back disorder or other chronic back defect | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 3.12 Neck disorder or other chronic neck defect | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 3.13 Diabetes | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 3.14 Thyroid condition | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 3.15 Allergy, such as rhinitis, eye inflammation, dermatitis, food allergy or other (allergic asthma excluded) | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 3.16 Stomach ulcer (gastric or duodenal ulcer) | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 3.17 Cirrhosis of the liver, liver dysfunction | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 3.18 Kidney disease or dysfunction | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 3.19 Cancer (malignant tumour, also including leukaemia and lymphoma) (see next question to specify kind of cancer) | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 3.20 Severe headache such as migraine | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 3.21 Urinary incontinence, problems in controlling the bladder or other gallbladder problems | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 3.22 Intestinal inflammatory diseases ( as bowel disease, Chron´s disease, celiac disease, ulcerative colitis) | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 3.23 Chronic anxiety | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 3.24 Chronic depression | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 3.25 Other mental health problems | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 3.26 Spinal cord disorders | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 3.27 Attention deficit disorders (ADD, ADHD) | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 3.28 Autism | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 3.29 Asperger syndrome | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 3.30 Down syndrome | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 3.31 Parkinson’s disease | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 3.32 Learning disability | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 3.33 Other neurological disorders | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 3.34 Permanent injury or defect caused by an accident | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| **(For women only)**  Gynaecological diseases | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| **(For men only)**  Prostate diseases | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| Other diseases or conditions.  Specify:  ………………………………….. | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |

**4. If you answered “Yes” for cancer, please specify what kind of cancer.**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Bladder |  | Brain |  | Lymphoma/Hodgkin’s disease |  | Rectum(rectal) |  | Thyroid |  |
| Blood |  | Gallbladder |  | Melanoma |  | Skin(non-melanoma) |  | Uterus(uterine) |  |
| Bone |  | Kidney |  | Mount/tongue/lip |  | Skin (don’t know what kind) |  | Other  Specify.......................... | |
| Breast |  | Larynx/Windpipe |  | Nervous System |  | Rectum(rectal) |  | Don’t know | |
| Cervix(cervical) |  | Leukaemia |  | Ovary(ovarian) |  | Soft tissue(muscle or fat) |  |  | |
| Colon |  | Liver |  | Pancreas(pancreatic) |  | Stomach |  |  | |
| Esophagus (esophageal) |  | Lung |  | Prostate |  | Testis(testicular) |  |  | |

**5. During the past two weeks, have you used any medicines that were prescribed for you by a doctor for...?**

High blood pressure Yes No Don't know 

Lowering blood cholesterol level Yes No Don't know 

Diabetes Yes No Don't know 

**5.1. Which medicines prescribed for you by a doctor you have used in the past two weeks, excluding those before mentioned? Please, indicate the commercial name of the medicine, the indication, as well as the strength of the drug, dose and frequency of use.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Commercial name** | **Indication** | **Dose** | **Frequency of use** | **Starting date** | **Ending date** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**6. Have you been vaccinated for?**

|  |  |
| --- | --- |
| Seasonal flu | Yes No Don't know  |
| Hepatitis B | Yes No Don't know  |
| Polio | Yes No Don't know  |
| MMR (measles, mumps, rubella) | Yes No Don't know  |
| DTP (diphtheria, tetanus, pertussis) | Yes No Don't know  |
| Varicella (chicken pox) | Yes No Don't know  |

**Please, answer questions 7 to 13 on your reproductive history (ONLY FOR WOMEN)**

|  |  |
| --- | --- |
| **7. Are you pregnant at present?** | Yes No Don't know  |
| **8. Have you ever been pregnant?** (Including current pregnancy, live births, miscarriages, stillbirths, tubal pregnancies or abortions). If yes, specify number. If not, go to question 11. | Yes No Don't know   No.\_\_\_ \_\_\_ |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **9. Please, complete the following information for each of your pregnancies** | | | | |
|  | **Abortion** | **Live birth** | **Polyembryotic** | **Birth defects** |
| **Pregnancy No.1** | Yes No  | Yes No  | Yes No  | Yes No Don't know  |
| **Pregnancy No.2** | Yes No  | Yes No  | Yes No  | Yes No Don't know  |
| **Pregnancy No.3** | Yes No  | Yes No  | Yes No  | Yes No Don't know  |
| **Pregnancy No.4** | Yes No  | Yes No  | Yes No  | Yes No Don't know  |
| **Pregnancy No.5** | Yes No  | Yes No  | Yes No  | Yes No Don't know  |
| **Pregnancy No.6** | Yes No  | Yes No  | Yes No  | Yes No Don't know  |

**10. Are you breast feeding or have breastfed? If so, please indicate the length of breastfeeding (months, or weeks if less than 1 month). For women with several children, specify total months of breastfeeding.**

Yes, I am breastfeeding **Specify length:** \_\_\_ \_\_\_ weeks \_\_\_ \_\_\_ months Don't know 

Yes, I had breast-fed **Specify length:** \_\_\_ \_\_\_ weeks \_\_\_ \_\_\_ months Don't know 

Yes, both **Specify length:** \_\_\_ \_\_\_ weeks \_\_\_ \_\_\_ months Don't know 

No 

**11. Have there been time periods when you have attempted to have a child but have not succeeded or it took over 12 months to succeed?**

I don’t know, because we or I have never tried to have a baby 

No 

Yes Most recently \_\_\_ \_\_\_ years ago

**12. Have you ever been examined or been treated for infertility?** Yes No Don't know 

**12.1 What was the reason for your infertility?**

Damage of the Fallopian tube (e.g. obstructions) 

Disturbance of the ovulation 

Endometriosis 

Reasons related to man

(e.g. weak sperm movement or slow sperm count) 

Reason is unclear 

Other reason 

Specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**13. Which of the following options best describes your menstrual cycle?**

I have menstrual periodsIf yes, specify length (on average)\_\_\_ \_\_\_ days Don't know 

My period stopped permanently menopause 

**If so, specify type of menopause:**

Natural 

Hormone therapy 

Surgical 

Don’t know 

**Please, answer questions 14 and 15 on your reproductive history (ONLY FOR MEN)**

**14. Have there been time periods when you have attempted to have a child but have not succeeded or it took over 12 months to succeed?**

I don’t know, because we or I have never tried to have a baby 

No 

Yes Most recently \_\_\_ \_\_\_ years ago

**15. Have you ever been examined or been treated for infertility?** Yes No Don't know 

**15.1 What was the reason for your infertility?**

Wake sperm movement 

Slow sperm count 

Abnormal sperm shape 

Reasons related to woman

(e.g. damage of the Fallopian tube,

disturbance of the ovulation, endometriosis) 

Reason is unclear 

Other reason 

Specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Specific questions on 2nd round priority substances

## Arsenic

### Residential environment and home exposures

**1. Is there any of the following facilities within 300 m of you home?**

| **Facilities** | **Yes** | **No** | **Don’t know** |
| --- | --- | --- | --- |
| Battery |  |  |  |
| Coal power plant |  |  |  |
| Glass |  |  |  |
| Mining |  |  |  |
| Non-ferrous metallurgical plant |  |  |  |
| Paint and/or pigment |  |  |  |
| Textile plant |  |  |  |
| Fertilizer/Pesticides plant |  |  |  |
| Pharmaceuticals |  |  |  |
| Paper plant |  |  |  |
| Semiconductors and solar cells |  |  |  |
| Ammunition factory |  |  |  |
| Sewage sludge treatment plant |  |  |  |
| Waste incineration plant |  |  |  |
| Antifungal wood preservatives industry |  |  |  |

### Diet

1. **How often did you consume the following food items in the last 4 weeks?**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Food item** | **(nearly) never** | **1-3 per month** | **1 per week** | **2-3 per week** | **4-6 per week** | **1 per day** | **2-3 per day** | **≥4**  **per day** | **Don’t know** |
| **Carrots** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Cereals** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Fresh water fish  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Marine fish  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Marine mammals  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **White fish** (e.g. hake, snapper, sea bream)  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Blue fish (big size)** (e.g. mackerel, tuna, sword fish)  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Blue fish (small size)** (e.g. anchovy, herring)  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Salmon**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Cephalopods** (e.g. squid, octopus)  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Farmed fish** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Wild fish** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Tinned fish** (a small can)  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Locally caught fish** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Fish fingers**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Crustaceans and shellfish** (lobster, crayfish, scampi, crab, prawns, oysters, mussels, etc.)  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Mushrooms** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Poultry** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Rice** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Seaweeds** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |

### Lifestyle

**1. In relation to smoking habits, which of the following options best describes your situation? Please, specify all the information for the situation chosen.**

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| **1. 1 I have never smoked (Go to question 2)** |  |  |
| **1.2 I was a smoker but I gave up smoking**  1.2.1 Age start smoking |\_\_|\_\_|🞏 Don't know  1.2.2. Age stop smoking |\_\_|\_\_|🞏 Don't know  1.2.3 Type/Variety and average of consumption   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **a. Cigarretes** No. per day |\_\_|\_\_|\_\_| | 🞏 Don't know |  |  |  | | **b. Pipes** No. per day |\_\_|\_\_|\_\_| | 🞏 Don't know |  |  |  | | **c. Cigars** No. per day |\_\_|\_\_|\_\_| | 🞏 Don't know |  |  |  | | **d. Electronic** No. per day |\_\_|\_\_|\_\_| | 🞏 Don't know |  |  |  | | **cigarretes** |  |  |  |  | | **e. Products** No. per day |\_\_|\_\_|\_\_| | 🞏 Don't know |  |  |  | | **for smoking**  **cessation** |  |  |  |  | | **f. Others** No. per day |\_\_|\_\_|\_\_| | 🞏 Don't know |  |  |  | | Specify……………………………………… |  |  |  |  | |  |  |
| **1.3. I currently smoke (occasionally smoker)**  1.3.1 Age start smokin g|\_\_|\_\_| 🞏 Don't know  1.3.2 Type/Variety and average of consumption   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **a. Cigarretes** No. per week |\_\_|\_\_|\_\_| | 🞏 Don't know |  |  |  | | **b. Pipes** No. per week |\_\_|\_\_|\_\_| | 🞏 Don't know |  |  |  | | **c. Cigars** No. per week |\_\_|\_\_|\_\_| | 🞏 Don't know |  |  |  | | **d. Electronic** No. per week |\_\_|\_\_|\_\_| | 🞏 Don't know |  |  |  | | **cigarretes** |  |  |  |  | | **e. Products** No. per week |\_\_|\_\_|\_\_| | 🞏 Don't know |  |  |  | | **for smoking**  **cessation** |  |  |  |  | | **f. Others** No. per week |\_\_|\_\_|\_\_| | 🞏 Don't know |  |  |  | | Specify……………………………………… |  |  |  |  | |  |  |
| **1.4. I currently smoke (daily smoker)**  1.4.1 Age start smoking|\_\_|\_\_|🞏 Don't know  1.4.2 Type/Variety and average of consumption   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **a. Cigarretes** No. per day |\_\_|\_\_|\_\_| | 🞏 Don't know |  |  |  | | **b. Pipes** No. per day |\_\_|\_\_|\_\_| | 🞏 Don't know |  |  |  | | **c. Cigars** No. per day |\_\_|\_\_|\_\_| | 🞏 Don't know |  |  |  | | **d. Electronic** No. per day |\_\_|\_\_|\_\_| | 🞏 Don't know |  |  |  | | **cigarretes** |  |  |  |  | | **e. Products** No. per day |\_\_|\_\_|\_\_| | 🞏 Don't know |  |  |  | | **for smoking**  **cessation** |  |  |  |  | | **f. Others** No. per day |\_\_|\_\_|\_\_| | 🞏 Don't know |  |  |  | | Specify……………………………………… |  |  |  |  | |  |  |

**2. How many people living in this house smoke regularly (indoors)? For each of them, please indicate the average number of cigarettes smoked indoors per day**

|  |  |
| --- | --- |
| **Member** | **Smoking habit** |
| No.1 | No. cigarettes/day |\_\_|\_\_|\_\_|🞏 Don't know |
| No.2 | No. cigarettes/day |\_\_|\_\_|\_\_|🞏 Don't know |
| No.3 | No. cigarettes/day |\_\_|\_\_|\_\_|🞏 Don't know |
| No.4 | No. cigarettes/day |\_\_|\_\_|\_\_|🞏 Don't know |

