Annex 2.2

Substance-specific basic questionnaire

(1st round priority substances)

for adolescents (12-15 years)

WP 7

Task 7.3

D7.6

Version 2.0

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| --- | --- |
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|  |  |
| --- | --- |
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# Introduction and Aims

This questionnaire for adolescents (12-15 years) has been designed to collect all the necessary information concerning individual characteristics of the participants and on different sources and routes of exposure to 1st round priority substances.

This document includes, first, the full questionnaire for adolescents based on the adaptation of HBM4EU Questionnaire for adults (D 7.3). To make available the specific questions for most 1st round priority substances and substance groups, the full questionnaire is followed by specific questionnaires for these substance groups. The questionnaires for the 1st round priority substances include:

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 1st round priority substances.

Note that both general questions and questions specifically relevant for 1st round priority substances 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 for adolescents (12-15 yrs)

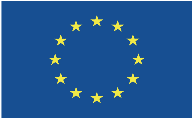


BASIC QUESTIONNAIRE FOR

1st ROUND PRIORITY SUBSTANCES

ADOLESCENTS (12-15 years)

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



This project has received funding from the European Union’s Horizon 2020 research and innovation programme under grant agreement No 733032.

BRIEF INSTRUCTIONS FOR THE APPLICATION OF THE QUESTIONNAIRE FOR ADOLESCENTS (12-15 YEARS)

Since the application of this questionnaire involves the participation of adults (father/mother/legal guardian) and adolescents, the following table summarizes the target groups of each of the sections. Please, consider this information before starting the administration of the questionnaire.

|  |  |
| --- | --- |
| SECTION | TO BE ANSWERED BY |
| Section 1. Sociodemographic characteristics | * Mothers/fathers/legal guardians |
| Section 2. Residential environment and home exposures | * Mothers/fathers/legal guardians |
| Section 3. Diet | * Adolescents supported by mothers/fathers/legal guardians. |
| Section 4. Lifestyle | * Adolescents supported by mothers/fathers/legal guardians. * Sensitive questions at the end of this section must be directly asked to adolescents without parents. |
| Section 5. Occupation | * Mothers/fathers/legal guardians. * If the adolescent lives with both parents (in the same or different houses) during at least 15 days/month, then information on occupation for both parents has to be collected. |
| Section 6. Health | * Adolescents supported by mothers/fathers/legal guardians. |

## Personal information

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| |  | | --- | | Name and surname initials (participant): | | Sex: Male Female  | | Name and surname initials (mother/father/legal guardian): | | Sex: Male Female  |   **PERSONAL INFORMATION** |

## Sociodemographic information

**SOCIODEMOGRAPHIC INFORMATION (this section will be answered by the adult)**

1. **What is your son’s/daughter’s birth date?** |\_\_|\_\_| month |\_\_|\_\_|\_\_|\_\_| year
2. **Where were your son/daughter, her/his parents and her/his grandparents born? (include the name of each country)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | In (Country) | In another country | Specify country |
| Son/Daughter | 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 has your son/daughter 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 your son/daughter has 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). Regarding current address, if the parents live apart from each other, and the adolescent lives in different places, the current address must refer to adolescent’s main place of residence (at least 16 days/month).**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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?**

**REFERRED TO THE ADULT**

|  |  |  |  |
| --- | --- | --- | --- |
| 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 the highest level of education your son/daughter attained?**

|  |  |  |  |
| --- | --- | --- | --- |
| 1.No formal education or below primary education **(ISCED 0)** |  | 5. Post-secondary non-tertiary education **(ISCED 4)** |  |
| 2. Primary education **(ISCED 1)** |  | 8. Don’t know |  |
| 3. Lower secondary education,or second stage of basic education **(ISCED 2)** |  |  |  |
| 4. Upper secondary education **(ISCED 3)** |  |  |  |

**REFERRED TO THE ADULT**

**8. 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 |  |

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

**REFERRED TO THE ADULT**

|  |  |  |  |
| --- | --- | --- | --- |
| 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 |  |

**10. 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).**

**REFERRED TO THE ADULT**

**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**  (mother/father brothers/sisters/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 |  |  |  |  |  |  |

**11. 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)

**REFERRED TO THE ADULT**

|  |  |  |  |
| --- | --- | --- | --- |
| **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 (this section will be answered by the adult)**

**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?**

|  | **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 where medical equipment is produced |  |  |  |
| 28. A site where polycarbonate plastics are produced |  |  |  |
| 29. A sire where thermal paper is produced |  |  |  |
| 30. A site where batteries/candles are produced |  |  |  |
| 31. 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. Is there a garage directly communicated with your home (attached at the side, or in the basement)? If yes, please specify frequency of use and number of cars parked inside.**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes** | **No** | **Don’t know** |
| **Garage comunicated with your home**  1. Frequency of use (days/week)  ……………………………………  2. No. of cars parked  …………………………………… |  |  |  |

**7. 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 | |

**8. 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…) |  |  |  |

**9. 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** |  |  |  |

**10. According to the vehicular traffic, how do you classify the road in which your home is located?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **1. Highway** | **2. Heavy traffic road** | **3. Frequent traffic road** | **4. Light traffic road** | **5. Pedestrian road** | **6. Don’t know** |
|  |  |  |  |  |  |

**10.1 At what distance (meters) is your home from a street with constant traffic (e.g. cars continuously circulating)?**

|\_\_|\_\_|\_\_|\_\_|**m** Don't know

**11. Does your home have at least one window facing a street with constant traffic?**

|  |  |  |
| --- | --- | --- |
| **1. Yes** | **2. No** | **3. Don’t know** |
|  |  |  |

**12. How often do heavy vehicles (buses, trucks…) circulate near your home?**

|  |  |  |  |
| --- | --- | --- | --- |
| **1. Never/Rarely** | **2. Medium frequency** | **3.** [**Continuously**](http://www.linguee.es/ingles-espanol/traduccion/continually.html) | **4. Don’t know** |
|  |  |  |  |

**13. How is your home mainly heated?**

|  |  |
| --- | --- |
| 1. Individual stove or heater in each room |  |
| 2. Single-storey heating |  |
| 3. Central heating |  |
| 4. District heating |  |
| 5. Solar heating |  |
| 6. Open fireplace |  |
| 7. Other systems  Specify………………………………………………………………………………………………………. |  |
| 8. No heating |  |
| 9. Don’t know | |

**14. Which fuels or sources of energy are used in your home for heating, water heating and cooking? Please, specify how many months each source of energy is used every year.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Source of energy** | **a. Heating** | **b. Water heating** | **5.** [**Cooking**](http://www.linguee.es/ingles-espanol/traduccion/continually.html) |
| **1. Oil** | No.months……… | No.months……… | No.months……… |
| **2. Gas** | No.months……… | No.months……… | No.months……… |
| **3. Charcoal/Coal** | No.months……… | No.months……… | No.months……… |
| **4. Electricity** | No.months……… | No.months……… | No.months……… |
| **5. Solar power** | No.months……… | No.months……… | No.months……… |
| **6. Wood Pellets** | No.months……… | No.months……… | No.months……… |
| **7. Wood**  Specify…………………………………. | No.months……… | No.months……… | No.months……… |
| **8. Other sources**  Specify………………………………. | No.months……… | No.months……… | No.months……… |
| **9. Don’t know** |  |  |  |

**15. Is there any smoke extraction system in your home kitchen? If yes, please specify frequency of use**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Smoke extraction system** | **1. Never** | **2. Occasionaly** | **3. Sometimes** | **4. Often** | **5. Always** | **6. Don’t know** |
| Yes  No  Don’t know |  |  |  |  |  |  |

**16. 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) | No Yes No.months…………Always on…….. |
| **2. Window ventilation** | Autum-Winter No Yes No. h/day…………  Spring-Summer No Yes No. h/day………… |
| **3. Don’t know** | |

**17. 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** |
|  |  |  |  |

**18. Does your child help with general cleaning of your home?**

No Yes, entirely Yes, partially In that case specify the percentage he/she is in charge of \_\_\_\_%

**19. Is a vacuum cleaner used 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

**20. 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:** |
| --- | --- | --- | --- | --- |
| 1. Cleaning products (e.g. for kitchen, bathroom, floor, windows) |  |  |  | Chemical  Eco-friendly  Don’t know |
| 2. Floor wax |  |  |  | Chemical  Eco-friendly  Don’t know |
| 3. Fabric softener |  |  |  | Chemical  Eco-friendly  Don’t know |
| 4. Wood varnish |  |  |  | Chemical  Eco-friendly  Don’t know |
| 5. Dry cleaning products (e.g. for cleaning upholstery, clothes, carpets) |  |  |  | Chemical  Eco-friendly  Don’t know |
| 6. [Air freshener](http://www.linguee.es/ingles-espanol/traduccion/air+freshener.html) |  |  |  | Chemical  Eco-friendly  Don’t know |
| 7. Solvents |  |  |  | Chemical  Eco-friendly  Don’t know |
| 8. Spot remover products |  |  |  | Chemical  Eco-friendly  Don’t know |
| 9. Impregnation fluids (e.g. for upholstery, shoes) |  |  |  | Chemical  Eco-friendly  Don’t know |
| 10. Other cleaning products  Specify…………………………………………………………………………………  …………………………………………………………………………………………. |  |  |  | Chemical  Eco-friendly  Don’t know |

**21. Do you have any pets at home? If yes, specify type and number (*If no animal, go to the next section: DIETARY HABITS)***

|  |  |
| --- | --- |
| **1. No animal** |  |
| **2. Dog** | No . .……… |
| **3. Cat** | No . .……… |
| **4. Bird** | No . .……… |
| **5. Other animal**  Specify………………………………………………………………………. | No . .……… |
| **6. Other animal**  Specify………………………………………………………………………. | No . .……… |

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Product** | **Yes** | **No** | **Don’t know** |
| **1. Pets grooming products**  (e.g.shampoos, conditioners, lotions, sprays…) |  |  |  |
| **2. External antiparasitic treatments**  (e.g. lotions, sprays, necklace, collar…) |  |  |  |
| **4. Other pet products**  Specify……………………………………………………………................. |  |  |  |