**3. Did you carry out one of the following DIY activities or hobbies and/or did you use one of the following products performing these DIY activities or hobbies in the last month? (please, do not count your professional activity).**

|  |  |  |  |
| --- | --- | --- | --- |
| **DIY activities/hobbies** | **Yes** | **No** | **Don’t know** |
| Carpentry (especially working activities involving use of Chromated Copper Arsenate (CCA) or CCA-treated wood) |  |  |  |
| Gardening |  |  |  |
| Non-ferrous metal smelting |  |  |  |
| Painting |  |  |  |
| Recycling of electronic parts |  |  |  |
| Taxidermy |  |  |  |
| Welding |  |  |  |
| **Products used during DIY activities/hobbies** | **Yes** | **No** | **Don’t know** |
| Arsenic containing pesticides |  |  |  |
| Chromate copper arsenate |  |  |  |
| Dyes |  |  |  |
| Homeopatic medicines |  |  |  |
| Leather preservatives |  |  |  |
| Paints |  |  |  |
| Semiconductors |  |  |  |
| Solar cells |  |  |  |
| Pigments |  |  |  |
| Sewage sludge (as fertilizer) |  |  |  |
| Wood preservatives |  |  |  |

**4. How often did you use the following cosmetic and hygiene products in the last month? For each product, please indicate if possible the commercial brand you mostly use.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **HAIR PRODUCTS** | **Never** | **Occasionally** | **Several times a month** | **Once a week** | **Everyday** | **Don't know** |
| Spray, lacquer, gel/mousse  ………………………………………… |  |  |  |  |  |  |
| Shampoo  ………………………………………… |  |  |  |  |  |  |
| Conditioner  ………………………………………… |  |  |  |  |  |  |
| Dye, colour rinse  ………………………………………… |  |  |  |  |  |  |
| Other products  Specify......................................... |  |  |  |  |  |  |
| **COSMETICS** | **Never** | **Occasionally** | **Several times a month** | **Once a week** | **Everyday** | **Don't know** |
| Foundation (powder, liquid)  ………………………………………… |  |  |  |  |  |  |
| Make-up remover  ………………………………………… |  |  |  |  |  |  |
| Lipstick  ………………………………………… |  |  |  |  |  |  |
| Other products  Specify......................................... |  |  |  |  |  |  |
| **BODYCARE** | **Never** | **Occasionally** | **Several times a month** | **Once a week** | **Everyday** | **Don't know** |
| Perfume / eau de Cologne  ………………………………………… |  |  |  |  |  |  |
| Body soap / shower gel  ………………………………………… |  |  |  |  |  |  |
| Body or hand lotion (cream, milk...)  ………………………………………… |  |  |  |  |  |  |
| Sun cream (sunscreen)  ………………………………………… |  |  |  |  |  |  |
| Sun tan lotion  ………………………………………… |  |  |  |  |  |  |
| Anti aging cream with sun protection factor |  |  |  |  |  |  |
| Deodorant  ………………………………………… |  |  |  |  |  |  |
| Shaving cream or aftershave lotion  ………………………………………… |  |  |  |  |  |  |
| Mouthwash  ………………………………………… |  |  |  |  |  |  |
| Other products  Specify......................................... |  |  |  |  |  |  |

**5. If sun cream or sun screen is used: which type of sun cream or sunscreen do you normally use?**

Conventional sunscreen (not mineral-based)

Mineral-based sunscreen

Sunscreen but you do not know whether it is conventional or mineral-based

**6. If sun screen is used: how do you apply sunscreen that you usually use? As a…**

Cream

Spray (Aerosol)

Roll-On

Don’t know

**7. What type of personal care products do you mostly use?**

Natural and eco-friendly

Chemical

Don’t know

### Occupation

1. **Arsenic exposure: from the following list of working tasks/activities, please, indicate if you perform them in carrying out your job, the duration and frequency in a work shift, the use of PPE and the availability of collective protective measures:**

| **Working tasks/activities** | **1. Duration (hours/day)** | | | | **2. Frequency (days/week)** | | | | **3. Use of PPE (if yes, please specify)** | **4. Availability of collective protective measures (if yes, please specify)** | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **˂0,5** | **0,5-2** | **2-4** | **4-8** | **˂1** | **1** | **2-3** | **4-5** |  |  |
| **Burning fossil fuels (i.e. coal)**  No 🞏 Yes 🞏  Don’t know 🞏 |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Carpentry and wood working (especially working activities involving use of Chromated Copper Arsenate (CCA) or CCA-treated wood)**  No 🞏 Yes 🞏  Don’t know 🞏 |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Harvesting and ginning cotton**  No 🞏 Yes 🞏  Don’t know 🞏 |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Mining and preparation of ore**  No 🞏 Yes 🞏  Don’t know 🞏 |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Pharmaceutical industry**  No 🞏 Yes 🞏  Don’t know 🞏 |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Production of glass**  No 🞏 Yes 🞏  Don’t know 🞏 |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Production of solar cells**  No 🞏 Yes 🞏  Don’t know 🞏 |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Production and handling of sewage sludge**  No 🞏 Yes 🞏  Don’t know 🞏 |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Production, handling or use of anti-friction additive for metals**  No 🞏 Yes 🞏  Don’t know 🞏 |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Production, handling or use of arsenic containing pesticides**  No 🞏 Yes 🞏  Don’t know 🞏 |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Production, handling or use of battery**  No 🞏 Yes 🞏  Don’t know 🞏 |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Production, handling or use of leather preservatives**  No 🞏 Yes 🞏  Don’t know 🞏 |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Production, handling or use of paints**  No 🞏 Yes 🞏  Don’t know 🞏 |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Production of semiconductors**  No 🞏 Yes 🞏  Don’t know 🞏 |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Recycling exhausted batteries**  No 🞏 Yes 🞏  Don’t know 🞏 |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Recycling of electronic parts**  No 🞏 Yes 🞏  Don’t know 🞏 |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Renovation of contaminated soil**  No 🞏 Yes 🞏  Don’t know 🞏 |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Foundry work and metal smelting with arsenic containing metals**  No 🞏 Yes 🞏  Don’t know 🞏 |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Solid waste collecting**  No 🞏 Yes 🞏  Don’t know 🞏 |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Solid waste incineration and disposal**  No 🞏 Yes 🞏  Don’t know 🞏 |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Taxidermy**  No 🞏 Yes 🞏  Don’t know 🞏 |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Wood treating (especially working activities involving use of Chromated Copper Arsenate (CCA) or CCA-treated wood)**  No 🞏 Yes 🞏  Don’t know 🞏 |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**2. Arsenic exposure history: in your previous jobs have you performed any of the following working tasks/activities (if yes, please, indicate the total period of exposure, the use of PPE and the availability of collective protective measures)?**

| **Working tasks/activities** | **Period of exposure (years)** | | | | | | | | **3. Use of PPE (if yes, please specify)** | **4. Availability of collective protective measures (if yes, please specify)** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **˂1** | **1-2** | **2-5** | **5-10** | **10-15** | **15-20** | **20-25** | **˃25** |  |  |
| **Burning fossil fuels (i.e. coal)**  No 🞏 Yes 🞏  Don’t know 🞏 |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Carpentry and wood working (especially working activities involving use of Chromated Copper Arsenate (CCA) or CCA-treated wood)**  No 🞏 Yes 🞏  Don’t know 🞏 |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Harvesting and ginning cotton**  No 🞏 Yes 🞏  Don’t know 🞏 |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Mining and preparation of ore**  No 🞏 Yes 🞏  Don’t know 🞏 |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Pharmaceutical industry**  No 🞏 Yes 🞏  Don’t know 🞏 |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Production of glass**  No 🞏 Yes 🞏  Don’t know 🞏 |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Production of solar cells**  No 🞏 Yes 🞏  Don’t know 🞏 |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Production and handling of sewage sludge**  No 🞏 Yes 🞏  Don’t know 🞏 |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Production, handling or use of anti-friction additive for metals**  No 🞏 Yes 🞏  Don’t know 🞏 |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Production, handling or use of arsenic containing pesticides**  No 🞏 Yes 🞏  Don’t know 🞏 |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Production, handling or use of battery**  No 🞏 Yes 🞏  Don’t know 🞏 |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Production, handling or use of leather preservatives**  No 🞏 Yes 🞏  Don’t know 🞏 |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Production, handling or use of paints**  No 🞏 Yes 🞏  Don’t know 🞏 |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Production of semiconductors**  No 🞏 Yes 🞏  Don’t know 🞏 |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Recycling exhausted batteries**  No 🞏 Yes 🞏  Don’t know 🞏 |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Recycling of electronic parts**  No 🞏 Yes 🞏  Don’t know 🞏 |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Renovation of contaminated soil**  No 🞏 Yes 🞏  Don’t know 🞏 |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Foundry work and metal smelting with arsenic containing metals**  No 🞏 Yes 🞏  Don’t know 🞏 |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Solid waste collecting**  No 🞏 Yes 🞏  Don’t know 🞏 |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Solid waste incineration and disposal**  No 🞏 Yes 🞏  Don’t know 🞏 |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Taxidermy**  No 🞏 Yes 🞏  Don’t know 🞏 |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Wood treating (especially working activities involving use of Chromated Copper Arsenate (CCA) or CCA-treated wood)**  No 🞏 Yes 🞏  Don’t know 🞏 |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

### Health

1. **Did you suffer of any of the following symptoms and/or signs in the last 5 years (if yes please specify the frequency)?**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Symptoms and/or signs** | | **(nearly) never** | **1-3 per month** | **1 per week** | **2-3 per week** | **4-6 per week** | **Everyday** |
| **Bronchitis** | Yes No Don’t know |  |  |  |  |  |  |
| **Cough** | Yes No Don’t know |  |  |  |  |  |  |
| **Dermatitis** | Yes No Don’t know |  |  |  |  |  |  |
| **Diarrhea** | Yes No Don’t know |  |  |  |  |  |  |
| **Dyspnea (breathing difficulty)** | Yes No Don’t know |  |  |  |  |  |  |
| **Hypertension** | Yes No Don’t know |  |  |  |  |  |  |
| **Nose irritation** | Yes No Don’t know |  |  |  |  |  |  |
| **Nausea** | Yes No Don’t know |  |  |  |  |  |  |
| **Peripheral neuropathy** | Yes No Don’t know |  |  |  |  |  |  |
| **Pulmonary edema** | Yes No Don’t know |  |  |  |  |  |  |
| **Rhinorrhea** | Yes No Don’t know |  |  |  |  |  |  |
| **Skin irritation, hyperkeratinisation and hyperpigmentation** | Yes No Don’t know |  |  |  |  |  |  |
| **Vomiting** | Yes No Don’t know |  |  |  |  |  |  |

## Acrylamide

### Residential environment and home exposures

**1. Is there any of the following facilities within 300 m of you home?**

| **Facilities** | **Yes** | **No** | **Don’t know** |
| --- | --- | --- | --- |
| Fast-food places, food industry |  |  |  |

### Diet

**1. How often did you consume the following food items in the last 4 weeks?**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Food item** | **(nearly) never** | **1-3 per month** | **1 per week** | **2-3 per week** | **4-6 per week** | **1 per day** | **2-3 per day** | **Don’t know** |
| **Roasted cereals** (for example puffed rice, popcorn, toasted oats, puffed wheat, etc.; excl. porridge),  No. servings …………………. |  |  |  |  |  |  |  |  |
| **Roasted nuts**  No. servings …………………. |  |  |  |  |  |  |  |  |
| **Vegetable chips**  No. servings …………………. |  |  |  |  |  |  |  |  |
| **Chips/French fries**  **No. servings ………………………….** |  |  |  |  |  |  |  |  |
| **Potato chips (**packaged)  **No. servings ………………………….** |  |  |  |  |  |  |  |  |
| **Fast food** |  |  |  |  |  |  |  |  |
| **Food grilled over an open flame/burning embers** |  |  |  |  |  |  |  |  |
| **Fried food** |  |  |  |  |  |  |  |  |

1. **During the past 4 weeks, how often did you consume any of the following beverages?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Beverages** | **never** | **every day** | **twice a week** | **once a week** | **once a month** | **Don’t know** |
| **Roasted coffee,**  **No. servings ………………….** |  |  |  |  |  |  |
| **Instant coffee,**  **No. servings …………………** |  |  |  |  |  |  |
| **Coffee substitutes on cereal base,**  **No. servings ………………** |  |  |  |  |  |  |
| **Coffee substitutes on chicory base, No. servings ……………….** |  |  |  |  |  |  |

### Lifestyle

**1. In relation to smoking habits, which of the following options best describes your situation? Please, specify all the information for the situation chosen.**