## Dietary habits

**DIETARY HABITS (the adolescent will answer this section with the support of the adult)**

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** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Breaded 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 ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **White meat nugget**  **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, petit-suisse**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Aged-Cheese**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Processed cheese**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Yogurt**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Dairy desserts**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Eggs**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **IV. CEREALS** | | | | | | | | | |
| **White bread**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Whole grain bread**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Cereal products (crackers, rusk…)**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Breakfast cereals (cornflakes, chocolate Cheerios®, puffed rice, muesli, etc.)**  **No. servings**  **………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Wheat (semolina, etc…)**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Barley**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Oats**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Bran**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Other cereals**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Pasta**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Rice**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **V. FATS** | | | | | | | | | |
| **Vegetal fats**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Animal fat, excepted butter**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **VI. VEGETABLES AND FRUIT** | | | | | |  | | | |
| **Raw and cooked vegetables** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Carrots**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Fresh tomatoes**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Leafy vegetables**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Other vegetables (broccoli, green beans, cabbage etc.)**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Chips/French fries**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Mashed potato**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Wild mushrooms**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Cultivated 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) | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Tinned products** (vegetables, legumes, cereals)  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Fresh fruits**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Fruit puree, fruit mousse cooked fruits**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Grape juice**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Orange/citrus juice**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Apple juice**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Other juice**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **VII. SNACKS** | | | | | | | | | |
| **Popcorn (microwave)**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Popcorn (home-made)**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Peanuts**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Potato chips (**packaged)  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Chewing gum** (one) | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Chocolate Hazelnut spread**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Ice cream**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Chocolate and chocolate bars**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Candies and candy bars (not chocolate)**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Jelly candies**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Cakes and biscuits**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Pastries**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Soft drinks**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **VIII. OTHER FOOD AND DRINKS** | | | | | |  | | | |
| **Smoked food** (ham, smoked pork, smoked sausage, smoked cheese, salmon, etc.) | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Food grilled over an open flame/burning embers** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Fried food** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Ready-to-eat meals (in plastic packaging)** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Non-dairy milks (almond, soya, oat)**  **No. glass………………** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Cocoa or chocolate powdered drink**  **No. cups ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Tea**  **No. cups ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |

**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. 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 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| In paper cup | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| In plastic cup | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| In plastic (e.g. bag, box) | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| In polystyrene foam (e.g. box) | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| In aluminium containers | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |

**4. What materials do you or your parents 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 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Glass | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Teflon baking tray/covered pan | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Others  🞏 No 🞏 Yes  Specify………………………. | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Don’t know 🞏 | | | | | | | | |

**5. How often have you eaten dishes from dining hall or cafeteria (outside school) in the last 4 weeks?**

| **(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** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |

**6. Did you attend school in the last 4 weeks?**

🞏 Yes 🞏 No

**6.1. If yes, how often have you eaten school lunches in the last 4 weeks?**

| **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** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |

**6.2. If yes, how often have you eaten school dinners in the last 4 weeks?**

| **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** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |

**7. 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** |
| --- | --- | --- | --- | --- | --- |
| 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |

**8. 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……………….. |

**9. 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 |

**10. 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 bottles  🞏 Beverages in plastic bottles  🞏 Canned beverages  🞏 Other types. Specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  🞏 Don't know |

**11. 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 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Ceramic containers | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Glass containers | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Others  Specify.................................. | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Don’t know 🞏 | | | | | | | | |

**12. 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 🞏 | | | | | | | | | |

**13. Do you use bread toaster?**

| **(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** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |

## Lifestyle

**LIFESTYLE (the adolescent will answer this section with support of the adult, when needed)**

**1. 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 |

**2. 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** |
|  |  |  |  |  |  |  |

**3. 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 school** |  |  |  |  |  |
| **b. At transports (car, train, bus...)** |  |  |  |  |  |
| **c. At restaurants, pubs, clubs, events** |  |  |  |  |  |
| **d. At friends', relatives' or neighbours' homes** |  |  |  |  |  |
| **e. Other indoor places** |  |  |  |  |  |

**4. How long do you dedicate to sport and/or physical activities?**

| **Workdays** | **Weekends** |
| --- | --- |
| 🞏 No time  🞏 Less than 1 hour/day  🞏 1 hour/day (approx.)  🞏 2 hours/day (approx.)  🞏 3 hours/day (approx.)  🞏 4 hours/day (approx.)  🞏 > 4 hours/day  🞏 Don’t know | 🞏 No time  🞏 Less than 1 hour/day  🞏 1 hour/day (approx.)  🞏 2 hours/day (approx.)  🞏 3 hours/day (approx.)  🞏 4 hours/day (approx.)  🞏 > 4 hours/day  🞏 Don’t know |

**5. 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 secondary school, school clubs, univerisity, shopping centre, sports club, cinema,restaurant...) | |\_\_|\_\_| hours |\_\_|\_\_| minutes  🞏 Don't know | |\_\_|\_\_| hours |\_\_|\_\_| minutes  🞏 Don't know |
| **4. In family’s 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, 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 |

**6. How old is the car you spend most time in? (months if less than 12 months)**

|\_\_|\_\_| Years |\_\_|\_\_| Months 🞏Don't know

**7. 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  ………………………………………… |  |  |  |  |  |  |
| Conditioner  ………………………………………… |  |  |  |  |  |  |
| Moisturizer cream  ………………………………………… |  |  |  |  |  |  |
| Dye, colour rinse  ………………………………………… |  |  |  |  |  |  |
| Bleaching products  ………………………………………… |  |  |  |  |  |  |
| Perming products  ………………………………………… |  |  |  |  |  |  |
| Relaxer  ………………………………………… |  |  |  |  |  |  |
| Other products  Specify......................................... |  |  |  |  |  |  |
| **COSMETICS** | **Never** | **Occasionally** | **Several times a month** | **Once a week** | **Everyday** | **Don't know** |
| Foundation (powder, liquid)  ………………………………………… |  |  |  |  |  |  |
| Make-up remover  ………………………………………… |  |  |  |  |  |  |
| Lip balm  ………………………………………… |  |  |  |  |  |  |
| 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  ………………………………………… |  |  |  |  |  |  |
| Traditional cosmetics (kohl, surma, kajal, tiro, etc.) (TO BE ADAPTED IF IT IS NEEDED) |  |  |  |  |  |  |
| Other products  Specify......................................... |  |  |  |  |  |  |
| **BODYCARE** | **Never** | **Occasionally** | **Several times a month** | **Once a week** | **Everyday** | **Don't know** |
| Perfume / eau de Cologne  ………………………………………… |  |  |  |  |  |  |
| Body soap  ………………………………………… |  |  |  |  |  |  |
| Body or hand lotion (cream, milk...)  ………………………………………… |  |  |  |  |  |  |
| Sun cream (sunscreen)  ………………………………………… |  |  |  |  |  |  |
| Sun tan lotion  ………………………………………… |  |  |  |  |  |  |
| Anti-aging cream  ………………………………………… |  |  |  |  |  |  |
| Deodorant  ………………………………………… |  |  |  |  |  |  |
| Shaving cream or aftershave lotion  ………………………………………… |  |  |  |  |  |  |
| Body oil  ………………………………………… |  |  |  |  |  |  |
| Skin bleaching products  ………………………………………… |  |  |  |  |  |  |
| Other products  Specify......................................... |  |  |  |  |  |  |

**7.1. How often (times per day) do you wash your hands?**  No. times/day |\_\_|\_\_|\_\_|🞏 Don't know

**8. In the last month, did you carry out any of the following activities at home or school as DIY activities or hobbies, or were you direct or indirectly exposed to any of these substances at home or school? Please, consider all the activities carried out, including those conducted by you or other family member(s).**

|  |  |  |  |
| --- | --- | --- | --- |
| **SURFACE TREATMENT** | **Yes** | **No** | **Don’t know** |
| Apply varnish, finish or seals |  |  |  |
| Mix or apply paints or lacquers |  |  |  |
| Strip or thin paints |  |  |  |
| Apply fillers |  |  |  |
| Use of anti-corrosive agents |  |  |  |
| Other products, specify……………………………………………………… |  |  |  |
| **CLEANING AND REPARATION PRODUCTS** | **Yes** | **No** | **Don’t know** |
| Use solvents or degreasers (for cleaning sticky/greasy things) |  |  |  |
| Application of glues or adhesives |  |  |  |
| Application of lubricating oils |  |  |  |
| Degrease tools, machines or electronics |  |  |  |
| Use cleaning chemicals |  |  |  |
| Use of computer and/or electronic products repairing |  |  |  |
| Other products, specify……………………………………………………… |  |  |  |
| **HOME REPAIRS/MAINTENANCE AND CONSTRUCTION ACTIVITIES** | **Yes** | **No** | **Don’t know** |
| Wood processing or use of wood preservatives |  |  |  |
| Glass processing |  |  |  |
| Use of Portland cement |  |  |  |
| Use of surface protection agents (spray) for clothes, windows or other applications |  |  |  |
| Use of assembly foam |  |  |  |
| Other products, specify……………………………………………………… |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **GARDENING** | **Yes** | **No** | **Don’t know** |
| Use of compost or sewage sludge (as fertilizer) |  |  |  |
| Use of phosphate fertilizers |  |  |  |
| Other products, specify……………………………………………………… |  |  |  |
| **HANDLING METALS** | **Yes** | **No** | **Don’t know** |
| Weldering |  |  |  |
| Use lead, mercury or other metals |  |  |  |
| Use of ferrous metal alloys, stainless steel or other alloys processing |  |  |  |
| Use of non-ferrous processing |  |  |  |
| Other products, specify……………………………………………………… |  |  |  |
| **DYES AND INKS** | **Yes** | **No** | **Don’t know** |
| Use dyes (for hair or textiles) |  |  |  |
| Use of inks (e.g. tattoo, specially yellow, orange and red colors) |  |  |  |
| Use of inks (e.g. tattoo, specially green and light-blue) |  |  |  |
| Use of inks (e.g. tattoo, specially black tattoos) |  |  |  |
| Printing |  |  |  |
| Other products, specify……………………………………………………… |  |  |  |
| **PLASTIC HANDLING** | **Yes** | **No** | **Don’t know** |
| Use of plastic gloves |  |  |  |
| Use of polycarbonate plastics |  |  |  |
| Use of plastic products processing |  |  |  |
| Use of reusable food and drink containers |  |  |  |
| Other products, specify……………………………………………………… |  |  |  |
| **OTHER PRODUCTS AND ACTIVITIES** | **Yes** | **No** | **Don’t know** |
| Use of kiln for pottery and ceramics |  |  |  |
| Use of fireplace or exposure to combustion products (in/outdoors) |  |  |  |
| Auto body repairing |  |  |  |
| Sports that require the use of safety equipement (i.e. helmets, protective eye visors) |  |  |  |
| Use of ski wax |  |  |  |
| Apply epoxy resins |  |  |  |
| Leather processing |  |  |  |
| Traditional (analog) photography (including photographic films) |  |  |  |
| Use of photovoltaic devices and solar cells |  |  |  |
| **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  ................................................................................................................. |  |  |  |

**9. Please, indicate how much time per day, on average, you have used electronic devices such as mobile phones, computers, tablets, GPS... in the last month?**

|  |  |
| --- | --- |
| **1. Workdays** | **2. Weekends** |
| * 1. **Portable devices**   |\_\_|\_\_| hours |\_\_|\_\_| minutes🞏 Don't know   * 1. **Desk devices**   |\_\_|\_\_| hours |\_\_|\_\_| minutes🞏 Don't know | * 1. **Portable devices**   |\_\_|\_\_| hours |\_\_|\_\_| minutes🞏 Don't know   * 1. **Desk devices**   |\_\_|\_\_| hours |\_\_|\_\_| minutes🞏 Don't know |

**10. 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

**11. Do you have a habit of putting objects made of plastic (e.g. pens, glasses or toys) in your mouth and chewing on them?**

🞏 Yes 🞏 No 🞏Don’t know

**If yes, please specify the frequency:**

| **Daily** | **Several times per week** | **Less often** | **Don’t know** |
| --- | --- | --- | --- |
| 🞏 | 🞏 | 🞏 | 🞏 |

**Note: these sensitive questions should be directly addressed to the adolescent, without adults**

**12. Have you ever smoked? (If not, go to question 13)**

🞏 Yes

🞏 No

🞏 Don’t know

🞏 Refused

**12.1 Do you usually smoke?**

🞏 Yes

🞏 No

🞏 I gave up smoking Age stop smoking |\_\_|\_\_| 🞏 Don't know

🞏 Don’t know

🞏 Refused

**If yes, please specify the following information**

**12.2** Age start smoking |\_\_|\_\_| 🞏 Don't know

**12.3 How often do you usually smoke?**

🞏 Regularly

🞏 Occasionally

🞏 Don’t know

🞏 Refused

**13. Have you ever consumed alcoholic drinks? (If not, go to next section)**

🞏 Yes

🞏 No

🞏 Don’t know

🞏 Refused

**13.1 Do you usually consume alcoholic drinks?**

🞏 Yes

🞏 No

🞏 I gave up consuming alcoholic drinks Age stop consuming |\_\_|\_\_| 🞏 Don't know

🞏 Don’t know

🞏 Refused

**If yes, please specify the following information**

**13.2** Age start consuming alcoholic drinks |\_\_|\_\_| 🞏 Don't know

**13.3 How often do you usually consume alcoholic drinks?**

🞏 Regularly

🞏 Occasionally

🞏 Don’t know

🞏 Refused

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **13.4. If the answer is daily/regularly or occasionally, from the following list of alcoholic drinks, 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. Wine**, champagne, cider (a glass, 125 cc) |  |  |  |  |  |  |  |  |
| **3. Spirits <40% alcohol** (fruit liquors. A glass, 50 cc) |  |  |  |  |  |  |  |  |
| **4. Spirits >40% alcohol** (whisky, gin, vodka… A glass, 50 cc) |  |  |  |  |  |  |  |  |
| **5. Alcoholic cocktails** (a glass, 50 cc) |  |  |  |  |  |  |  |  |

## Occupational exposure

**CURRENT OCCUPATIONAL EXPOSURE (referred to the father)**

1. **Please, indicate the sector of industry/workplace where you work in (refer to annex IV, 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, coal tar** | 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. Cadmium** | Yes | No | Don't know | Specify:  ………………………………….. |
| **4.9. Chromium** | Yes | No | Don't know | Specify:  ………………………………….. |
| **4.10. Other metals** | Yes | No | Don't know | Specify:  ………………………………….. |
| **4.11. Pharmaceuticals** | Yes | No | Don't know | Specify:  ………………………………….. |
| **4.12. Paints/ coatings** | Yes | No | Don't know | Specify:  ………………………………….. |
| * 1. **Printing inks** | Yes | No | Don't know | Specify:(e.g. ink production, printing industry, other job, which?)  ………………………………….. |
| **4.14. Dyes, azo dyes and pigments** (tattoo inks, sulphur dyes, indigo compounds) | Yes | No | Don't know | Specify: (job/working task, what kind of dye?)  ………………………………….. |
| **4.15. 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:  ………………………………….. |
| **4.16. Varnishes** | Yes | No | Don't know | Specify:  ………………………………….. |
| **4.17. Solvents** | Yes | No | Don't know | Specify:  ………………………………….. |
| **4.18. Plasticisers** | Yes | No | Don't know | Specify:  ………………………………….. |
| **4.19. Pesticides, biocides or disinfection products** (herbicides, fungicides, insecticides or bactericides) | Yes | No | Don't know | Specify:  ………………………………….. |
| **4.20. Cosmetics or hair treatment products** (hair dyes etc.) | Yes | No | Don't know | Specify:  ………………………………….. |
| **4.21. 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:  ………………………………….. |
| **4.22. Rubber chemicals** | Yes | No | Don't know | Specify:  ………………………………….. |
| **4.23. Flame retardants** | Yes | No | Don't know | Specify:  ………………………………….. |
| **4.24. Nanomaterials** | Yes | No | Don't know | Specify:  ………………………………….. |
| **4.25. Photoresist/antireflective coatings** | Yes | No | Don't know | Specify:  ………………………………….. |
| **4.26. Other hazardous materials, hazardous waste or other chemicals** (e.g. contaminated soil renovation) | Yes | No | Don't know | Specify:  ………………………………….. |
| **4.27. 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 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 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 PPE (please, specify the type):
* Availability of collective protective measures (please, specify the type):

**6. After working, do you take a shower and change the clothes you wear at work before coming home?**

I take a shower and change my clothes

I only change my clothes

I take a shower but don’t the change my clothes

I don’t take a shower or change my clothes

Don't know

**7. Do you use Personal Protective Equipment (PPE)?**

Yes No Don't know

If yes, please specify:

**8. 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:

**9. Are your family/household members working with chemicals in their job**?

Yes No Don't know

If yes, specify

**OCCUPATIONAL HISTORY (referred to the father)**

**1. Please, fill the following questions for each of the previous jobs where you have worked in the past 16 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 IV, 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, coal tar** | 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. Cadmium** | Yes | No | Don't know | Specify:  ………………………………….. |
| **2.9. Chromium** | Yes | No | Don't know | Specify:  ………………………………….. |
| **2.10. Other metals** | Yes | No | Don't know | Specify:  ………………………………….. |
| **2.11. Pharmaceuticals** | Yes | No | Don't know | Specify:  ………………………………….. |
| **2.12. Paints/ coatings** | Yes | No | Don't know | Specify:  ………………………………….. |
| **2.13. Printing inks** | Yes | No | Don't know | Specify:(e.g. ink production, printing industry, other job, which?)  ………………………………….. |
| **2.14. Dyes, azo dyes and pigments** (tattoo inks, sulphur dyes, indigo compounds) | Yes | No | Don't know | Specify: (job/working task, what kind of dye?)  ………………………………….. |
| **2.15. 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:  ………………………………….. |
| **2.16. Varnishes** | Yes | No | Don't know | Specify:  ………………………………….. |
| **2.17. Solvents** | Yes | No | Don't know | Specify:  ………………………………….. |
| **2.18. Plasticisers** | Yes | No | Don't know | Specify:  ………………………………….. |
| **2.19. Pesticides, biocides or disinfection products** (herbicides, fungicides, insecticides or bactericides) | Yes | No | Don't know | Specify:  ………………………………….. |
| **2.20. Cosmetics or hair treatment products** (hair dyes etc.) | Yes | No | Don't know | Specify:  ………………………………….. |
| **2.21. 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:  ………………………………….. |
| **2.22. Rubber chemicals** | Yes | No | Don't know | Specify:  ………………………………….. |
| **2.23. Flame retardants** | Yes | No | Don't know | Specify:  ………………………………….. |
| **2.24. Nanomaterials** | Yes | No | Don't know | Specify:  ………………………………….. |
| **2.25. Photoresist/antireflective coatings** | Yes | No | Don't know | Specify:  ………………………………….. |
| **2.26. Other hazardous materials, hazardous waste or other chemicals** (e.g. contaminated soil renovation) | Yes | No | Don't know | Specify:  ………………………………….. |
| **2.27. 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?

**CURRENT OCCUPATIONAL EXPOSURE (referred to the mother)**

1. **Please, indicate the sector of industry/workplace where you work in (refer to annex IV, 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, coal tar** | 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. Cadmium** | Yes | No | Don't know | Specify:  ………………………………….. |
| **4.9. Chromium** | Yes | No | Don't know | Specify:  ………………………………….. |
| **4.10. Other metals** | Yes | No | Don't know | Specify:  ………………………………….. |
| **4.11. Pharmaceuticals** | Yes | No | Don't know | Specify:  ………………………………….. |
| **4.12. Paints/ coatings** | Yes | No | Don't know | Specify:  ………………………………….. |
| * 1. **Printing inks** | Yes | No | Don't know | Specify:(e.g. ink production, printing industry, other job, which?)  ………………………………….. |
| **4.14. Dyes, azo dyes and pigments** (tattoo inks, sulphur dyes, indigo compounds) | Yes | No | Don't know | Specify: (job/working task, what kind of dye?)  ………………………………….. |
| **4.15. 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:  ………………………………….. |
| **4.16. Varnishes** | Yes | No | Don't know | Specify:  ………………………………….. |
| **4.17. Solvents** | Yes | No | Don't know | Specify:  ………………………………….. |
| **4.18. Plasticisers** | Yes | No | Don't know | Specify:  ………………………………….. |
| **4.19. Pesticides, biocides or disinfection products** (herbicides, fungicides, insecticides or bactericides) | Yes | No | Don't know | Specify:  ………………………………….. |
| **4.20. Cosmetics or hair treatment products** (hair dyes etc.) | Yes | No | Don't know | Specify:  ………………………………….. |
| **4.21. 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:  ………………………………….. |
| **4.22. Rubber chemicals** | Yes | No | Don't know | Specify:  ………………………………….. |
| **4.23. Flame retardants** | Yes | No | Don't know | Specify:  ………………………………….. |
| **4.24. Nanomaterials** | Yes | No | Don't know | Specify:  ………………………………….. |
| **4.25. Photoresist/antireflective coatings** | Yes | No | Don't know | Specify:  ………………………………….. |
| **4.26. Other hazardous materials, hazardous waste or other chemicals** (e.g. contaminated soil renovation) | Yes | No | Don't know | Specify:  ………………………………….. |
| **4.27. 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 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 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 PPE (please, specify the type):
* Availability of collective protective measures (please, specify the type):