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| **1. 1 I have never smoked (Go to question 2)** |  |  |
| **1.2 I was a smoker but I gave up smoking**  1.2.1 Age start smoking |\_\_|\_\_|🞏 Don't know  1.2.2. Age stop smoking |\_\_|\_\_|🞏 Don't know  1.2.3 Type/Variety and average of consumption   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **a. Cigarretes** No. per day |\_\_|\_\_|\_\_| | 🞏 Don't know |  |  |  | | **b. Pipes** No. per day |\_\_|\_\_|\_\_| | 🞏 Don't know |  |  |  | | **c. Cigars** No. per day |\_\_|\_\_|\_\_| | 🞏 Don't know |  |  |  | | **d. Electronic** No. per day |\_\_|\_\_|\_\_| | 🞏 Don't know |  |  |  | | **cigarretes** |  |  |  |  | | **e. Products** No. per day |\_\_|\_\_|\_\_| | 🞏 Don't know |  |  |  | | **for smoking**  **cessation** |  |  |  |  | | **f. Others** No. per day |\_\_|\_\_|\_\_| | 🞏 Don't know |  |  |  | | Specify……………………………………… |  |  |  |  | |  |  |
| **1.3. I currently smoke (occasionally smoker)**  1.3.1 Age start smoking|\_\_|\_\_|🞏 Don't know  1.3.2 Type/Variety and average of consumption   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **a. Cigarretes** No. per week |\_\_|\_\_|\_\_| | 🞏 Don't know |  |  |  | | **b. Pipes** No. per week |\_\_|\_\_|\_\_| | 🞏 Don't know |  |  |  | | **c. Cigars** No. per week |\_\_|\_\_|\_\_| | 🞏 Don't know |  |  |  | | **d. Electronic** No. per week |\_\_|\_\_|\_\_| | 🞏 Don't know |  |  |  | | **cigarretes** |  |  |  |  | | **e. Products** No. per week |\_\_|\_\_|\_\_| | 🞏 Don't know |  |  |  | | **for smoking**  **cessation** |  |  |  |  | | **f. Others** No. per week |\_\_|\_\_|\_\_| | 🞏 Don't know |  |  |  | | Specify……………………………………… |  |  |  |  | |  |  |
| **1.4. I currently smoke (daily smoker)**  1.4.1 Age start smoking|\_\_|\_\_|🞏 Don't know  1.4.2 Type/Variety and average of consumption   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **a. Cigarretes** No. per day |\_\_|\_\_|\_\_| | 🞏 Don't know |  |  |  | | **b. Pipes** No. per day |\_\_|\_\_|\_\_| | 🞏 Don't know |  |  |  | | **c. Cigars** No. per day |\_\_|\_\_|\_\_| | 🞏 Don't know |  |  |  | | **d. Electronic** No. per day |\_\_|\_\_|\_\_| | 🞏 Don't know |  |  |  | | **cigarretes** |  |  |  |  | | **e. Products** No. per day |\_\_|\_\_|\_\_| | 🞏 Don't know |  |  |  | | **for smoking**  **cessation** |  |  |  |  | | **f. Others** No. per day |\_\_|\_\_|\_\_| | 🞏 Don't know |  |  |  | | Specify……………………………………… |  |  |  |  | |  |  |

**2. How many people living in this house smoke regularly (indoors)? For each of them, please indicate the average number of cigarettes smoked indoors per day**

|  |  |
| --- | --- |
| **Member** | **Smoking habit** |
| No.1 | No. cigarettes/day |\_\_|\_\_|\_\_|🞏 Don't know |
| No.2 | No. cigarettes/day |\_\_|\_\_|\_\_|🞏 Don't know |
| No.3 | No. cigarettes/day |\_\_|\_\_|\_\_|🞏 Don't know |
| No.4 | No. cigarettes/day |\_\_|\_\_|\_\_|🞏 Don't know |

**3. How often do you (or any family member) cook using…?**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **3 times per day** | **Twice per day** | **Once per day** | **Several times per week** | **Once a week** | **Once a month** | **Don’t know** |
| **Electrical stove** |  |  |  |  |  |  |  |
| **Gas cooking** |  |  |  |  |  |  |  |
| **Frying** |  |  |  |  |  |  |  |
| **Grilling (charcoal)** |  |  |  |  |  |  |  |
| **Other** |  |  |  |  |  |  |  |

**4. Do you have a ventilation hood above the stove?**

|  |  |  |
| --- | --- | --- |
| **Yes** | **No** | **Don’t know** |
|  |  |  |

## Aprotic solvents

### Residential environment and home exposures

**1. Is there any of the following facilities within 300 m of you home?**

| **Facilities** | **Yes** | **No** | **Don’t know** |
| --- | --- | --- | --- |
| A site where solvents are used (e.g. painting business) |  |  |  |

### Lifestyle

1. **Did you carry out any of the following activities as DIY activities or hobbies and/or were you exposed to any of these substances in these activities in the last month? (please, do not count your professional activity)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Products / DIY activities/hobbies** | **Yes** | **No** | **Don’t know** |
| Use of DMA1 containing cleaning products (e.g. paint removing products) |  |  |  |
| Use of DMA1 containing pharmaceutical products |  |  |  |
| Use of DMF2 containing cleaning products (e.g. paint removing products) |  |  |  |
| NMP3 containing pharmaceutical products |  |  |  |
| NMP3 containing cosmetics |  |  |  |
| NMP3 containing cleaning products (e.g. paint removing products) |  |  |  |
| NMP3 containing printing inks |  |  |  |

**1 DMA** = N,N-dimethylacetamide; **2 DMF**= N,N-dimethylformamide; **3 NMP** = 1-methyl-2-pyrrolidone

### Occupation

1. **Aprotic solvent exposure (DMA= N,N-dimethylacetamide): From the following list of working tasks/activities, please, indicate if you perform them in carrying out your job, the duration and frequency in a work shift, the use of PPE and the availability of collective protective measures:**

| **Working tasks/activities** | **1. Duration (hours/day)** | | | | **2. Frequency (days/week)** | | | | **3. Use of PPE (if yes, please specify)** | **4. Availability of collective protective measures (if yes, please specify)** | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **˂0,5** | **0,5-2** | **2-4** | **4-8** | **˂1** | **1** | **2-3** | **4-5** |  |  |
| **Production of DMA**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Handling or use as laboratory chemical**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Production of chemicals**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Handling or use in chemical industry processes (e.g. use as solvent in synthesis or for extraction)**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Production of pharmaceuticals**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Handling or use of DMA containing pharmaceutical products(DMA used as excipient)**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Productionand processing of polymers (use as a solvent e.g. for polyacrylonitrile (PAN) and other polymers)**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Production of synthetic fibers (e.g. acrylic fibers, polyurethane elastane yarns, aramid fibers)**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Production of textile, synthetic leather or fur**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Production of machinery and vehicles**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Industrial abrasion processing(e.g. cutting of textile, cutting, machining or grinding of metal)**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Handling or use in e.g. cooling liquids in refrigerators, oil-based electric heaters**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. **Aprotic solvent exposure (DMF = N,N-dimethylformamide): From the following list of working tasks/activities, please, indicate if you perform them in carrying out your job, the duration and frequency in a work shift, the use of PPE and the availability of collective protective measures:**

| **Working tasks/activities** | **1. Duration (hours/day)** | | | | **2. Frequency (days/week)** | | | | **3. Use of PPE (if yes, please specify)** | **4. Availability of collective protective measures (if yes, please specify)** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **˂0,5** | **0,5-2** | **2-4** | **4-8** | **˂1** | **1** | **2-3** | **4-5** |
| **Production of DMF**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Handling or use as laboratory chemical**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Production of chemicals**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Handling or use in chemical industry processes (e.g. use as solvent in synthesis or for extraction)**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Handling or use in electronics industry**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Production, handling or use of DMF containing coatings (e.g. polyurethane coatings, polyamide coatings or surface coatings)**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Production, handling or use of DMF containing pesticides**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Production, handling or use of DMF containing adhesives, varnishes, solvent dyes**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Production of pharmaceuticals**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Productionand processing of polymers (use as a solvent e.g. for polyacrylonitrile (PAN) and other polymers)**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Production of acrylic fibers**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Production of textile, synthetic leather or fur**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Production of machinery and vehicles**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Production, handling or use of DMF containing cleaning products (e.g. paint removing products)**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**3. Aprotic solvent exposure (NMP = 1-methyl-2-pyrrolidone): From the following list of working tasks/activities, please, indicate if you perform them in carrying out your job, the duration and frequency in a work shift, the use of PPE and the availability of collective protective measures:**

| **Working tasks/activities** | **1. Duration (hours/day)** | | | | **2. Frequency (days/week)** | | | | **3. Use of PPE (if yes, please specify)** | **4. Availability of collective protective measures (if yes, please specify)** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **˂0,5** | **0,5-2** | **2-4** | **4-8** | **˂1** | **1** | **2-3** | **4-5** |
| **Production of NMP**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Distribution of NMP, (Re)filling**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Handling or use of NMP as laboratory chemical**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Use of NMP in chemical industry processes (e.g. as solvent in synthesis or for extraction)**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Use of NMP in preparation of polymers (e.g. polyurethane, polyaniline, polyamideimide, polyimide, polyvinylidene fluoride, polysulfone, poly ethersulfone)**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Use of NMP in petrochemical industry**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Production, handling or use of coatings containing NMP (including non-wire and wire coatings)**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Production, handling or use of NMP containing cleaning products (e.g. paint removing products)**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Use of NMP in electronics and semiconductor industries (e.g. as carrier solvent or cleaner/stripper)**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Use of NMP in battery industry**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Use of NMP in membrane manufacture**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Use of NMP in synthesis of agrochemicals**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Production, handling or use of NMP containing agrochemical formulations**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Use of NMP in production of pharmaceuticals**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Production, handling or use of NMP containing pharmaceutical products**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Production, handling or use of NMP containing cosmetics**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Production, handling or use of NMP containing functional fluids**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**4. Aprotic solvent exposure history (DMA): In your previous jobs have you performed any of the following working tasks/activities? (if yes, please, indicate the total period of exposure, the use of PPE and the availability of collective protective measures)**

| **Working tasks/activities** | **Period of exposure (years)** | | | | | | | | **3. Use of PPE (if yes, please specify)** | **4. Availability of collective protective measures (if yes, please specify)** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **˂1** | **1-2** | **2-5** | **5-10** | **10-15** | **15-20** | **20-25** | **˃25** |  |  |
| **Production of DMA**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Handling or use as laboratory chemical**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Production of chemicals**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Handling or use in chemical industry processes (e.g. use as solvent in synthesis or for extraction)**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Production of pharmaceuticals**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Handling or use of DMA containing pharmaceutical products(DMA used as excipient)**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Productionand processing of polymers (use as a solvent e.g. for polyacrylonitrile (PAN) and other polymers)**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Production of synthetic fibers (e.g. acrylic fibers, polyurethane elastane yarns, aramid fibers)**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Production of textile, synthetic leather or fur**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Production of machinery and vehicles**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Industrial abrasion processing(e.g. cutting of textile, cutting, machining or grinding of metal)**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Handling or use in e.g. cooling liquids in refrigerators, oil-based electric heaters**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Production, handling or use of DMA containing cleaning products (e.g. paint removing products)**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**5. Aprotic solvent exposure history (DMF): In your previous jobs have you performed any of the following working tasks/activities? (if yes, please, indicate the total period of exposure, the use of PPE and the availability of collective protective measures)**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Working tasks/activities** | **Period of exposure (years)** | | | | | | | | **3. Use of PPE (if yes, please specify)** | **4. Availability of collective protective measures (if yes, please specify)** |
| **˂1** | **1-2** | **2-5** | **5-10** | **10-15** | **15-20** | **20-25** | **˃25** |  |  |
| **Production of DMF**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Handling or use as laboratory chemical**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Production of chemicals**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Handling or use in chemical industry processes (e.g. use as solvent in synthesis or for extraction)**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Handling or use in electronics industry**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Production, handling or use of DMF containing coatings (e.g. polyurethane coatings, polyamide coatings or surface coatings)**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Production, handling or use of DMF containing pesticides**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Production, handling or use of DMF containing adhesives, varnishes, solvent dyes**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Production of pharmaceuticals**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Productionand processing of polymers (use as a solvent e.g. for polyacrylonitrile (PAN) and other polymers)**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Production of acrylic fibers**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Production of textile, synthetic leather or fur**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Production of machinery and vehicles**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Production, handling or use of DMF containing cleaning products (e.g. paint removing products)**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**6. Aprotic solvent (NMP) exposure history: In your previous jobs have you performed any of the following working tasks/activities? (if yes, please, indicate the total period of exposure, the use of PPE and the availability of collective protective measures)**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Working tasks/activities** | **Period of exposure (years)** | | | | | | | | **3. Use of PPE (if yes, please specify)** | **4. Availability of collective protective measures (if yes, please specify)** |
| **˂1** | **1-2** | **2-5** | **5-10** | **10-15** | **15-20** | **20-25** | **˃25** |  |  |
| **Production of NMP**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Distribution of NMP, (Re)filling**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Handling or use of NMP as laboratory chemical**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Use of NMP in chemical industry processes (e.g. as solvent in synthesis or for extraction)**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Use of NMP in preparation of polymers (e.g. polyurethane, polyaniline, polyamideimide, polyimide, polyvinylidene fluoride, polysulfone, poly ethersulfone)**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Use of NMP in petrochemical industry**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Production, handling or use of coatings containing NMP (including non-wire and wire coatings)**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Production, handling or use of NMP containing cleaning products (e.g. paint removing products)**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Use of NMP in electronics and semiconductor industries (e.g. as carrier solvent or cleaner/stripper)**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Use of NMP in battery industry**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Use of NMP in membrane manufacture**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Use of NMP in synthesis of agrochemicals**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Production, handling or use of NMP containing agrochemical formulations**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Use of NMP in production of pharmaceuticals**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Production, handling or use of NMP containing pharmaceutical products**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Production, handling or use of NMP containing cosmetics**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Production, handling or use of NMP containing functional fluids**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

## Diisocyanates

### Residential environment and home exposures

**1. Is there any of the following facilities within 300 m of you home?**

| **Facilities** | **Yes** | **No** | **Don’t know** |
| --- | --- | --- | --- |
| A site where polyurethanes are produced |  |  |  |
| Automotive industry |  |  |  |
| A site where spray paintings, surface coating, spraying insulating are produced/used |  |  |  |

### Lifestyle

1. **Did you carry out any of the following activities as DIY activities or hobbies and/or were you exposed to any of these substances in these activities in the last month? (please, do not count your professional activity)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Products / DIY activities/hobbies** | **Yes** | **No** | **Don’t know** |
| Machining of polyurethane containing products (especially leading to formation of thermal decomposition products) |  |  |  |
| Home renovation and repair work |  |  |  |
| Motor vehicle repair (especially spray painting) |  |  |  |
| Thermoplastic polyurethanes (TPUs) in various consumer goods |  |  |  |
| Cured polyurethane foam |  |  |  |
| Uncured polyurethane products containing diisocyanates (adhesives and sealants, polyurethane foams) |  |  |  |
| Uncured polyurethane products containing diisocyanates (paints and coatings) |  |  |  |

### Occupation

**1. Diisocyanate exposure: From the following list of working tasks/activities, please, indicate if you perform them in carrying out your job, the duration and frequency in a work shift, the use of PPE and the availability of collective protective measures:**

| **Working tasks/activities** | **1. Duration (hours/day)** | | | | **2. Frequency (days/week)** | | | | **3. Use of PPE (if yes, please specify)** | **4. Availability of collective protective measures (if yes, please specify)** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **˂0,5** | **0,5-2** | **2-4** | **4-8** | **˂1** | **1** | **2-3** | **4-5** |
| **Production of diisocyanates**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Production, handling or use of diisocyanate containing polyurethanesealants(e.g. use in doors and windows)**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Production,handling or use of diisocyanate containing paints (e.g. painting of vehicles and furnitures)**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Production, handling or use of diisocyanate containing varnishes, coatings or adhesives (e.g. making furnitures and cabinets)**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Production, handling or use of diisocyanate containing flexible polyurethane foams (e.g. production of foam plastic products, slabstock foam for mattresses or molded foams for car seats)**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Production, handling or use of diisocyanate containing rigid polyurethane foams (e.g. insulating foam in refrigerators and freezers)**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Production of diisocyanate containing elastomers and synthetic rubbers (e.g. shoe soles)**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Machining of polyurethane products (e.g. processing thermoplastic polyurethane (TPU) orheat cutting/ hot-wire cutting of cured polyurethane foams leading to thermal decomposition of polyurethane)**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Welding, grinding and flame cutting of polyurethane coated metals**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Motor vehicle repair including sheet metal work and refinishing of cars**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Core making in foundry work**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**2. Diisocyanate exposure history: In your previous jobs have you performed any of the following working tasks/activities? (if yes, please, indicate the total period of exposure, the use of PPE and the availability of collective protective measures)**

| **Working tasks/activities** | **Period of exposure (years)** | | | | | | | | **3. Use of PPE (if yes, please specify)** | **4. Availability of collective protective measures (if yes, please specify)** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **˂1** | **1-2** | **2-5** | **5-10** | **10-15** | **15-20** | **20-25** | **˃25** |  |  |
| **Production of diisocyanates**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Production, handling or use of diisocyanate containing polyurethane sealants (e.g. use in doors and windows)**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Production, handling or use of diisocyanate containing paints (e.g. painting of vehicles and furnitures)**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Production, handling or use of diisocyanate containing varnishes, coatings or adhesives (e.g. making furnitures and cabinets)**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Production, handling or use of diisocyanate containing flexible polyurethane foams (e.g. production of foam plastic products, slabstock foam for mattresses or molded foams for car seats)**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Production, handling or use of diisocyanate containing rigid polyurethane foams (e.g. insulating foam in refrigerators and freezers)**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Production of diisocyanate containing elastomers and synthetic rubbers (e.g. shoe soles)**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Machining of polyurethane products (e.g. processing thermoplastic polyurethane (TPU) or heat cutting/ hot-wire cutting of cured polyurethane foams leading to thermal decomposition of polyurethane)**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Welding, grinding and flame cutting of polyurethane coated metals**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Motor vehicle repair including sheet metal work and refinishing of cars**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Core making in foundry work**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

## Lead & its compounds

### Residential environment and home exposures

**1. Is there any of the following facilities within 300 m of you home?**

| **Facilities** | **Yes** | **No** | **Don’t know** |
| --- | --- | --- | --- |
| A waste incineration plant |  |  |  |
| A site where waste (all waste/ hazardous waste or chemicals?) is dumped |  |  |  |
| A metalworking business |  |  |  |
| A scrap yard |  |  |  |
| A site where solvents are used (e.g. painting business) |  |  |  |
| A car repair plant |  |  |  |
| A glass factory |  |  |  |
| A ceramic factory |  |  |  |
| A refinery |  |  |  |
| A paper factory |  |  |  |
| A fertilizer industry |  |  |  |
| A steel plant |  |  |  |
| A tannery business |  |  |  |
| Tar-mining sites |  |  |  |
| A recycling plant |  |  |  |
| A cement, pesticides or plastic compounds factory |  |  |  |
| A power plant using coal, oil, wood etc. |  |  |  |
| A metal smeltery |  |  |  |
| A coal combustion facility |  |  |  |
| A site where photovoltaic devices and sollar cells are produced |  |  |  |
| A site where batteries/candles are produced |  |  |  |
| Highways, Roads |  |  |  |
| Other industrial facilities  Specify facility……………………………………………………… |  |  |  |

**2. Which is the material most used for pipes of water supply lines in your home?**

|  |  |
| --- | --- |
| **MATERIALS** | **Yes** |
| Galvanized steel or iron |  |
| Lead |  |
| Copper (rigid and flexible) |  |
| Chromed copper |  |
| CPVC (Chlorinated Poly-Vinyl Chloride) |  |
| PEX (Cross-linked Polyethylene) |  |
| Other non-textil material  Specify …………………………………… |  |
| Don't know | |

-

**3. Please, complete the following information about redecorations and renovations made in your home. Has your home been...?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes** | **No** | **Don’t know** |
| **1. Renovated in the last 2 years?**  (Major renovations: e.g. new walls, floor, windows…) |  |  |  |
| **2. Redecorated in the last year?** (e.g. painting, varnishing…) |  |  |  |

### Diet

1. **How often did you consume the following food items in the last 4 weeks?**

| **Food item** | **(nearly) never** | **1-3 per month** | **1 per week** | **2-3 per week** | **4-6 per week** | **1 per day** | **2-3 per day** | **≥4**  **per day** | **Don’t know** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **I. FISH** | | | | | |  | | | |
| **White fish** (e.g. hake, snapper, sea bream)  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Blue fish (big size)** (e.g. mackerel, tuna, sword fish)  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Blue fish (small size)** (e.g. anchovy, herring)  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Salmon**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Cephalopods** (e.g. squid, octopus)  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Fresh fish** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Farmed fish** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Wild fish** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Tinned fish** (a small can)  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Frozen fish** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Fish fingers**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Crustaceans and shellfish** (lobster, crayfish, scampi, crab, prawns, oysters, mussels, etc.)  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **II. MEAT** | | | | | |  | | | |
| **White meat (**poultry, turkey, etc.)  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Red meat** (pork, beef, horse, lamb, etc.)  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Offal** (liver, kidney, etc.)  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Game meat** (pheasant, wild duck, etc.)  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Tinned meat**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **III. DAIRY PRODUCTS (NOT SKIMMED) AND EGGS** | | | | | | | | | |
| **Butter**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Milk**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Fresh Cheese**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Aged Cheese**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Yogurt**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Eggs**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **IV. CEREALS** | | | | | | | | | |
| **White bread**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Whole grain bread**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Cereal products (crackers, rusk…)**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Barley**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Oats**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Bran**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Other cereals**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Pasta**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Rice**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **VI. VEGETABLES AND FRUIT** | | | | | |  | | | |
| **Fresh tomatoes**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Leafy vegetables**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Other vegetables (broccoli, green beans, cabbage etc.)**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Wild mushrooms**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Cultivated Mushroom**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **DRINKS** | | | | | | | | | |
| **Coffee**  **No. cups ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Tea**  **No. cups ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Beer** (No. glasses, 200 cc) | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Red wine** (No. glasses, 125 cc) | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **White wine** (No. glasses, 125 cc) | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Spirits <40% alcohol** (fruit liquors. No. glasses, 50 cc) | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Spirits >40% alcohol** (whisky, gin, vodka… No. glasses, 50 cc) | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |

**2. What materials do you use as cookware for cooking and frying (e.g. pots, pans, fryer, robots, making bread machine etc.)**

| **Use** | **(nearly) never** | **1 per month** | **2-3 per month** | **1 per week** | **2-3 per week** | **4-6 per week** | **1 per day** | **Don’t know** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Steel | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Ceramic (unglazed) | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Ceramic (glazed) | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Glass | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Teflon baking tray/covered pan | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Others  🞏 No 🞏 Yes  Specify………………………. | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Don’t know 🞏 | | | | | | | | |

**3. Do you use the following containers for keeping food in the refrigerators or for longer-time storage elsewhere? If yes, how often do you use it?**

| **Type of container** | **(nearly) never** | **1 per month** | **2-3 per month** | **1 per week** | **2-3 per week** | **4-6 per week** | **1 per day** | **Don’t know** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Hard plastic containers | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Soft plastic container | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Baking paper | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Plastic bag | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Aluminium containers | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Unglazed ceramic containers | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Glazed ceramic containers | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Glass containers | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Others  Specify.................................. | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Don’t know 🞏 | | | | | | | | |

**4. Do you use the following containers for preparing or heating food in the microwave oven? If yes: how often do you use it?**

| **Type of container** | **(nearly) never** | **1 per month** | **2-3 per month** | **1 per week** | **2-3 per week** | **4-6 per week** | **1 per day** | **>1 per day** | **Don’t know** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Hard plastic containers | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Soft plastic containers | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Polystyrene foam (e.g. box) | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Cardboard box | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Aluminium containers | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Unglazed ceramic containers | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Glazed ceramic containers | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Glass containers | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Others  Specify............................. | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Don’t know 🞏 | | | | | | | | | |

### Lifestyle

**1. In relation to smoking habits, which of the following options best describes your situation? Please, specify all the information for the situation chosen.**