**6. After working, do you take a shower and change the clothes you wear at work before coming home?**

I take a shower and change my clothes

I only change my clothes

I take a shower but don’t the change my clothes

I don’t take a shower or change my clothes

Don't know

**7. Do you use Personal Protective Equipment (PPE)?**

Yes No Don't know

If yes, please specify:

**8. 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:

**9. Are your family/household members working with chemicals in their job**?

Yes No Don't know

If yes, specify

**OCCUPATIONAL HISTORY (referred to the mother)**

**1. Please, fill the following questions for each of the previous jobs where you have worked in the past 16 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 IV, 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, coal tar** | 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. Cadmium** | Yes | No | Don't know | Specify:  ………………………………….. |
| **2.9. Chromium** | Yes | No | Don't know | Specify:  ………………………………….. |
| **2.10. Other metals** | Yes | No | Don't know | Specify:  ………………………………….. |
| **2.11. Pharmaceuticals** | Yes | No | Don't know | Specify:  ………………………………….. |
| **2.12. Paints/ coatings** | Yes | No | Don't know | Specify:  ………………………………….. |
| **2.13. Printing inks** | Yes | No | Don't know | Specify:(e.g. ink production, printing industry, other job, which?)  ………………………………….. |
| **2.14. Dyes, azo dyes and pigments** (tattoo inks, sulphur dyes, indigo compounds) | Yes | No | Don't know | Specify: (job/working task, what kind of dye?)  ………………………………….. |
| **2.15. 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:  ………………………………….. |
| **2.16. Varnishes** | Yes | No | Don't know | Specify:  ………………………………….. |
| **2.17. Solvents** | Yes | No | Don't know | Specify:  ………………………………….. |
| **2.18. Plasticisers** | Yes | No | Don't know | Specify:  ………………………………….. |
| **2.19. Pesticides, biocides or disinfection products** (herbicides, fungicides, insecticides or bactericides) | Yes | No | Don't know | Specify:  ………………………………….. |
| **2.20. Cosmetics or hair treatment products** (hair dyes etc.) | Yes | No | Don't know | Specify:  ………………………………….. |
| **2.21. 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:  ………………………………….. |
| **2.22. Rubber chemicals** | Yes | No | Don't know | Specify:  ………………………………….. |
| **2.23. Flame retardants** | Yes | No | Don't know | Specify:  ………………………………….. |
| **2.24. Nanomaterials** | Yes | No | Don't know | Specify:  ………………………………….. |
| **2.25. Photoresist/antireflective coatings** | Yes | No | Don't know | Specify:  ………………………………….. |
| **2.26. Other hazardous materials, hazardous waste or other chemicals** (e.g. contaminated soil renovation) | Yes | No | Don't know | Specify:  ………………………………….. |
| **2.27. 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 (this section will be answered by the adolescent supported by the adult, when needed)**

|  |  |
| --- | --- |
| **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. 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 he/she was when this was first diagnosed** | | |
| --- | --- | --- |
| 2.1 Asthma (allergic asthma included) | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
|
|
| 2.2 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  \_\_\_ \_\_\_ |
| 2.3 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  \_\_\_ \_\_\_ |
| 2.4 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  \_\_\_ \_\_\_ |
| 2.5 Diabetes (type 1) | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 2.6 Diabetes (type 2) | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 2.7 Thyroid condition | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 2.8 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  \_\_\_ \_\_\_ |
| 2.9 Liver dysfunction | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 2.10 Kidney disease or dysfunction | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 2.11 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  \_\_\_ \_\_\_ |
| 2.12 Severe headache such as migraine | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 2.13 Chronic anxiety | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 2.14 Chronic depression | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 2.15 Other mental health problems | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 2.16 Attention deficit disorders (ADD, ADHD) | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 2.17 Autism | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 2.18 Asperger syndrome | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 2.19 Down syndrome | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 2.20 Learning disability | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 2.21 Other neurological disorders | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 2.22 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 girls only)**  2.23 Puberty development problems or gynaecological diseases | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| **(For boys only)**  2.24 Puberty development problems | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 2.25 Other diseases or conditions.  Specify:  ………………………………….. | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Bladder |  | Esophagus (esophageal) |  | Rectum(rectal) |  |
| Blood |  | Kidney |  | Soft tissue(muscle or fat) |  |
| Bone |  | Leukaemia |  | Stomach |  |
| Breast |  | Liver |  | Testis(testicular) |  |
| Brain |  | Lymphoma/Hodgkin’s disease |  | Thyroid |  |
| Cervix(cervical) |  | Melanoma/Skin |  | Other  Specify.......................... |  |
| Colon |  | Nervous System |  | Don’t know |  |

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

Diabetes (Type 1) Yes No Don't know 

Diabetes (Type 2) Yes No Don't know 

**4.1. Which medicines prescribed for you, have you 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** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |  |
| --- | --- |
| **5. 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  |

**6. Do you have or ever had amalgam fillings or dental sealant in his/her teeth?**

Yes, amalgam fillings 

Yes, dental sealant 

Yes, both 

No 

Don't know 

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

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

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

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

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

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

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

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

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

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

Yes No Don't know 

**8. Have you done any body modifications (excluding medical interventions)? If yes, specify how long since you got the first body modification**

Piercings No Yes \_\_\_ \_\_\_ days \_\_\_ \_\_\_ months \_\_\_ \_\_\_ years

Tattoos No Yes \_\_\_ \_\_\_ days \_\_\_ \_\_\_ months \_\_\_ \_\_\_ years

If yes, please specify the colour group(s) used in this tattoo:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Black** | **yellow, orange and/or red** | **Green and/or light blue** | **Others** | **Don’t know** |
|  |  |  |  |  |

Implants No Yes \_\_\_ \_\_\_ days \_\_\_ \_\_\_ months \_\_\_ \_\_\_ years

Other modifications No Yes \_\_\_ \_\_\_ days \_\_\_ \_\_\_ months \_\_\_ \_\_\_ years

**Specify………………………………**

**9. How often do you usually wear metallic jewellery (e.g. rings, earrings, necklaces)**

|  |  |  |  |
| --- | --- | --- | --- |
| **1. Never/Rarely** | **2. Sometimes (few times a month)** | **3.** [**Always**](http://www.linguee.es/ingles-espanol/traduccion/continually.html) **(almost daily)** | **4. Don’t know** |
|  |  |  |  |

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

Yes, glasses 

Yes, contact lenses 

Yes, both 

No 

Don't know 

# Specific questions on 1st round priority substances for adolescents (12-15 yrs)

## Questionnaire for PFASs

### General questions

**SOCIODEMOGRAPHIC INFORMATION**

1. **What is your son’s/daughter’s birth date?** |\_\_|\_\_| month |\_\_|\_\_|\_\_|\_\_| year
2. **Where were your son/daughter, her/his parents and her/his grandparents born? (include the name of each country)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | In (Country) | In another country | Specify country |
| Son/Daughter | 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 has your son/daughter 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 your son/daughter has 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). Regarding current address, if the parents live apart from each other, and the adolescent lives in different places, the current address must refer to adolescent’s main place of residence (at least 16 days/month).**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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?**

**REFERRED TO THE ADULT**

|  |  |  |  |
| --- | --- | --- | --- |
| 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 the highest level of education your son/daughter attained?**

|  |  |  |  |
| --- | --- | --- | --- |
| 1.No formal education or below primary education **(ISCED 0)** |  | 5. Post-secondary non-tertiary education **(ISCED 4)** |  |
| 2. Primary education **(ISCED 1)** |  | 8. Don’t know |  |
| 3. Lower secondary education,or second stage of basic education **(ISCED 2)** |  |  |  |
| 4. Upper secondary education **(ISCED 3)** |  |  |  |

**REFERRED TO THE ADULT**

**8. 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 |  |

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

**REFERRED TO THE ADULT**

|  |  |  |  |
| --- | --- | --- | --- |
| 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 |  |

**10. 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).**

**REFERRED TO THE ADULT**

**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**  (mother/father brothers/sisters/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 |  |  |  |  |  |  |

**11. 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)

**REFERRED TO THE ADULT**

|  |  |  |  |
| --- | --- | --- | --- |
| **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 (this section will be answered by the adult)**

**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?**

|  | **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 where medical equipment is produced |  |  |  |
| 28. A site where polycarbonate plastics are produced |  |  |  |
| 29. A sire where thermal paper is produced |  |  |  |
| 30. A site where batteries/candles are produced |  |  |  |
| 31. 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. 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…) |  |  |  |

**7. 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) | No Yes No.months…………Always on…….. |
| **2. Window ventilation** | Autum-Winter No Yes No. h/day…………  Spring-Summer No Yes No. h/day………… |
| **3. Don’t know** | |

**8. Is a vacuum cleaner used 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

**DIETARY HABITS (the adolescent will answer this section with the support of the adult)**

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** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Breaded 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 ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **White meat nugget**  **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, petit-suisse**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Aged-Cheese**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Processed cheese**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Yogurt**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Dairy desserts**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Eggs**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **IV. CEREALS** | | | | | | | | | |
| **White bread**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Whole grain bread**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Cereal products (crackers, rusk…)**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Breakfast cereals (cornflakes, chocolate Cheerios®, puffed rice, muesli, etc.)**  **No. servings**  **………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Wheat (semolina, etc…)**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Barley**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Oats**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Bran**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Other cereals**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Pasta**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Rice**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **V. FATS** | | | | | | | | | |
| **Vegetal fats**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Animal fat, excepted butter**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **VI. VEGETABLES AND FRUIT** | | | | | |  | | | |
| **Raw and cooked vegetables** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Carrots**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Fresh tomatoes**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Leafy vegetables**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Other vegetables (broccoli, green beans, cabbage etc.)**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Chips/French fries**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Mashed potato**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Wild mushrooms**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Cultivated 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) | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Tinned products** (vegetables, legumes, cereals)  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Fresh fruits**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Fruit puree, fruit mousse cooked fruits**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Grape juice**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Orange/citrus juice**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Apple juice**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Other juice**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **VII. SNACKS** | | | | | | | | | |
| **Popcorn (microwave)**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Popcorn (home-made)**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Peanuts**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Potato chips (**packaged)  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Chewing gum** (one) | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Chocolate Hazelnut spread**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Ice cream**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Chocolate and chocolate bars**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Candies and candy bars (not chocolate)**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Jelly candies**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Cakes and biscuits**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Pastries**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Soft drinks**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **VIII. OTHER FOOD AND DRINKS** | | | | | |  | | | |
| **Smoked food** (ham, smoked pork, smoked sausage, smoked cheese, salmon, etc.) | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Food grilled over an open flame/burning embers** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Fried food** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Ready-to-eat meals (in plastic packaging)** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Non-dairy milks (almond, soya, oat)**  **No. glass………………** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Cocoa or chocolate powdered drink**  **No. cups ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Tea**  **No. cups ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |

**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. Did you attend school in the last 4 weeks?**

🞏 Yes 🞏 No

**3.1. If yes, how often have you eaten school lunches in the last 4 weeks?**

| **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** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |

**3.2. If yes, how often have you eaten school dinners in the last 4 weeks?**

| **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** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |

**4. 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** |
| --- | --- | --- | --- | --- | --- |
| 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |

**5. 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……………….. |

**6. 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 (the adolescent will answer this section with support of the adult, when needed)**

**1. 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 |

**2. 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** |
|  |  |  |  |  |  |  |

**3. 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 school** |  |  |  |  |  |
| **b. At transports (car, train, bus...)** |  |  |  |  |  |
| **c. At restaurants, pubs, clubs, events** |  |  |  |  |  |
| **d. At friends', relatives' or neighbours' homes** |  |  |  |  |  |
| **e. Other indoor places** |  |  |  |  |  |

**4. How long do you dedicate to sport and/or physical activities?**

| **Workdays** | **Weekends** |
| --- | --- |
| 🞏 No time  🞏 Less than 1 hour/day  🞏 1 hour/day (approx.)  🞏 2 hours/day (approx.)  🞏 3 hours/day (approx.)  🞏 4 hours/day (approx.)  🞏 > 4 hours/day  🞏 Don’t know | 🞏 No time  🞏 Less than 1 hour/day  🞏 1 hour/day (approx.)  🞏 2 hours/day (approx.)  🞏 3 hours/day (approx.)  🞏 4 hours/day (approx.)  🞏 > 4 hours/day  🞏 Don’t know |

**5. 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 secondary school, school clubs, univerisity, shopping centre, sports club, cinema,restaurant...) | |\_\_|\_\_| hours |\_\_|\_\_| minutes  🞏 Don't know | |\_\_|\_\_| hours |\_\_|\_\_| minutes  🞏 Don't know |
| **4. In family’s 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, 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 |

**6. In the last month, did you carry out any of the following activities at home or school as DIY activities or hobbies, or were you direct or indirectly exposed to any of these substances at home or school? Please, consider all the activities carried out, including those conducted by you or other family member(s).**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SURFACE TREATMENT** | | **Yes** | **No** | **Don’t know** |
| Apply varnish, finish or seals | |  |  |  |
| Mix or apply paints or lacquers | |  |  |  |
| Strip or thin paints | |  |  |  |
| Apply fillers | |  |  |  |
| Use of anti-corrosive agents | |  |  |  |
| Other products, specify……………………………………………………… | |  |  |  |
| **CLEANING AND REPARATION PRODUCTS** | | **Yes** | **No** | **Don’t know** |
| Use solvents or degreasers (for cleaning sticky/greasy things) | |  |  |  |
| Application of glues or adhesives | |  |  |  |
| Application of lubricating oils | |  |  |  |
| Degrease tools, machines or electronics | |  |  |  |
| Use cleaning chemicals | |  |  |  |
| Use of computer and/or electronic products repairing | |  |  |  |
| Other products, specify……………………………………………………… | |  |  |  |
| **HOME REPAIRS/MAINTENANCE AND CONSTRUCTION ACTIVITIES** | | **Yes** | **No** | **Don’t know** |
| Wood processing or use of wood preservatives | |  |  |  |
| Glass processing | |  |  |  |
| Use of Portland cement | |  |  |  |
| Use of surface protection agents (spray) for clothes, windows or other applications | |  |  |  |
| Use of assembly foam | |  |  |  |
| Other products, specify……………………………………………………… | |  |  |  |
| **GARDENING** | | **Yes** | **No** | **Don’t know** |
| Use of compost or sewage sludge (as fertilizer) | |  |  |  |
| Use of phosphate fertilizers | |  |  |  |
| Other products, specify……………………………………………………… | |  |  |  |
| **HANDLING METALS** | | **Yes** | **No** | **Don’t know** |
| Weldering | |  |  |  |
| Use lead, mercury or other metals | |  |  |  |
| Use of ferrous metal alloys, stainless steel or other alloys processing | |  |  |  |
| Use of non-ferrous processing | |  |  |  |
| Other products, specify……………………………………………………… | |  |  |  |
| **DYES AND INKS** | | **Yes** | **No** | **Don’t know** |
| Use dyes (for hair or textiles) | |  |  |  |
| Use of inks (e.g. tattoo, specially yellow, orange and red colors) | |  |  |  |
| Use of inks (e.g. tattoo, specially green and light-blue) | |  |  |  |
| Use of inks (e.g. tattoo, specially black tattoos) | |  |  |  |
| Printing | |  |  |  |
| Other products, specify……………………………………………………… | |  |  |  |
| **PLASTIC HANDLING** | **Yes** | **No** | **Don’t know** |
| Use of plastic gloves |  |  |  |
| Use of polycarbonate plastics |  |  |  |
| Use of plastic products processing |  |  |  |
| Use of reusable food and drink containers |  |  |  |
| Other products, specify……………………………………………………… |  |  |  |
| **OTHER PRODUCTS AND ACTIVITIES** | **Yes** | **No** | **Don’t know** |
| Use of kiln for pottery and ceramics |  |  |  |
| Use of fireplace or exposure to combustion products (in/outdoors) |  |  |  |
| Auto body repairing |  |  |  |
| Sports that require the use of safety equipement (i.e. helmets, protective eye visors) |  |  |  |
| Use of ski wax |  |  |  |
| Apply epoxy resins |  |  |  |
| Leather processing |  |  |  |
| Traditional (analog) photography (including photographic films) |  |  |  |
| Use of photovoltaic devices and solar cells |  |  |  |
| **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  ................................................................................................................. |  |  |  |

**Note: these sensitive questions should be directly addressed to the adolescent, without adults**

**7. Have you ever smoked? (If not, go to question 8)**

🞏 Yes

🞏 No

🞏 Don’t know

🞏 Refused

**7.1 Do you usually smoke?**

🞏 Yes

🞏 No

🞏 I gave up smoking Age stop smoking |\_\_|\_\_| 🞏 Don't know

🞏 Don’t know

🞏 Refused

**If yes, please specify the following information**

**7.2** Age start smoking |\_\_|\_\_| 🞏 Don't know

**7.3 How often do you usually smoke?**

🞏 Regularly

🞏 Occasionally

🞏 Don’t know

🞏 Refused

**8. Have you ever consumed alcoholic drinks? (If not, go to next section)**

🞏 Yes

🞏 No

🞏 Don’t know

🞏 Refused

**8.1 Do you usually consume alcoholic drinks?**

🞏 Yes

🞏 No

🞏 I gave up consuming alcoholic drinks Age stop consuming |\_\_|\_\_| 🞏 Don't know

🞏 Don’t know

🞏 Refused

**If yes, please specify the following information**

**8.2** Age start consuming alcoholic drinks |\_\_|\_\_| 🞏 Don't know

**8.3 How often do you usually consume alcoholic drinks?**

🞏 Regularly

🞏 Occasionally

🞏 Don’t know

🞏 Refused

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **8.4. If the answer is daily/regularly or occasionally, from the following list of alcoholic drinks, 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. Wine**, champagne, cider (a glass, 125 cc) |  |  |  |  |  |  |  |  |
| **3. Spirits <40% alcohol** (fruit liquors. A glass, 50 cc) |  |  |  |  |  |  |  |  |
| **4. Spirits >40% alcohol** (whisky, gin, vodka… A glass, 50 cc) |  |  |  |  |  |  |  |  |
| **5. Alcoholic cocktails** (a glass, 50 cc) |  |  |  |  |  |  |  |  |

**OCCUPATIONAL EXPOSURE (referred to the father)**

1. **Please, indicate the sector of industry/workplace where you work in (refer to annex IV, 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, coal tar** | 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. Cadmium** | Yes | No | Don't know | Specify:  ………………………………….. |
| **4.9. Chromium** | Yes | No | Don't know | Specify:  ………………………………….. |
| **4.10. Other metals** | Yes | No | Don't know | Specify:  ………………………………….. |
| **4.11. Pharmaceuticals** | Yes | No | Don't know | Specify:  ………………………………….. |
| **4.12. Paints/ coatings** | Yes | No | Don't know | Specify:  ………………………………….. |
| * 1. **Printing inks** | Yes | No | Don't know | Specify:(e.g. ink production, printing industry, other job, which?)  ………………………………….. |
| **4.14. Dyes, azo dyes and pigments** (tattoo inks, sulphur dyes, indigo compounds) | Yes | No | Don't know | Specify: (job/working task, what kind of dye?)  ………………………………….. |
| **4.15. 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:  ………………………………….. |
| **4.16. Varnishes** | Yes | No | Don't know | Specify:  ………………………………….. |
| **4.17. Solvents** | Yes | No | Don't know | Specify:  ………………………………….. |
| **4.18. Plasticisers** | Yes | No | Don't know | Specify:  ………………………………….. |
| **4.19. Pesticides, biocides or disinfection products** (herbicides, fungicides, insecticides or bactericides) | Yes | No | Don't know | Specify:  ………………………………….. |
| **4.20. Cosmetics or hair treatment products** (hair dyes etc.) | Yes | No | Don't know | Specify:  ………………………………….. |
| **4.21. 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:  ………………………………….. |
| **4.22. Rubber chemicals** | Yes | No | Don't know | Specify:  ………………………………….. |
| **4.23. Flame retardants** | Yes | No | Don't know | Specify:  ………………………………….. |
| **4.24. Nanomaterials** | Yes | No | Don't know | Specify:  ………………………………….. |
| **4.25. Photoresist/antireflective coatings** | Yes | No | Don't know | Specify:  ………………………………….. |
| **4.26. Other hazardous materials, hazardous waste or other chemicals** (e.g. contaminated soil renovation) | Yes | No | Don't know | Specify:  ………………………………….. |
| **4.27. 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 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 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 PPE (please, specify the type):
* Availability of collective protective measures (please, specify the type):

**6. After working, do you take a shower and change the clothes you wear at work before coming home?**

I take a shower and change my clothes

I only change my clothes

I take a shower but don’t the change my clothes

I don’t take a shower or change my clothes

Don't know

**7. Do you use Personal Protective Equipment (PPE)?**

Yes No Don't know

If yes, please specify:

**8. 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:

**9. Are your family/household members working with chemicals in their job**?

Yes No Don't know

If yes, specify

**OCCUPATIONAL HISTORY (referred to the father)**

**1. Please, fill the following questions for each of the previous jobs where you have worked in the past 16 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 IV, 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, coal tar** | 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. Cadmium** | Yes | No | Don't know | Specify:  ………………………………….. |
| **2.9. Chromium** | Yes | No | Don't know | Specify:  ………………………………….. |
| **2.10. Other metals** | Yes | No | Don't know | Specify:  ………………………………….. |
| **2.11. Pharmaceuticals** | Yes | No | Don't know | Specify:  ………………………………….. |
| **2.12. Paints/ coatings** | Yes | No | Don't know | Specify:  ………………………………….. |
| **2.13. Printing inks** | Yes | No | Don't know | Specify:(e.g. ink production, printing industry, other job, which?)  ………………………………….. |
| **2.14. Dyes, azo dyes and pigments** (tattoo inks, sulphur dyes, indigo compounds) | Yes | No | Don't know | Specify: (job/working task, what kind of dye?)  ………………………………….. |
| **2.15. 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:  ………………………………….. |
| **2.16. Varnishes** | Yes | No | Don't know | Specify:  ………………………………….. |
| **2.17. Solvents** | Yes | No | Don't know | Specify:  ………………………………….. |
| **2.18. Plasticisers** | Yes | No | Don't know | Specify:  ………………………………….. |
| **2.19. Pesticides, biocides or disinfection products** (herbicides, fungicides, insecticides or bactericides) | Yes | No | Don't know | Specify:  ………………………………….. |
| **2.20. Cosmetics or hair treatment products** (hair dyes etc.) | Yes | No | Don't know | Specify:  ………………………………….. |
| **2.21. 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:  ………………………………….. |
| **2.22. Rubber chemicals** | Yes | No | Don't know | Specify:  ………………………………….. |
| **2.23. Flame retardants** | Yes | No | Don't know | Specify:  ………………………………….. |
| **2.24. Nanomaterials** | Yes | No | Don't know | Specify:  ………………………………….. |
| **2.25. Photoresist/antireflective coatings** | Yes | No | Don't know | Specify:  ………………………………….. |
| **2.26. Other hazardous materials, hazardous waste or other chemicals** (e.g. contaminated soil renovation) | Yes | No | Don't know | Specify:  ………………………………….. |
| **2.27. Other compounds**  Specify......................................... | Yes | No | Don't know | Specify:  ………………………………….. |

1. **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?

**CURRENT OCCUPATIONAL EXPOSURE (referred to the mother)**

1. **Please, indicate the sector of industry/workplace where you work in (refer to annex IV, 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, coal tar** | 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. Cadmium** | Yes | No | Don't know | Specify:  ………………………………….. |
| **4.9. Chromium** | Yes | No | Don't know | Specify:  ………………………………….. |
| **4.10. Other metals** | Yes | No | Don't know | Specify:  ………………………………….. |
| **4.11. Pharmaceuticals** | Yes | No | Don't know | Specify:  ………………………………….. |
| **4.12. Paints/ coatings** | Yes | No | Don't know | Specify:  ………………………………….. |
| * 1. **Printing inks** | Yes | No | Don't know | Specify:(e.g. ink production, printing industry, other job, which?)  ………………………………….. |
| **4.14. Dyes, azo dyes and pigments** (tattoo inks, sulphur dyes, indigo compounds) | Yes | No | Don't know | Specify: (job/working task, what kind of dye?)  ………………………………….. |
| **4.15. 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:  ………………………………….. |
| **4.16. Varnishes** | Yes | No | Don't know | Specify:  ………………………………….. |
| **4.17. Solvents** | Yes | No | Don't know | Specify:  ………………………………….. |
| **4.18. Plasticisers** | Yes | No | Don't know | Specify:  ………………………………….. |
| **4.19. Pesticides, biocides or disinfection products** (herbicides, fungicides, insecticides or bactericides) | Yes | No | Don't know | Specify:  ………………………………….. |
| **4.20. Cosmetics or hair treatment products** (hair dyes etc.) | Yes | No | Don't know | Specify:  ………………………………….. |
| **4.21. 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:  ………………………………….. |
| **4.22. Rubber chemicals** | Yes | No | Don't know | Specify:  ………………………………….. |
| **4.23. Flame retardants** | Yes | No | Don't know | Specify:  ………………………………….. |
| **4.24. Nanomaterials** | Yes | No | Don't know | Specify:  ………………………………….. |
| **4.25. Photoresist/antireflective coatings** | Yes | No | Don't know | Specify:  ………………………………….. |
| **4.26. Other hazardous materials, hazardous waste or other chemicals** (e.g. contaminated soil renovation) | Yes | No | Don't know | Specify:  ………………………………….. |
| **4.27. 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 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 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 PPE (please, specify the type):
* Availability of collective protective measures (please, specify the type):

**6. After working, do you take a shower and change the clothes you wear at work before coming home?**

I take a shower and change my clothes

I only change my clothes

I take a shower but don’t the change my clothes

I don’t take a shower or change my clothes

Don't know

**7. Do you use Personal Protective Equipment (PPE)?**

Yes No Don't know

If yes, please specify:

**8. 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:

**9. Are your family/household members working with chemicals in their job**?

Yes No Don't know

If yes, specify

**OCCUPATIONAL HISTORY (referred to the mother)**

**1. Please, fill the following questions for each of the previous jobs where you have worked in the past 16 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 IV, 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, coal tar** | 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. Cadmium** | Yes | No | Don't know | Specify:  ………………………………….. |
| **2.9. Chromium** | Yes | No | Don't know | Specify:  ………………………………….. |
| **2.10. Other metals** | Yes | No | Don't know | Specify:  ………………………………….. |
| **2.11. Pharmaceuticals** | Yes | No | Don't know | Specify:  ………………………………….. |
| **2.12. Paints/ coatings** | Yes | No | Don't know | Specify:  ………………………………….. |
| **2.13. Printing inks** | Yes | No | Don't know | Specify:(e.g. ink production, printing industry, other job, which?)  ………………………………….. |
| **2.14. Dyes, azo dyes and pigments** (tattoo inks, sulphur dyes, indigo compounds) | Yes | No | Don't know | Specify: (job/working task, what kind of dye?)  ………………………………….. |
| **2.15. 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:  ………………………………….. |
| **2.16. Varnishes** | Yes | No | Don't know | Specify:  ………………………………….. |
| **2.17. Solvents** | Yes | No | Don't know | Specify:  ………………………………….. |
| **2.18. Plasticisers** | Yes | No | Don't know | Specify:  ………………………………….. |
| **2.19. Pesticides, biocides or disinfection products** (herbicides, fungicides, insecticides or bactericides) | Yes | No | Don't know | Specify:  ………………………………….. |
| **2.20. Cosmetics or hair treatment products** (hair dyes etc.) | Yes | No | Don't know | Specify:  ………………………………….. |
| **2.21. 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:  ………………………………….. |
| **2.22. Rubber chemicals** | Yes | No | Don't know | Specify:  ………………………………….. |
| **2.23. Flame retardants** | Yes | No | Don't know | Specify:  ………………………………….. |
| **2.24. Nanomaterials** | Yes | No | Don't know | Specify:  ………………………………….. |
| **2.25. Photoresist/antireflective coatings** | Yes | No | Don't know | Specify:  ………………………………….. |
| **2.26. Other hazardous materials, hazardous waste or other chemicals** (e.g. contaminated soil renovation) | Yes | No | Don't know | Specify:  ………………………………….. |
| **2.27. Other compounds**  Specify......................................... | Yes | No | Don't know | Specify:  ………………………………….. |

1. **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 (this section will be answered by the adolescent supported by the adult, when needed)**

|  |  |
| --- | --- |
| **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. 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 he/she was when this was first diagnosed** | | |
| --- | --- | --- |
| 2.1 Asthma (allergic asthma included) | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
|
|
| 2.2 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  \_\_\_ \_\_\_ |
| 2.3 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  \_\_\_ \_\_\_ |
| 2.4 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  \_\_\_ \_\_\_ |
| 2.5 Diabetes (type 1) | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 2.6 Diabetes (type 2) | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 2.7 Thyroid condition | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 2.8 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  \_\_\_ \_\_\_ |
| 2.9 Liver dysfunction | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 2.10 Kidney disease or dysfunction | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 2.11 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  \_\_\_ \_\_\_ |
| 2.12 Severe headache such as migraine | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 2.13 Chronic anxiety | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 2.14 Chronic depression | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 2.15 Other mental health problems | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 2.16 Attention deficit disorders (ADD, ADHD) | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 2.17 Autism | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 2.18 Asperger syndrome | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 2.19 Down syndrome | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 2.20 Learning disability | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 2.21 Other neurological disorders | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 2.22 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 girls only)**  2.23 Puberty development problems or gynaecological diseases | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| **(For boys only)**  2.24 Puberty development problems | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 2.25 Other diseases or conditions.  Specify:  ………………………………….. | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Bladder |  | Esophagus (esophageal) |  | Rectum(rectal) |  |
| Blood |  | Kidney |  | Soft tissue(muscle or fat) |  |
| Bone |  | Leukaemia |  | Stomach |  |
| Breast |  | Liver |  | Testis(testicular) |  |
| Brain |  | Lymphoma/Hodgkin’s disease |  | Thyroid |  |
| Cervix(cervical) |  | Melanoma/Skin |  | Other  Specify.......................... |  |
| Colon |  | Nervous System |  | Don’t know |  |

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

Diabetes (Type 1) Yes No Don't know 

Diabetes (Type 2) Yes No Don't know 

**4.1. Which medicines prescribed for you, have you 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** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |  |
| --- | --- |
| **5. 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  |

### Specific questions

**1. 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 | |

**2. 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** |
|  |  |  |  |

**3. Does your child help with general cleaning of your home?**

No Yes, entirely Yes, partially In that case specify the percentage he/she is in charge of \_\_\_\_%