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| **1. 1 I have never smoked (Go to question 2)** |  |  |
| **1.2 I was a smoker but I gave up smoking**  1.2.1 Age start smoking|\_\_|\_\_|🞏 Don't know  1.2.2. Age stop smoking |\_\_|\_\_|🞏 Don't know  1.2.3 Type/Variety and average of consumption   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **a. Cigarettes** No. per day |\_\_|\_\_|\_\_| | 🞏 Don't know |  |  |  | | **b. Pipes** No. per day |\_\_|\_\_|\_\_| | 🞏 Don't know |  |  |  | | **c. Cigars** No. per day |\_\_|\_\_|\_\_| | 🞏 Don't know |  |  |  | | **d. Electronic** No. per day |\_\_|\_\_|\_\_| | 🞏 Don't know |  |  |  | | **cigarettes** |  |  |  |  | | **e. Products** No. per day |\_\_|\_\_|\_\_| | 🞏 Don't know |  |  |  | | **for smoking**  **cessation** |  |  |  |  | | **f. Others** No. per day |\_\_|\_\_|\_\_| | 🞏 Don't know |  |  |  | | Specify……………………………………… |  |  |  |  | |  |  |
| **1.3. I currently smoke (occasionally smoker)**  1.3.1 Age start smoking|\_\_|\_\_|🞏 Don't know  1.3.2 Type/Variety and average of consumption   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **a. Cigarettes** No. per week |\_\_|\_\_|\_\_| | 🞏 Don't know |  |  |  | | **b. Pipes** No. per week |\_\_|\_\_|\_\_| | 🞏 Don't know |  |  |  | | **c. Cigars** No. per week |\_\_|\_\_|\_\_| | 🞏 Don't know |  |  |  | | **d. Electronic** No. per week |\_\_|\_\_|\_\_| | 🞏 Don't know |  |  |  | | **cigarettes** |  |  |  |  | | **e. Products** No. per week |\_\_|\_\_|\_\_| | 🞏 Don't know |  |  |  | | **for smoking**  **cessation** |  |  |  |  | | **f. Others** No. per week |\_\_|\_\_|\_\_| | 🞏 Don't know |  |  |  | | Specify……………………………………… |  |  |  |  | |  |  |
| **1.4. I currently smoke (daily smoker)**  1.4.1 Age start smoking|\_\_|\_\_|🞏 Don't know  1.4.2 Type/Variety and average of consumption   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **a. Cigarettes** No. per day |\_\_|\_\_|\_\_| | 🞏 Don't know |  |  |  | | **b. Pipes** No. per day |\_\_|\_\_|\_\_| | 🞏 Don't know |  |  |  | | **c. Cigars** No. per day |\_\_|\_\_|\_\_| | 🞏 Don't know |  |  |  | | **d. Electronic** No. per day |\_\_|\_\_|\_\_| | 🞏 Don't know |  |  |  | | **cigarettes** |  |  |  |  | | **e. Products** No. per day |\_\_|\_\_|\_\_| | 🞏 Don't know |  |  |  | | **for smoking**  **cessation** |  |  |  |  | | **f. Others** No. per day |\_\_|\_\_|\_\_| | 🞏 Don't know |  |  |  | | Specify……………………………………… |  |  |  |  | |  |  |

**2. How many people living in this house smoke regularly (indoors)? For each of them, please indicate the average number of cigarettes smoked indoors per day**

|  |  |
| --- | --- |
| **Member** | **Smoking habit** |
| No.1 | No. cigarettes/day |\_\_|\_\_|\_\_|🞏 Don't know |
| No.2 | No. cigarettes/day |\_\_|\_\_|\_\_|🞏 Don't know |
| No.3 | No. cigarettes/day |\_\_|\_\_|\_\_|🞏 Don't know |
| No.4 | No. cigarettes/day |\_\_|\_\_|\_\_|🞏 Don't know |

**3. How often did you use the following cosmetic and hygiene products in the last month? For each product, please indicate if possible the commercial brand you mostly use.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **COSMETICS** | **Never** | **Ocasionally** | **Several times a month** | **Once a week** | **Everyday** | **Don't know** |
| Foundation (powder, liquid)  ………………………………………… |  |  |  |  |  |  |
| Make-up remover  ………………………………………… |  |  |  |  |  |  |
| Lipbalm  ………………………………………… |  |  |  |  |  |  |
| Lipstick  ………………………………………… |  |  |  |  |  |  |
| Blusher  ………………………………………… |  |  |  |  |  |  |
| Eye make-up (non-water resistant) (e.g.eye shadow, eyeliner, mask, crayon)  ………………………………………… |  |  |  |  |  |  |
| Eye make-up (water-resistant) (e.g.eye shadow, eyeliner, mask, crayon)  ………………………………………… |  |  |  |  |  |  |
| Nail polish  ………………………………………… |  |  |  |  |  |  |
| Nail polish remover  ………………………………………… |  |  |  |  |  |  |
| Traditionalcosmetics (kohl, surma, kajal, tiro, etc.) (TO BE ADAPTED IF IT IS NEEDED) |  |  |  |  |  |  |
| Other products  Specify......................................... |  |  |  |  |  |  |

**4. What type of personal care products do you mostly use?**

Natural and eco-friendly

Chemical

Don’t know

**5. Did you carry out any of the following activities as DIY activities or hobbies and/or were you exposed to any of these substances in these activities in the last month? (Please, do not count your professional activity)**

|  |  |  |  |
| --- | --- | --- | --- |
| **CLEANING AND REPARATION PRODUCTS** | **Yes** | **No** | **Don’t know** |
| Degrease tools, machines or electronics |  |  |  |
| Use of computer and/or electronic products repairing |  |  |  |
| Other products, specify……………………………………………………… |  |  |  |
| **HOME REPAIRS/MAINTENANCE AND CONSTRUCTION ACTIVITIES** | **Yes** | **No** | **Don’t know** |
| Glass processing |  |  |  |
| **HANDLING METALS** | **Yes** | **No** | **Don’t know** |
| Weldering |  |  |  |
| Use lead, mercury or other metals |  |  |  |
| Other products, specify……………………………………………………… |  |  |  |
| **DYES AND INKS** | **Yes** | **No** | **Don’t know** |
| Printing |  |  |  |
| Other products, specify……………………………………………………… |  |  |  |
| **OTHER PRODUCTS AND ACTIVITIES** | **Yes** | **No** | **Don’t know** |
| Leather processing |  |  |  |
| Use of photovoltaic devices and solar cells |  |  |  |
| Recreational art restoration works |  |  |  |
| **OTHER PRODUCTS AND ACTIVITIES NOT ABOVE-MENTIONED** | **Yes** | **No** | **Don’t know** |
| Other products/activities  Speciffy activity........................................................................................  Specify substances exposed to  ................................................................................................................. |  |  |  |

**6. Do you regularly wear plastic or rubber shoes such as e.g. flip-flops, beach shoes, swimming shoes, Crocs ® or clogs without socks?**

🞏 Yes 🞏 No 🞏 Don’t know

### Occupation

**1. From the following list of working tasks/activities, please, indicate if you perform them in carrying out your job, the duration and frequency in a work shift, the use of PPE and the availability of collective protective measures:**

| **Working tasks/activities** | **1. Duration (hours/day)** | | | | **2. Frequency (days/week)** | | | | **3. Use of PPE (if yes, please specify)** | **4. Availability of collective protective measures (if yes, please specify)** | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **˂0,5** | **0,5-2** | **2-4** | **4-8** | **˂1** | **1** | **2-3** | **4-5** |  |  |
| **Lead mining**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Lead smelters and refiners**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Chemical industry**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Foundry industry working**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Battery manufactoring**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Construction workers**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Demolition workers**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Ship-builders**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Auto-repairing workers**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Bullets manufacturing**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Ceramics manufactoring**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Electrical components manufactoring**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Glass manufactoring**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Plastic manufactoring**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Rubber manufactoring**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Recycling of metal, electronics and batteries**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Solid waste collection and disposal**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Production or use of paints or pigments**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Plumbers or pipe fitters**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Gasoline additive production\***  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Gas-station attendants\***  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Police officers**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Welding**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Firing range instructors and gunsmiths**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Art restoration works**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**\* to respond only if lead is actually used as an additive**

**2. Lead exposure history: In your previous jobs have you performed any of the following working tasks/activities? (if yes, please, indicate the total period of exposure, the use of PPE and the availability of collective protective measures)**

| **Working tasks/activities** | **1. Period of exposure (years)** | | | | | | | | **2. Use of PPE (if yes, please specify)** | **3. Availability of collective protective measures (if yes, please specify)** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **˂1** | **1-2** | **2-5** | **5-10** | **10-15** | **15-20** | **20-25** | **˃25** |  |  |
| **Lead mining**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Lead smelters and refiners**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Chemical industry**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Foundry industry working**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Battery manufactoring**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Construction workers**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Demolition workers**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Ship-builders**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Auto-repairing workers**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Bullets manufacturing**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Ceramics manufactoring**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Electrical components manufactoring**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Glass manufactoring**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Plastic manufactoring**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Rubber manufactoring**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Recycling of metal, electronics and batteries**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Solid waste collection and disposal**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Production or use of paints or pigments**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Plumbers or pipe fitters**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Gasoline additive production\***  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Gas-station attendants\***  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Police officers**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Welding**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Firing range instructors and gunsmiths**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Art restoration works**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**\* to respond only if lead was used as an additive**

### Health

**1. Do you have or have you ever had anaemia, diagnosed by a medical doctor? If yes, please specify how old you were when this was first diagnosed**

|  |  |
| --- | --- |
| Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |

**2. Do you have or have you ever had digestive system disorders (constipation, nausea and poor appetite), diagnosed by a medical doctor? If yes, please specify how old you were when this was first diagnosed**

|  |  |
| --- | --- |
| Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |

**3. Do you have or ever had amalgam fillings or dental sealant in your teeth?**

Yes, amalgam fillings 

Yes, dental sealant 

Yes, both 

No 

Don't know 

**3.1 In how many teeth?** \_\_\_ \_\_\_amalgam fillings Don’t know \_\_\_ \_\_\_dental sealant Don’t know 

**3.2 When was the amalgam filling placed last time? (specify days/months/years ago)**

\_\_\_ \_\_\_ days \_\_\_ \_\_\_ months \_\_\_ \_\_\_ years Don't know 

**3.3 When was the dental sealant placed last time? (specify days/months/years ago)**

\_\_\_ \_\_\_ days \_\_\_ \_\_\_ months \_\_\_ \_\_\_ years Don't know 

**3.4 When was the amalgam filling removed from your teeth last time? (specify days/months/years ago)**

\_\_\_ \_\_\_ days \_\_\_ \_\_\_ months \_\_\_ \_\_\_ years Don't know 

**3.5 When was the dental sealant removed from your teeth last time? (specify days/months/years ago)**

\_\_\_ \_\_\_ days \_\_\_ \_\_\_ months \_\_\_ \_\_\_ years Don't know 

**4. Do you have any artificial joints, pins, plates, metal suture material, or other types of metal objects in your body? (Do not include piercings, crowns, dental braces or retainers, shrapnel, or bullets.)**

Yes No Don't know 

**5. Do you regularly use herbal treatments or herbal medicines (e.g. Ayurveda medicine) for treatment of diseases? If yes, please specify the following information:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** | **Indication** | **Dose** | **Frequency of use** | **Starting date** | **Ending date** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

## Mercury & its organic compounds

### Residential environment and home exposures

**1. Is there any of the following facilities within 300 m of you home?**

| **Facilities** | **Yes** | **No** | **Don’t know** |
| --- | --- | --- | --- |
| Production of automotive components |  |  |  |
| Production of batteries |  |  |  |
| Cement production plant |  |  |  |
| Chemical processing plant |  |  |  |
| Coal power plant |  |  |  |
| Production of electrical components |  |  |  |
| Production of fungicides |  |  |  |
| Geothermal energy plant |  |  |  |
| Landfills |  |  |  |
| Metallurgical plant |  |  |  |
| Production of paint and/or pigment |  |  |  |
| Production of pharmaceuticals |  |  |  |
| Recycling facilities |  |  |  |
| Sewage sludge treatment plant |  |  |  |
| Waste incineration plant |  |  |  |
| Crematorium |  |  |  |
| Other industrial facilities  Specify facility……………………………………………………… |  |  |  |

**2. Did you have any of these situations at home?**

**2.1. Breakage of a mercury thermometer** Yes No Don't know 

**2.2. Breakage of an energy-saving lamp** Yes No Don't know 

* 1. **Diet**

**1. How often did you consume the following food items in the last 3 months?**

| **Food item** | **(nearly) never** | **1-3 per month** | **1 per week** | **2-3 per week** | **4-6 per week** | **1 per day** | **2-3 per day** | **≥4**  **per day** | **Don’t know** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Fresh water fish  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Marine fish  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Marine mammals  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **White fish** (e.g. hake, snapper, sea bream)  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Blue fish (big size)** (e.g. mackerel, tuna, sword fish)  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Blue fish (small size)** (e.g. anchovy, herring)  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Salmon**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Cephalopods** (e.g. squid, octopus)  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Farmed fish** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Wild fish** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Tinned fish** (a small can)  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Locally caught fish** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Fish fingers**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Crustaceans and shellfish** (lobster, crayfish, scampi, crab, prawns, oysters, mussels, etc.)  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Smoked fish**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Surimi and surimi based products**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| Snails  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Meats  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Wild game  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Mushrooms  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Cereals  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Crab  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |

**2. Where do you usually buy vegetables?**

|  |  |
| --- | --- |
| Hypermarkets, superstores |  |
| Supermarkets |  |
| Local shops |  |
| Others.  Specify.............................................................................................................................. |  |
| Don't know |  |

### Lifestyle

1. **Did you carry out any of the following activities as DIY activities or hobbies and/or were you exposed to any of these substances in these activities in the last month? (please, do not count your professional activity)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Products / DIY activities/hobbies** | **Yes** | **No** | **Don’t know** |
| Gardening |  |  |  |
| Leather tanning |  |  |  |
| Smelting |  |  |  |
| Painting |  |  |  |
| Recycling of electrical parts |  |  |  |
| Tattoo (especially red inks) |  |  |  |
| Welding/Soldering |  |  |  |
| Artist paints |  |  |  |
| Cosmetics (e.g. skin-lightining creams) |  |  |  |
| Dyes |  |  |  |
| Homeopatic medicines |  |  |  |
| Inks (especially red) |  |  |  |
| Leather preservatives |  |  |  |
| Paints |  |  |  |
| Pigments |  |  |  |
| Sewage sludge (as fertilizer) |  |  |  |

### Occupation

**1. From the following list of working tasks/activities, please, indicate if you perform them in carrying out your job, the duration and frequency in a work shift, the use of PPE and the availability of collective protective measures:**

| **Working tasks/activities** | **1. Duration (hours/day)** | | | | **2. Frequency (days/week)** | | | | **3. Use of PPE (if yes, please specify)** | **4. Availability of collective protective measures (if yes, please specify)** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **˂0,5** | **0,5-2** | **2-4** | **4-8** | **˂1** | **1** | **2-3** | **4-5** |
| **Burning fossil fuels (i.e. coal)**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Cinnabar mining**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Electroplating**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Leather tanning**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Mining**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Pharmaceutical industry**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Production of automotive components**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Production of cement**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Production of electrical components**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   \_\_\_\_\_\_\_\_\_ |
| **Production of fluorescent lights**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Production of paper**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Production of precision instruments**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Production, handling or use of battery**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Production, handling or use of chlor-alkali**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Production, handling or use of fungicides**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Production, handling or use of inks**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Production, handling or use of paints**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Production, handling or use of sewage sludge**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Recycling exhausted batteries**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Recycling of electrical parts**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Smelting (e.g. mercury copper, metal sulfide ores, zinc)**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Solid waste collecting**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Solid waste incineration and disposal**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Natural gas/oil refinery**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Dentistry (and their assistans)**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**2. Mercury exposure history: in your previous jobs have you performed any of the following working tasks/activities (if yes, please, indicate the total period of exposure, the use of PPE and the availability of collective protective measures)?**

| **Working tasks/activities** | **Period of exposure (years)** | | | | | | | | **3. Use of PPE (if yes, please specify)** | **4. Availability of collective protective measures (if yes, please specify)** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **˂1** | **1-2** | **2-5** | **5-10** | **10-15** | **15-20** | **20-25** | **>25** |
| **Burning fossil fuels (i.e. coal)**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Cinnabar mining**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Electroplating**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Leather tanning**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Mining**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Pharmaceutical industry**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Production of automotive components**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Production of cement**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Production of electrical components**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Production of fluorescent lights**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Production of paper**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Production of precision instruments**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Production, handling or use of battery**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Production, handling or use of chlor-alkali**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Production, handling or use of fungicides**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Production, handling or use of inks**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Production, handling or use of paints**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Production, handling or use of sewage sludge**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Recycling exhausted batteries**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Recycling of electrical parts**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Smelting (e.g. mercury copper, metal sulfide ores, zinc)**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Solid waste collecting**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Solid waste incineration and disposal**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Natural gas/oil refinery**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Dentistry (and their assistans)**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

### Health

1. **Did you suffer of any of the following symptoms and/or signs in the last 5 years (if yes please specify the frequency)?**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Symptoms and/or signs** | | **(nearly) never** | **1-3 per month** | **1 per week** | **2-3 per week** | **4-6 per week** | **Everyday** | **Don’t know** |
| **Abdominal pains**  Yes No Don't know  |  |  |  |  |  |  |  |  |
| **Chest tightness**  Yes No Don't know  |  |  |  |  |  |  |  |  |
| **Chills**  Yes No Don't know  |  |  |  |  |  |  |  |  |
| **Conjunctivitis**  Yes No Don't know  |  |  |  |  |  |  |  |  |
| **Cough**  Yes No Don't know  |  |  |  |  |  |  |  |  |
| **Diarrhea**  Yes No Don't know  |  |  |  |  |  |  |  |  |
| **Dyspnea (breathing difficulty)**  Yes No Don't know  |  |  |  |  |  |  |  |  |
| **Emotional lability**  Yes No Don't know  |  |  |  |  |  |  |  |  |
| **Emphysema**  Yes No Don't know  |  |  |  |  |  |  |  |  |
| **Fatigue**  Yes No Don't know  |  |  |  |  |  |  |  |  |
| **Fever**  Yes No Don't know  |  |  |  |  |  |  |  |  |
| **Insomnia**  Yes No Don't know  |  |  |  |  |  |  |  |  |
| **Headaches**  Yes No Don't know  |  |  |  |  |  |  |  |  |
| **Hypertension**  Yes No Don't know  |  |  |  |  |  |  |  |  |
| **Memory loss**  Yes No Don't know  |  |  |  |  |  |  |  |  |
| **Muscle fasciculations**  Yes No Don't know  |  |  |  |  |  |  |  |  |
| **Muscle tightness**  Yes No Don't know  |  |  |  |  |  |  |  |  |
| **Nausea**  Yes No Don't know  |  |  |  |  |  |  |  |  |
| **Peripheral neuropathy**  Yes No Don't know  |  |  |  |  |  |  |  |  |
| **Perspiration (heavy)**  Yes No Don't know  |  |  |  |  |  |  |  |  |
| **Proteinuria**  Yes No Don't know  |  |  |  |  |  |  |  |  |
| **Pulmonary edema**  Yes No Don't know  |  |  |  |  |  |  |  |  |
| **Reddened and/or peeling skin**  Yes No Don't know  |  |  |  |  |  |  |  |  |
| **Stomatitis**  Yes No Don't know  |  |  |  |  |  |  |  |  |
| **Skin rashes**  Yes No Don't know  |  |  |  |  |  |  |  |  |
| **Tachycardia**  Yes No Don't know  |  |  |  |  |  |  |  |  |
| **Tremors**  Yes No Don't know  |  |  |  |  |  |  |  |  |
| **Ulcerations of the oral mucosa**  Yes No Don't know  |  |  |  |  |  |  |  |  |
| **Vomiting**  Yes No Don't know  |  |  |  |  |  |  |  |  |

**2. Do you have or ever had amalgam fillings in your teeth?**

Yes  No Don't know 



**In how many teeth?** \_\_\_ \_\_\_ Don’t know 

**When was the amalgam filling placed last time? (specify days/months/years ago)**

\_\_\_ \_\_\_ days \_\_\_ \_\_\_ months \_\_\_ \_\_\_ years Don't know 

**When was the amalgam filling removed from your teeth last time? (specify days/months/years ago)**

\_\_\_ \_\_\_ days \_\_\_ \_\_\_ months \_\_\_ \_\_\_ years Don't know 

## Mycotoxins

### Residential environment and home exposures

**1. Is there any of the following facilities within 300 m of you home?**

| **Facilities** | **Yes** | **No** | **Don’t know** |
| --- | --- | --- | --- |
| Milk production industry |  |  |  |
| A farmland, orchardor vineyard |  |  |  |

**2. Do you have or have recently had any of the following problems in your home?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes** | **No** | **Don’t know** |
| **1. Mould or mildew on walls or other home surfaces** |  |  |  |
| **2. Water damage** (e.g. broken pipes, a leaky roof or floods) |  |  |  |
| **3. Musty or mouldy odour** |  |  |  |
| **4. Peeling paint on the walls or windowsills** |  |  |  |
| **5. Black magic dust** |  |  |  |

**3. How is your house usually ventilated? For each option, please, specify frequency of use (months/year in which mechanical systems are used.**

|  |
| --- |
| **Ventilation system** |
| **1. Mechanical ventilation system** (e.g. fan system, supply and exhaust devices) | No Yes No.months…………Always on…….. |
| **Air filters changing frequence** | Once a month each 3 months each 6 months once a year  > once a year |
| **3. Don’t know** | |

### Diet

**1. How often did you consume the following food items in the 4 weeks?**

| **Food item** | **(nearly) never** | **1-3 per month** | **1 per week** | **2-3 per week** | **4-6 per week** | **1 per day** | **2-3 per day** | **≥4**  **per day** | **Don’t know** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **DAIRY PRODUCTS (NOT SKIMMED) AND EGGS** | | | | | | | | | |
| **Butter**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Milk**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Fresh Cheese**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Aged Cheese**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Yogurt**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Eggs**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **IV. CEREALS** | | | | | | | | | |
| **White bread**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Whole grain bread**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Cereal products (crackers, rusk…)**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Breakfast cereals**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Barley**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Oats**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Bran**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Maize-based food**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Other cereals**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Pasta**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Rice**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **V. VEGETABLES AND FRUITS** | | | | | |  | | | |
| **Apple juice**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Dried fruits**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **VI. SNACKS AND DRINKS** | | | | | | | | | |
| **Peanuts**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Other nuts**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Pistachio**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Cakes**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Candies, confectionery and candy bars not chocolate**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Chocolate – chocolate candy bars**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Coffee**  **No. cups ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Wine**  **No. glasses ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Beer**  **No. glasses ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |

**2. Have you special diet restrictions? In affirmative case, which?** (multiple answers are possible)

Yes 󠄇🞏 No 🞏 Don't know 🞏

|  |  |
| --- | --- |
| Vegetarian | Yes 󠄇🞏 No 🞏 Don't know 🞏 |
| Glute-free | Yes 󠄇🞏 No 🞏 Don't know 🞏 |
| Vegan | Yes 󠄇🞏 No 🞏 Don't know 🞏 |
| Other. Please specify  …………………………… | Yes 󠄇🞏 No 🞏 Don't know 🞏 |
| Don't know | 🞏 |

### 7.4 Lifestyle

**1. Are you involved in farming activities (animal production, greenhouse and others)? (Please, do not consider your professional tasks).**

| No | Yes | Don’t know |
| --- | --- | --- |
|  |  |  |

### Occupation

**1. From the following list of working tasks/activities, please, indicate if you perform them in carrying out your job, the duration and frequency in a work shift, the use of PPE and the availability of collective protective measures:**

| **Working tasks/activities** | **1. Duration (hours/day)** | | | | **2. Frequency (days/week)** | | | | **3. Use of PPE (if yes, please specify)** | **4. Availability of collective protective measures (if yes, please specify)** | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **˂0,5** | **0,5-2** | **2-4** | **4-8** | **˂1** | **1** | **2-3** | **4-5** |  |  |
| **Handling of feed, cereals or other organic material**  🞏 No 🞏 Yes 🞏 Don’t know  If yes, identify the material: |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Animals farming**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Handling of bakery products**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Handling of waste or other disposable materials**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Handling of dead animals (e.g. slaugtherhouses)**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Agricultural labour (outdoors)**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Agricultural labour (greenhouses)**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Working in a fruit/vegetable warehouse**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Gardening**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**2. Mycotoxin exposure history: in your previous jobs have you performed any of the following working tasks/activities (if yes, please, indicate the total period of exposure, the use of PPE and the availability of collective protective measures)?**

| **Working tasks/activities** | **Period of exposure (years)** | | | | | | | | **3. Use of PPE (if yes, please specify)** | **4. Availability of collective protective measures (if yes, please specify)** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **˂1** | **1-2** | **2-5** | **5-10** | **10-15** | **15-20** | **20-25** | **>25** |
| **Handling of feed, cereals or other organic material**  🞏 No 🞏 Yes 🞏 Don’t know  If yes, identify the material: |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Animals farming**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Handling of bakery products**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Handling of waste or other disposable materials**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Handling of dead animals (e.g. slaugtherhouses)**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Agricultural labour (outdoors)**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Agricultural labour (greenhouses)**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Working in a fruit/vegetable warehouse**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Gardening**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