**4. 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:** |
| --- | --- | --- | --- | --- |
| 1. Cleaning products (e.g. for kitchen, bathroom, floor, windows) |  |  |  | Chemical  Eco-friendly  Don’t know |
| 2. Floor wax |  |  |  | Chemical  Eco-friendly  Don’t know |
| 3. Fabric softener |  |  |  | Chemical  Eco-friendly  Don’t know |
| 4. Wood varnish |  |  |  | Chemical  Eco-friendly  Don’t know |
| 5. Dry cleaning products (e.g. for cleaning upholstery, clothes, carpets) |  |  |  | Chemical  Eco-friendly  Don’t know |
| 6. [Air freshener](http://www.linguee.es/ingles-espanol/traduccion/air+freshener.html) |  |  |  | Chemical  Eco-friendly  Don’t know |
| 7. Solvents |  |  |  | Chemical  Eco-friendly  Don’t know |
| 8. Spot remover products |  |  |  | Chemical  Eco-friendly  Don’t know |
| 9. Impregnation fluids (e.g. for upholstery, shoes) |  |  |  | Chemical  Eco-friendly  Don’t know |
| 10. Other cleaning products  Specify…………………………………………………………………………………  …………………………………………………………………………………………. |  |  |  | Chemical  Eco-friendly  Don’t know |

**5. 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 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| In paper cup | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| In plastic cup | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| In plastic (e.g. bag, box) | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| In polystyrene foam (e.g. box) | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| In aluminium containers | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |

**6. What materials do you or your parents 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 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Glass | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Teflon baking tray/covered pan | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Others  🞏 No 🞏 Yes  Specify………………………. | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Don’t know 🞏 | | | | | | | | |

**7. How often have you eaten dishes from dining hall or cafeteria (outside school) in the last 4 weeks?**

| **(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** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |

**8. Did you attend school in the last 4 weeks?**

🞏 Yes 🞏 No

**8.1. If yes, how often have you eaten school lunches in the last 4 weeks?**

| **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** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |

**8.2. If yes, how often have you eaten school dinners in the last 4 weeks?**

| **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** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |

**9. 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** |
| --- | --- | --- | --- | --- | --- |
| 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |

**10. 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……………….. |

**11. 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 |

**12. 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 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Ceramic containers | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Glass containers | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Others  Specify.................................. | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Don’t know 🞏 | | | | | | | | |

**13. 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 🞏 | | | | | | | | | |

**14. How old is the car you spend most time in? (months if less than 12 months)**

|\_\_|\_\_| Years |\_\_|\_\_| Months 🞏Don't know

**15. 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  ………………………………………… |  |  |  |  |  |  |
| Conditioner  ………………………………………… |  |  |  |  |  |  |
| Moisturizer cream  ………………………………………… |  |  |  |  |  |  |
| Dye, colour rinse  ………………………………………… |  |  |  |  |  |  |
| Bleaching products  ………………………………………… |  |  |  |  |  |  |
| Perming products  ………………………………………… |  |  |  |  |  |  |
| Relaxer  ………………………………………… |  |  |  |  |  |  |
| Other products  Specify......................................... |  |  |  |  |  |  |
| **COSMETICS** | **Never** | **Occasionally** | **Several times a month** | **Once a week** | **Everyday** | **Don't know** |
| Foundation (powder, liquid)  ………………………………………… |  |  |  |  |  |  |
| Make-up remover  ………………………………………… |  |  |  |  |  |  |
| Lip balm  ………………………………………… |  |  |  |  |  |  |
| 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  ………………………………………… |  |  |  |  |  |  |
| Traditional cosmetics (kohl, surma, kajal, tiro, etc.) (TO BE ADAPTED IF IT IS NEEDED) |  |  |  |  |  |  |
| Other products  Specify......................................... |  |  |  |  |  |  |
| **BODYCARE** | **Never** | **Occasionally** | **Several times a month** | **Once a week** | **Everyday** | **Don't know** |
| Perfume / eau de Cologne  ………………………………………… |  |  |  |  |  |  |
| Body soap  ………………………………………… |  |  |  |  |  |  |
| Body or hand lotion (cream, milk...)  ………………………………………… |  |  |  |  |  |  |
| Sun cream (sunscreen)  ………………………………………… |  |  |  |  |  |  |
| Sun tan lotion  ………………………………………… |  |  |  |  |  |  |
| Anti-aging cream  ………………………………………… |  |  |  |  |  |  |
| Deodorant  ………………………………………… |  |  |  |  |  |  |
| Shaving cream or aftershave lotion  ………………………………………… |  |  |  |  |  |  |
| Body oil  ………………………………………… |  |  |  |  |  |  |
| Skin bleaching products  ………………………………………… |  |  |  |  |  |  |
| Other products  Specify......................................... |  |  |  |  |  |  |

**16. In the last month, did you carry out any of the following activities at home or school as DIY activities or hobbies, or were you direct or indirectly exposed to any of these substances at home or school? Please, consider all the activities carried out, including those conducted by you or other family member(s).**

|  |  |  |  |
| --- | --- | --- | --- |
| **SURFACE TREATMENT** | **Yes** | **No** | **Don’t know** |
| Apply varnish, finish or seals |  |  |  |
| Mix or apply paints or lacquers |  |  |  |
| Strip or thin paints |  |  |  |
| Apply fillers |  |  |  |
| Use of anti-corrosive agents |  |  |  |
| Other products, specify……………………………………………………… |  |  |  |
| **CLEANING AND REPARATION PRODUCTS** | **Yes** | **No** | **Don’t know** |
| Use solvents or degreasers (for cleaning sticky/greasy things) |  |  |  |
| Application of glues or adhesives |  |  |  |
| Application of lubricating oils |  |  |  |
| Degrease tools, machines or electronics |  |  |  |
| Use cleaning chemicals |  |  |  |
| Use of computer and/or electronic products repairing |  |  |  |
| Other products, specify……………………………………………………… |  |  |  |
| **HOME REPAIRS/MAINTENANCE AND CONSTRUCTION ACTIVITIES** | **Yes** | **No** | **Don’t know** |
| Wood processing or use of wood preservatives |  |  |  |
| Glass processing |  |  |  |
| Use of Portland cement |  |  |  |
| Use of surface protection agents (spray) for clothes, windows or other applications |  |  |  |
| Use of assembly foam |  |  |  |
| Other products, specify……………………………………………………… |  |  |  |
| **GARDENING** | **Yes** | **No** | **Don’t know** |
| Use of compost or sewage sludge (as fertilizer) |  |  |  |
| Use of phosphate fertilizers |  |  |  |
| Other products, specify……………………………………………………… |  |  |  |
| **HANDLING METALS** | **Yes** | **No** | **Don’t know** |
| Weldering |  |  |  |
| Use lead, mercury or other metals |  |  |  |
| Use of ferrous metal alloys, stainless steel or other alloys processing |  |  |  |
| Use of non-ferrous processing |  |  |  |
| Other products, specify……………………………………………………… |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **DYES AND INKS** | **Yes** | **No** | **Don’t know** |
| Use dyes (for hair or textiles) |  |  |  |
| Use of inks (e.g. tattoo, specially yellow, orange and red colors) |  |  |  |
| Use of inks (e.g. tattoo, specially green and light-blue) |  |  |  |
| Use of inks (e.g. tattoo, specially black tattoos) |  |  |  |
| Printing |  |  |  |
| Other products, specify……………………………………………………… |  |  |  |
| **PLASTIC HANDLING** | **Yes** | **No** | **Don’t know** |
| Use of plastic gloves |  |  |  |
| Use of polycarbonate plastics |  |  |  |
| Use of plastic products processing |  |  |  |
| Use of reusable food and drink containers |  |  |  |
| Other products, specify……………………………………………………… |  |  |  |
| **OTHER PRODUCTS AND ACTIVITIES** | **Yes** | **No** | **Don’t know** |
| Use of kiln for pottery and ceramics |  |  |  |
| Use of fireplace or exposure to combustion products (in/outdoors) |  |  |  |
| Auto body repairing |  |  |  |
| Sports that require the use of safety equipement (i.e. helmets, protective eye visors) |  |  |  |
| Use of ski wax |  |  |  |
| Apply epoxy resins |  |  |  |
| Leather processing |  |  |  |
| Traditional (analog) photography (including photographic films) |  |  |  |
| Use of photovoltaic devices and solar cells |  |  |  |
| **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  ................................................................................................................. |  |  |  |

**Note: these sensitive questions should be directly addressed to the adolescent, without adults**

**17. Have you ever smoked? (If not, go to next section)**

🞏 Yes

🞏 No

🞏 Don’t know

🞏 Refused

**17.1 Do you usually smoke?**

🞏 Yes

🞏 No

🞏 I gave up smoking Age stop smoking |\_\_|\_\_| 🞏 Don't know

🞏 Don’t know

🞏 Refused

**If yes, please specify the following information**

**17.2** Age start smoking |\_\_|\_\_| 🞏 Don't know

**17.3 How often do you usually smoke?**

🞏 Regularly

🞏 Occasionally

🞏 Don’t know

🞏 Refused

## Questionnaire for Phthalates

### General questions

**SOCIODEMOGRAPHIC INFORMATION**

1. **What is your son’s/daughter’s birth date?** |\_\_|\_\_| month |\_\_|\_\_|\_\_|\_\_| year
2. **Where were your son/daughter, her/his parents and her/his grandparents born? (include the name of each country)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | In (Country) | In another country | Specify country |
| Son/Daughter | 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 has your son/daughter 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 your son/daughter has 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). Regarding current address, if the parents live apart from each other, and the adolescent lives in different places, the current address must refer to adolescent’s main place of residence (at least 16 days/month).**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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?**

**REFERRED TO THE ADULT**

|  |  |  |  |
| --- | --- | --- | --- |
| 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 the highest level of education your son/daughter attained?**

|  |  |  |  |
| --- | --- | --- | --- |
| 1.No formal education or below primary education **(ISCED 0)** |  | 5. Post-secondary non-tertiary education **(ISCED 4)** |  |
| 2. Primary education **(ISCED 1)** |  | 8. Don’t know |  |
| 3. Lower secondary education,or second stage of basic education **(ISCED 2)** |  |  |  |
| 4. Upper secondary education **(ISCED 3)** |  |  |  |

**REFERRED TO THE ADULT**

**8. 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 |  |

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

**REFERRED TO THE ADULT**

|  |  |  |  |
| --- | --- | --- | --- |
| 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 |  |

**10. 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).**

**REFERRED TO THE ADULT**

**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**  (mother/father brothers/sisters/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 |  |  |  |  |  |  |

**11. 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)

**REFERRED TO THE ADULT**

|  |  |  |  |
| --- | --- | --- | --- |
| **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**

**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?**

|  | **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 where medical equipment is produced |  |  |  |
| 28. A site where polycarbonate plastics are produced |  |  |  |
| 29. A sire where thermal paper is produced |  |  |  |
| 30. A site where batteries/candles are produced |  |  |  |
| 31. 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 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) | No Yes No.months…………Always on…….. |
| **2. Window ventilation** | Autum-Winter No Yes No. h/day…………  Spring-Summer No Yes No. h/day………… |
| **3. Don’t know** | |