### Health

**1. Did you suffer of any of the following symptoms and/or signs in the last 5 years (if yes please specify the frequency)?**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Symptoms and/or signs** | | **(nearly) never** | **1-3 per month** | **1 per week** | **2-3 per week** | **4-6 per week** | **Everyday** | **Don’t know** |
| **Abdominal pains**  Yes No Don't know  |  |  |  |  |  |  |  |  |
| **Nausea**  Yes No Don't know  |  |  |  |  |  |  |  |  |
| **Vomiting**  Yes No Don't know  |  |  |  |  |  |  |  |  |
| **Diarrhoea**  Yes No Don't know  |  |  |  |  |  |  |  |  |
| **Hepatic disorders**  Yes No Don't know  |  |  |  |  |  |  |  |  |
| **Renal disorders**  Yes No Don't know  |  |  |  |  |  |  |  |  |
| **Irritable bowel syndrome**  Yes No Don't know  |  |  |  |  |  |  |  |  |
| **Food allergies**  Yes No Don't know  |  |  |  |  |  |  |  |  |
| **Celiac disease**  Yes No Don't know  |  |  |  |  |  |  |  |  |
| **Chron´s disease**  Yes No Don't know  |  |  |  |  |  |  |  |  |
| **Fever**  Yes No Don't know  |  |  |  |  |  |  |  |  |
| **Ulcerative colitis**  Yes No Don't know  |  |  |  |  |  |  |  |  |
| **Headaches**  Yes No Don't know  |  |  |  |  |  |  |  |  |
| **Gastric ulcer**  Yes No Don't know  |  |  |  |  |  |  |  |  |
| **Asthma**  Yes No Don't know  |  |  |  |  |  |  |  |  |
| **Cough**  Yes No Don't know  |  |  |  |  |  |  |  |  |
| **Recurrent apnea and/or pneumonia**  Yes No Don't know  |  |  |  |  |  |  |  |  |
| **Wheezing**  Yes No Don't know  |  |  |  |  |  |  |  |  |
| Acute pulmonary hemorragae  Yes No Don't know  |  |  |  |  |  |  |  |  |
| **Cancer**  Yes No Don't know  |  |  |  |  |  |  |  |  |
| **Infertility**  **Yes  No  Don't know** |  |  |  |  |  |  |  |  |

**1.1 If you answered “Yes” for cancer, please specify what kind of cancer.**

|  |  |  |  |
| --- | --- | --- | --- |
| Renal |  | Esophageal | Other,  Specify……………….. |
| Liver |  | Intestinal |

**2. Are you pregnant at present?**

| No | Yes | Don’t know |
| --- | --- | --- |
|  |  |  |

**3. Are you breast feeding? Exclusively or with supplementation?**

Yes, I am breastfeeding **Specify length:** \_\_\_ \_\_\_ weeks \_\_\_ \_\_\_ months Don't know 

No 

## Pesticides

### Residential environment and home exposures

**1. Is your home close to:**

|  | **No** | **Yes,< 150m.** | **Yes,< 500m.** | **Yes, 500-1000 m.** | **Yes, >1000 m.** | **Don’t know** |
| --- | --- | --- | --- | --- | --- | --- |
| Agricultural fields |  |  |  |  |  |  |
| Greenhouses |  |  |  |  |  |  |
| Natural spaces (parks, National Parks…) |  |  |  |  |  |  |
| A site where pesticides are produced |  |  |  |  |  |  |
| A site where pesticides are used |  |  |  |  |  |  |
| Other industrial facilities  Specify facility……………………………………………………… |  |  |  |  |  |  |

**2. Does your house have garden and/or vegetable garden? If not, go to question 3.**

| No | Yes | Don’t know |
| --- | --- | --- |
|  |  |  |

**2.1. Has your garden/vegetable garden been treated with pesticides in the last 12 months? If not, go to question 3.**

| No | Yes | Don’t know |
| --- | --- | --- |
|  |  |  |

**2.2. If yes, please specify how often these products were used.**

|  |  |
| --- | --- |
| Every month |  |
| Every two to three months |  |
| Other frequency  Specify......................................................................................... |  |
| Don't know |  |

**2.3. Do you usually store pesticides used for treatment of the garden/vegetable garden at home?**

| No | Yes | Don’t know |
| --- | --- | --- |
|  |  |  |

**2.4. If yes, specify the places.**

|  | **No** | **Yes** | **Don’t know** |
| --- | --- | --- | --- |
| Garage or storage room |  |  |  |
| Inside the house |  |  |  |
| Outside the house |  |  |  |
| Other place  Specify………………………….................... |  |  |  |
| Don’t know | | | |

**2.5. From the application of the pesticides, how long do you usually wait until a normal use of your garden?**

|  |  |
| --- | --- |
| Hours | |\_\_|\_\_| |
| Days | |\_\_|\_\_| |
| Weeks | |\_\_|\_\_| |
| Others  Specify…………………………. | |\_\_|\_\_| |
| Don’t know |  |

**2.6. Has your garden/vegetable garden been fumigated with pesticides in the last week?** (If not, go to question 3).

| No | Yes | Don’t know |
| --- | --- | --- |
|  |  |  |

**2.7. If so, do you know the commercial name of these products?**

| No | Yes | Don’t know |
| --- | --- | --- |
|  | Specify products............................... |  |

**3. Has your house (inside) or your workplace been fumigated with herbicides, fungicides and/or insecticides in the last 12 months?** (If not, go to question 4)**.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Place** | **Yes** | **No** | **Don't know** |
| House |  |  |  |
| Workplace |  |  |  |

**3.1 Has your house (inside) or your workplace been treated with biocides (insecticides or fungicides) in the last 4 weeks?**

|  |  |  |  |
| --- | --- | --- | --- |
| **Place** | **Yes** | **No** | **Don't know** |
| House |  |  |  |
| Workplace |  |  |  |

**3.2. Do you know the commercial name of the products? ?**

| No | Yes | Don’t know |
| --- | --- | --- |
|  | Specify products............................... |  |

**4. Do you have or have recently had any of the following pest problems in your home?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes** | **No** | **Don’t know** |
| [**Cockroaches**](https://www.linguee.es/ingles-espanol/traduccion/cockroaches.html) |  |  |  |
| **Flies, mosquitoes** |  |  |  |
| **Ants** |  |  |  |
| **Others. Specify………………………………………………………..** |  |  |  |

**5. In the last 12 months, were insecticide products used to control or repel insects at your home? Please consider insecticide sprays, tablets, liquids etc.** (If not, go to question 6).

| No | Yes | Don’t know |
| --- | --- | --- |
|  |  |  |

**5.1 Do you remember the commercial name of the most used products to control insects at your home?**

| No | Yes | Don’t know |
| --- | --- | --- |
|  | Specify products........................................................................ |  |
|  |  |  |

**6. Did you have any pets at home in the last 12 months? If yes, specify type and number**

|  |  |
| --- | --- |
| **No animal** |  |
| **Dog** | No . .……… |
| **Cat** | No . .……… |
| **Bird** | No . .……… |
| **Other animal**  Specify………………………………………………………………………. | No . .……… |
| **Other animal**  Specify………………………………………………………………………. | No . .……… |

**6.1. In the last month, were any of the following products used for your pets?**

|  |  |  |  |
| --- | --- | --- | --- |
| **Product** | **Yes** | **No** | **Don’t know** |
| **Pets grooming products**  (e.g.shampoos, conditioners, lotions, sprays…) |  |  |  |
| **External antiparasitic treatments**  (e.g. lotions, sprays, necklace, collar…) |  |  |  |
| **Other pet products**  Specify……………………………………………………………................. |  |  |  |

**7. How often is general cleaning done in your home?**

|  |  |  |  |
| --- | --- | --- | --- |
| **1. Once a week** | **2. > Once a week** | **3. < Once a week** | **4. Don’t know** |
|  |  |  |  |

**8. Do you use a vacuum cleaner for general cleaning of your home? If yes, please, specify type and frequency of use**

Yes Specify: Vacuum cleaner with air filter Vacuum cleaner withwater filter Don’t know

|  |  |  |  |
| --- | --- | --- | --- |
| **1. Once a week** | **2. > Once a week** | **3. < Once a week** | **4. Don’t know** |
|  |  |  |  |

No

Don’t know

**9. How is your house usually ventilated? For each option, please, specify frequency of use (months/year in which mechanical systems are used; hours/day for window ventilation by season)**

|  |
| --- |
| **Ventilation system** |
| **1. Mechanical ventilation system**(e.g. fan system, supply and exhaust devices) | No Yes No.months…………Always on…….. |
| **2. Window ventilation** | Autum-Winter No Yes No. h/day…………  Spring-SummerNo Yes No. h/day………… |
| **3. Don’t know** | |

### Diet

1. **How often did you consume the following food items in the last 4 weeks? It is recommended to consider all food items from the general diet section.**

**2. How do you usually treat vegetables before consuming?**

|  |  |
| --- | --- |
| Without washing |  |
| Washing |  |
| Washing and drying |  |
| Others.  Specify...................................................................................................... |  |
| Don't know |  |

**2.1 How do you usually treat fruits before consuming?**

|  |  |
| --- | --- |
| Without washing |  |
| Washing |  |
| Washing and drying |  |
| Others.  Specify...................................................................................................... |  |
| Don't know |  |

**3. Regarding fruit ripeness, how do you usually eat fruits?**

|  |  |
| --- | --- |
| Ripe |  |
| Not fully ripe |  |
| Unripe |  |
| Don't know |  |

**4. How do you usually eat vegetables?**

|  |  |
| --- | --- |
| Without skin |  |
| With skin |  |
| With skin |  |
| Don't know |  |

**4.1 How do you usually eat fruits?**

|  |  |
| --- | --- |
| Without skin |  |
| With skin |  |
| With skin |  |
| Don't know |  |

**5. Where do you usually buy vegetables and fruits?**

|  |  |
| --- | --- |
| Hypermarkets, superstores |  |
| Supermarkets |  |
| Local shops |  |
| Others.  Specify.............................................................................................................................. |  |
| Don't know |  |

**6. Did you consume organic food in the last 6 months?** (If not, go to question 7)

| No | Yes | Don’t know |
| --- | --- | --- |
|  |  |  |

**6.1 How often did you usually consume organic food in the last 6 months?**

| **<1 per month** | **1-3 per month** | **1 per week** | **2-6 per week** | **Daily** | **Don’t know** |
| --- | --- | --- | --- | --- | --- |
| 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |

**6.2 Which percentage of your diet is based on organic food? Indicate a percentage for each of the following food items (0%= nothing organic and 100%= all the food consumed is organic)**

| **Vegetables** | **Fruits** | **Bread** | **Meat** | **Eggs** | **Dairy products** | **Rice, pasta and other cereals** | **Other foods**  **Specify………………** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| |\_\_|\_\_|\_\_|  Don’t know   | |\_\_|\_\_|\_\_|  Don’t know   | |\_\_|\_\_|\_\_|  Don’t know   | |\_\_|\_\_|\_\_|  Don’t know   | |\_\_|\_\_|\_\_|  Don’t know   | |\_\_|\_\_|\_\_|  Don’t know   | |\_\_|\_\_|\_\_|  Don’t know   | |\_\_|\_\_|\_\_|  Don’t know   |

**7. Did you eat home-grown vegetables, fruit and/or herbs in the last 6 months? If yes, indicate per season the portion you have eaten home-grown products (0%= nothing and 100%= all fruit/vegetable is home-grown)**

| **Winter** | **Spring** | **Summer** | **Autumn** |
| --- | --- | --- | --- |
| |\_\_|\_\_|\_\_|  Don’t know   | |\_\_|\_\_|\_\_|  Don’t know   | |\_\_|\_\_|\_\_|  Don’t know   | |\_\_|\_\_|\_\_|  Don’t know   |

### Lifestyle

**1. Did you use insect repellents or anti-parasite products for human use, including lotions, sprays, shampoos etc. in the last 6 months? If not, go to question 2**

| No | Yes | Don’t know |
| --- | --- | --- |
|  |  |  |

**1.1. How often did you use these products in the last 6 months?**

| **>1 per week** | **>1 per month** | **Sporadically** (specify nº times in the last 6 months) | **Don’t know** |
| --- | --- | --- | --- |
| 🞏 | 🞏 | 🞏  1-7   8-14   15-30   >30   Don't know  | 🞏 |

**2. Did you carry out any of the following activities as DIY activities or hobbies and/or were you exposed to any of these substances in these activities in the last month?** (please, do not count your professional activity).

|  |  |  |  |
| --- | --- | --- | --- |
| **Products / DIY activities/hobbies** | **Yes** | **No** | **Don’t know** |
| Agricultural labour (outdoors) |  |  |  |
| Agricultural labour (greenhouses) |  |  |  |
| Applying pesticides |  |  |  |
| Formulation of pesticides |  |  |  |
| Gardening (outdoors) |  |  |  |
| Gardening (greenhouses) |  |  |  |
| Collaborating in fruit/vegetable warehouse |  |  |  |
| Other activities involving using or handling pesticides |  |  |  |

**3. Did you have contact with poultry in the last 6 months?**

| No | Yes | Don’t know |
| --- | --- | --- |
|  |  |  |

### Occupation

**1. From the following list of working tasks/activities, please, indicate if you perform them in carrying out your job, the duration and frequency in a work shift, the use of PPE and the availability of collective protective measures:**

| **Working tasks/activities** | **1. Duration (hours/day)** | | | | **2. Frequency (days/week)** | | | | **3. Use of PPE (if yes, please specify)** | **4. Availability of collective protective measures (if yes, please specify)** | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **˂0,5** | **0,5-2** | **2-4** | **4-8** | **˂1** | **1** | **2-3** | **4-5** |  |  |
| **Application of herbicides**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Application of insecticides**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Application of fungicides**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Production/formulation/sale of herbicides**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Production/formulation/sale of insecticides**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Production/formulation/sale of fungicides**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Agricultural labour (outdoors)**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Agricultural labour (greenhouses)**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Working in a fruit/vegetable warehouse**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Working in extermination, disinfection or/and pest control**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Gardening**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Other activities involving using or handling pesticides**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**2. Pesticide exposure history: in your previous jobs have you performed any of the following working tasks/activities (if yes, please, indicate the total period of exposure, the use of PPE and the availability of collective protective measures)?**

| **Working tasks/activities** | **Period of exposure (years)** | | | | | | | | **3. Use of PPE (if yes, please specify)** | **4. Availability of collective protective measures (if yes, please specify)** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **˂1** | **1-2** | **2-5** | **5-10** | **10-15** | **15-20** | **20-25** | **>25** |
| **Application of herbicides**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Application of insecticides**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Application of fungicides**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Production or formulation of herbicides**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Production or formulation of insecticides**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Production or formulation of fungicides**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Agricultural labour (outdoors)**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Agricultural labour (greenhouses)**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Working in a fruit/vegetable warehouse**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Working in extermination, disinfection or/and pest control**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Gardening**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Other activities involving using or handling pesticides**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

### Health

**1. Did you complain of any of the following clinical symptoms and/or signs in the last 5 years? If yes, please specify the frequency**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Symptoms and/or signs** | | **(nearly) never** | **1-3 per month** | **1 per week** | **2-3 per week** | **4-6 per week** | **Everyday** | **Don’t know** |
| **Headache**  Yes No Don't know  |  |  |  |  |  |  |  |  |
| **Fatigue**  Yes No Don't know  |  |  |  |  |  |  |  |  |
| **Dizziness**  Yes No Don't know  |  |  |  |  |  |  |  |  |
| **Loss of appetite with nausea**  Yes No Don't know  |  |  |  |  |  |  |  |  |
| **Stomach cramps and diarrhoea**  Yes No Don't know  |  |  |  |  |  |  |  |  |
| **Blurred vision**  Yes No Don't know  |  |  |  |  |  |  |  |  |
| **Pinpoint pupils**  Yes No Don't know  |  |  |  |  |  |  |  |  |
| **Excessive sweating and salivation**  Yes No Don't know  |  |  |  |  |  |  |  |  |
| **Slow pulse-rate**  Yes No Don't know  |  |  |  |  |  |  |  |  |
| **Erythema**  Yes No Don't know  |  |  |  |  |  |  |  |  |
| **Pruritus**  Yes No Don't know  |  |  |  |  |  |  |  |  |
| **Rhinitis**  Yes No Don't know  |  |  |  |  |  |  |  |  |
| **Redness of eyes**  Yes No Don't know  |  |  |  |  |  |  |  |  |
| **Lachrymation**  Yes No Don't know  |  |  |  |  |  |  |  |  |
| **Itching of eyes**  Yes No Don't know  |  |  |  |  |  |  |  |  |

**2. Have you ever been diagnosed with a pesticide poisoning by a medical doctor? If yes, specify the date(s) (mm/yy)**

| No | Yes | Don’t know |
| --- | --- | --- |
|  | Specify date(s).......................................................... |  |

## UV filters (Benzophenones)

### Residential environment and home exposures

**1. Is there any of the following facilities within 300 m of you home?**

| **Facilities** | **Yes** | **No** | **Don’t know** |
| --- | --- | --- | --- |
| A site where paints, varnishes, lacquers, plastic composite, glue adhesive are produced/used |  |  |  |

**2. What materials are most of the floor covering your home made of?**

|  |  |
| --- | --- |
| **MATERIALS** | **Yes** |
| 1. Non-textile flooring | |
| 1.1. Wood-parquet |  |
| 1.2. Wooden planks |  |
| 1.3. Laminate |  |
| 1.4. PVC |  |
| 1.5. Linoleum |  |
| 1.6. Tiles (e.g. stone, marble, terrazzo) |  |
| 1.7. Other non-textil material  Specify …………………………………… |  |
| 2. Textile flooring | |
| 2.1. Synthetic fibre |  |
| 2.2. Natural fibre |  |
| 2.3. Natural or synthetic fibre with plastic backing |  |
| 2.4. Other textile material  Specify …………………………………… |  |
| 3. Don't know | |

**3. In the last month, were any of the cleaning products listed below used in your home, at least once a week? If yes, please specify if the cleaning product generally used is a chemical or eco-friendly product**

| **Products** | **No** | **Don’t know** | **Yes** | **If yes, type of product:** |
| --- | --- | --- | --- | --- |
| Fabric softener |  |  |  | Chemical  Eco-friendly  Don’t know |
| Textile perfume |  |  |  | Chemical  Eco-friendly  Don’t know |
| Dry cleaning products (e.g. for cleaning upholstery, clothes, carpets) |  |  |  | Chemical  Eco-friendly  Don’t know |
| [Air freshener](http://www.linguee.es/ingles-espanol/traduccion/air+freshener.html) |  |  |  | Chemical  Eco-friendly  Don’t know |

**4. Are scents and flavouring substances usually used in [this flat/house], (e.g. fragrance lamps, joss sticks, air fresheners and fragrance dispensers)?**

No Yes Don’t know  Refused

**5. How often is general cleaning done in your home?**

|  |  |  |  |
| --- | --- | --- | --- |
| **1. Once a week** | **2. > Once a week** | **3. < Once a week** | **4. Don’t know** |
|  |  |  |  |

**6. How often do you do your laundry?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **1. More than once per week** | **2. At least once a week** | **3. At least once a month** | **4. At least twice a month** | **4. Don’t know** |
|  |  |  |  |  |

### Diet

**1. In the last 4 weeks, did you consume fast food (please consider also beverages)?**

🞏 Yes 🞏 No 🞏 Don’t know

**If yes: how was it packed and how often did you consume it?**

| **Type of pack** | **(nearly) never** | **1 per month** | **2-3 per month** | **1 per week** | **2-3 per week** | **4-6 per week** | **1 per day** | **Don’t know** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| In cardboard box | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| In paper with plastic film | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| In paper cup | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| In plastic cup | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| In plastic (e.g. bag, box) | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |

**2. Do you drink beverages different from water (fruit juices, ice tea, soft drinks…)? If yes, specify which of the following bottling types do you usually consume (Multiple answers possible)**

|  |  |
| --- | --- |
| 🞏 Yes 🞏 No 🞏 Don't know | **If yes, please specify:**  🞏Beverages in glass bottling  🞏 Beverages in plastic bottling  🞏 Canned beverages  🞏 Other types. Specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  🞏 Don't know |

**3. Do you use the following containers for keeping food in the refrigerators or for longer-time storage elsewhere? If yes, how often do you use it?**

| **Type of container** | **(nearly) never** | **1 per month** | **2-3 per month** | **1 per week** | **2-3 per week** | **4-6 per week** | **1 per day** | **Don’t know** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Hard plastic containers | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Soft plastic container | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Plastic film | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Baking paper | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Plastic bag | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Ceramic containers | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Glass containers | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Others  Specify.................................. | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Don’t know 🞏 | | | | | | | | |

**4. Do you use the following containers for preparing or heating food in the microwave oven? If yes: how often do you use it?**

| **Type of container** | **(nearly) never** | **1 per month** | **2-3 per month** | **1 per week** | **2-3 per week** | **4-6 per week** | **1 per day** | **>1 per day** | **Don’t know** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Hard plastic containers | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Soft plastic containers | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Polystyrene foam (e.g. box) | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Cardboard box | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Aluminium containers | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Ceramic containers | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Glass containers | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Others  Specify............................. | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Don’t know 🞏 | | | | | | | | | |

### Lifestyle

**1. How often did you use the following cosmetic and hygiene products in the last month? For each product, please indicate if possible the commercial brand you mostly use.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **HAIR PRODUCTS** | **Never** | **Occasionally** | **Several times a month** | **Once a week** | **Everyday** | **Don't know** |
| Spray, lacquer, gel/mousse  ………………………………………… |  |  |  |  |  |  |
| Shampoo  ………………………………………… |  |  |  |  |  |  |
| Conditioner  ………………………………………… |  |  |  |  |  |  |
| Dye, colour rinse  ………………………………………… |  |  |  |  |  |  |
| Other products  Specify......................................... |  |  |  |  |  |  |
| **COSMETICS** | **Never** | **Occasionally** | **Several times a month** | **Once a week** | **Everyday** | **Don't know** |
| Foundation (powder, liquid)  ………………………………………… |  |  |  |  |  |  |
| Make-up remover  ………………………………………… |  |  |  |  |  |  |
| Lipstick  ………………………………………… |  |  |  |  |  |  |
| Other products  Specify......................................... |  |  |  |  |  |  |
| **BODYCARE** | **Never** | **Occasionally** | **Several times a month** | **Once a week** | **Everyday** | **Don't know** |
| Perfume / eau de Cologne  ………………………………………… |  |  |  |  |  |  |
| Body soap / shower gel  ………………………………………… |  |  |  |  |  |  |
| Body or hand lotion (cream, milk...)  ………………………………………… |  |  |  |  |  |  |
| Sun cream (sunscreen)  ………………………………………… |  |  |  |  |  |  |
| Sun tan lotion  ………………………………………… |  |  |  |  |  |  |
| Anti aging cream with sun protection factor |  |  |  |  |  |  |
| Deodorant  ………………………………………… |  |  |  |  |  |  |
| Shaving cream or aftershave lotion  ………………………………………… |  |  |  |  |  |  |
| Mouthwash  ………………………………………… |  |  |  |  |  |  |
| Other products  Specify......................................... |  |  |  |  |  |  |

**2. If sun cream or sun screen is used: which type of sun cream or sunscreen do you normally use?**

Conventional sunscreen (not mineral-based)

Mineral-based sunscreen

Sunscreen but you do not know whether it is conventional or mineral-based

Don’t know

**3. If sun screen is used: how do you apply sunscreen that you usually use? As a…**

Cream

Spray (Aerosol)

Roll-On

Don’t know

**4. What type of personal care products do you mostly use?**

Natural and eco-friendly

Chemical

Don’t know

**5. Did you carry out any of the following activities as DIY activities or hobbies and/or were you exposed to any of these substances in these activities in the last month? (Please, do not count your professional activity)**

|  |  |  |  |
| --- | --- | --- | --- |
| **SURFACE TREATMENT** | **Yes** | **No** | **Don’t know** |
| Apply varnish, finish or seals |  |  |  |
| Mix or apply paints or lacquers |  |  |  |
| Strip or thin paint |  |  |  |
| Other products, specify……………………………………………………… |  |  |  |
| **CLEANING AND REPARATION PRODUCTS** | **Yes** | **No** | **Don’t know** |
| Use of paint removers |  |  |  |
| Other products, specify……………………………………………………… |  |  |  |
| **HOME REPAIRS/MAINTENANCE AND CONSTRUCTION ACTIVITIES** | **Yes** | **No** | **Don’t know** |
| Wood processing or use of wood preservatives |  |  |  |
| Other products, specify……………………………………………………… |  |  |  |
| **DYES,INKS AND PAINT** | **Yes** | **No** | **Don’t know** |
| Finger paint |  |  |  |
| Other products, specify……………………………………………………… |  |  |  |
| **OTHER PRODUCTS AND ACTIVITIES** | **Yes** | **No** | **Don’t know** |
| Use of modelling clay |  |  |  |
| **OTHER PRODUCTS AND ACTIVITIES NOT ABOVE-MENTIONED** | **Yes** | **No** | **Don’t know** |
| Other products/activities  Speciffy activity........................................................................................  Specify substances exposed to  ................................................................................................................. |  |  |  |
| Other products/activities  Speciffy activity........................................................................................  Specify substances exposed to  ................................................................................................................. |  |  |  |

### Occupation

**It is recommended to apply general questions on occupation**

### Health

**1. Which over the counter medicines (including antihistamines) do you use?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Commercial name** | **Indication** | **Dose** | **Frequency of use** | **Starting date** | **Ending date (ifapplicable)** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**2. Do you use glasses and/or contact eye lenses?**

Yes, glasses 

Yes, contact lenses 

Yes, both 

No 

Don't know 