**8. 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** |
|  |  |  |  |

**9. Does your child help with general cleaning of your home?**

No Yes, entirely Yes, partially In that case specify the percentage he/she is in charge of \_\_\_\_%

**10. Is a vacuum cleaner used 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

**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** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Breaded 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 ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **White meat nugget**  **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, petit-suisse**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Aged-Cheese**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Processed cheese**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Yogurt**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Dairy desserts**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Eggs**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **IV. CEREALS** | | | | | | | | | |
| **White bread**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Whole grain bread**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Cereal products (crackers, rusk…)**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Breakfast cereals (cornflakes, chocolate Cheerios®, puffed rice, muesli, etc.)**  **No. servings**  **………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Wheat (semolina, etc…)**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Barley**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Oats**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Bran**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Other cereals**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Pasta**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Rice**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **V. FATS** | | | | | | | | | |
| **Vegetal fats**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Animal fat, excepted butter**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **VI. VEGETABLES AND FRUIT** | | | | | |  | | | |
| **Raw and cooked vegetables** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Carrots**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Fresh tomatoes**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Leafy vegetables**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Other vegetables (broccoli, green beans, cabbage etc.)**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Chips/French fries**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Mashed potato**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Wild mushrooms**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Cultivated 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) | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Tinned products** (vegetables, legumes, cereals)  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Fresh fruits**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Fruit puree, fruit mousse cooked fruits**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Grape juice**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Orange/citrus juice**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Apple juice**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Other juice**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **VII. SNACKS** | | | | | | | | | |
| **Popcorn (microwave)**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Popcorn (home-made)**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Peanuts**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Potato chips (**packaged)  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Chewing gum** (one) | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Chocolate Hazelnut spread**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Ice cream**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Chocolate and chocolate bars**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Candies and candy bars (not chocolate)**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Jelly candies**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Cakes and biscuits**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Pastries**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Soft drinks**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **VIII. OTHER FOOD AND DRINKS** | | | | | |  | | | |
| **Smoked food** (ham, smoked pork, smoked sausage, smoked cheese, salmon, etc.) | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Food grilled over an open flame/burning embers** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Fried food** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Ready-to-eat meals (in plastic packaging)** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Non-dairy milks (almond, soya, oat)**  **No. glass………………** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Cocoa or chocolate powdered drink**  **No. cups ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Tea**  **No. cups ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |

**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. Did you attend school in the last 4 weeks?**

🞏 Yes 🞏 No

**3.1. If yes, how often have you eaten school lunches in the last 4 weeks?**

| **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** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |

**3.2. If yes, how often have you eaten school dinners in the last 4 weeks?**

| **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** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |

**4. 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** |
| --- | --- | --- | --- | --- | --- |
| 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |

**5. 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……………….. |

**6. 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**

**1. 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 |

**2. 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** |
|  |  |  |  |  |  |  |

**3. 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 school** |  |  |  |  |  |
| **b. At transports (car, train, bus...)** |  |  |  |  |  |
| **c. At restaurants, pubs, clubs, events** |  |  |  |  |  |
| **d. At friends', relatives' or neighbours' homes** |  |  |  |  |  |
| **e. Other indoor places** |  |  |  |  |  |

**4. How long do you dedicate to sport and/or physical activities?**

| **Workdays** | **Weekends** |
| --- | --- |
| 🞏 No time  🞏 Less than 1 hour/day  🞏 1 hour/day (approx.)  🞏 2 hours/day (approx.)  🞏 3 hours/day (approx.)  🞏 4 hours/day (approx.)  🞏 > 4 hours/day  🞏 Don’t know | 🞏 No time  🞏 Less than 1 hour/day  🞏 1 hour/day (approx.)  🞏 2 hours/day (approx.)  🞏 3 hours/day (approx.)  🞏 4 hours/day (approx.)  🞏 > 4 hours/day  🞏 Don’t know |

**5. 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 secondary school, school clubs, univerisity, shopping centre, sports club, cinema,restaurant...) | |\_\_|\_\_| hours |\_\_|\_\_| minutes  🞏 Don't know | |\_\_|\_\_| hours |\_\_|\_\_| minutes  🞏 Don't know |
| **4. In family’s 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, 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 |

**6. In the last month, did you carry out any of the following activities at home or school as DIY activities or hobbies, or were you direct or indirectly exposed to any of these substances at home or school? Please, consider all the activities carried out, including those conducted by you or other family member(s).**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SURFACE TREATMENT** | | **Yes** | **No** | **Don’t know** |
| Apply varnish, finish or seals | |  |  |  |
| Mix or apply paints or lacquers | |  |  |  |
| Strip or thin paints | |  |  |  |
| Apply fillers | |  |  |  |
| Use of anti-corrosive agents | |  |  |  |
| Other products, specify……………………………………………………… | |  |  |  |
| **CLEANING AND REPARATION PRODUCTS** | | **Yes** | **No** | **Don’t know** |
| Use solvents or degreasers (for cleaning sticky/greasy things) | |  |  |  |
| Application of glues or adhesives | |  |  |  |
| Application of lubricating oils | |  |  |  |
| Degrease tools, machines or electronics | |  |  |  |
| Use cleaning chemicals | |  |  |  |
| Use of computer and/or electronic products repairing | |  |  |  |
| Other products, specify……………………………………………………… | |  |  |  |
| **HOME REPAIRS/MAINTENANCE AND CONSTRUCTION ACTIVITIES** | | **Yes** | **No** | **Don’t know** |
| Wood processing or use of wood preservatives | |  |  |  |
| Glass processing | |  |  |  |
| Use of Portland cement | |  |  |  |
| Use of surface protection agents (spray) for clothes, windows or other applications | |  |  |  |
| Use of assembly foam | |  |  |  |
| Other products, specify……………………………………………………… | |  |  |  |
| **GARDENING** | | **Yes** | **No** | **Don’t know** |
| Use of compost or sewage sludge (as fertilizer) | |  |  |  |
| Use of phosphate fertilizers | |  |  |  |
| Other products, specify……………………………………………………… | |  |  |  |
| **HANDLING METALS** | | **Yes** | **No** | **Don’t know** |
| Weldering | |  |  |  |
| Use lead, mercury or other metals | |  |  |  |
| Use of ferrous metal alloys, stainless steel or other alloys processing | |  |  |  |
| Use of non-ferrous processing | |  |  |  |
| Other products, specify……………………………………………………… | |  |  |  |
| **DYES AND INKS** | | **Yes** | **No** | **Don’t know** |
| Use dyes (for hair or textiles) | |  |  |  |
| Use of inks (e.g. tattoo, specially yellow, orange and red colors) | |  |  |  |
| Use of inks (e.g. tattoo, specially green and light-blue) | |  |  |  |
| Use of inks (e.g. tattoo, specially black tattoos) | |  |  |  |
| Printing | |  |  |  |
| Other products, specify……………………………………………………… | |  |  |  |
| **PLASTIC HANDLING** | **Yes** | **No** | **Don’t know** |
| Use of plastic gloves |  |  |  |
| Use of polycarbonate plastics |  |  |  |
| Use of plastic products processing |  |  |  |
| Use of reusable food and drink containers |  |  |  |
| Other products, specify……………………………………………………… |  |  |  |
| **OTHER PRODUCTS AND ACTIVITIES** | **Yes** | **No** | **Don’t know** |
| Use of kiln for pottery and ceramics |  |  |  |
| Use of fireplace or exposure to combustion products (in/outdoors) |  |  |  |
| Auto body repairing |  |  |  |
| Sports that require the use of safety equipement (i.e. helmets, protective eye visors) |  |  |  |
| Use of ski wax |  |  |  |
| Apply epoxy resins |  |  |  |
| Leather processing |  |  |  |
| Traditional (analog) photography (including photographic films) |  |  |  |
| Use of photovoltaic devices and solar cells |  |  |  |
| **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  ................................................................................................................. |  |  |  |

**Note: these sensitive questions should be directly addressed to the adolescent, without adults**

**7. Have you ever smoked? (If not, go to question 8)**

🞏 Yes

🞏 No

🞏 Don’t know

🞏 Refused

**7.1 Do you usually smoke?**

🞏 Yes

🞏 No

🞏 I gave up smoking Age stop smoking |\_\_|\_\_| 🞏 Don't know

🞏 Don’t know

🞏 Refused

**If yes, please specify the following information**

**7.2** Age start smoking |\_\_|\_\_| 🞏 Don't know

**7.3 How often do you usually smoke?**

🞏 Regularly

🞏 Occasionally

🞏 Don’t know

🞏 Refused

**8. Have you ever consumed alcoholic drinks? (If not, go to next section)**

🞏 Yes

🞏 No

🞏 Don’t know

🞏 Refused

**8.1 Do you usually consume alcoholic drinks?**

🞏 Yes

🞏 No

🞏 I gave up consuming alcoholic drinks Age stop consuming |\_\_|\_\_| 🞏 Don't know

🞏 Don’t know

🞏 Refused

**If yes, please specify the following information**

**8.2** Age start consuming alcoholic drinks |\_\_|\_\_| 🞏 Don't know

**8.3 How often do you usually consume alcoholic drinks?**

🞏 Regularly

🞏 Occasionally

🞏 Don’t know

🞏 Refused

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **8.4. If the answer is daily/regularly or occasionally, from the following list of alcoholic drinks, 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. Wine**, champagne, cider (a glass, 125 cc) |  |  |  |  |  |  |  |  |
| **3. Spirits <40% alcohol** (fruit liquors. A glass, 50 cc) |  |  |  |  |  |  |  |  |
| **4. Spirits >40% alcohol** (whisky, gin, vodka… A glass, 50 cc) |  |  |  |  |  |  |  |  |
| **5. Alcoholic cocktails** (a glass, 50 cc) |  |  |  |  |  |  |  |  |

**OCCUPATIONAL EXPOSURE (referred to the father)**

1. **Please, indicate the sector of industry/workplace where you work in (refer to annex IV, 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, coal tar** | 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. Cadmium** | Yes | No | Don't know | Specify:  ………………………………….. |
| **4.9. Chromium** | Yes | No | Don't know | Specify:  ………………………………….. |
| **4.10. Other metals** | Yes | No | Don't know | Specify:  ………………………………….. |
| **4.11. Pharmaceuticals** | Yes | No | Don't know | Specify:  ………………………………….. |
| **4.12. Paints/ coatings** | Yes | No | Don't know | Specify:  ………………………………….. |
| * 1. **Printing inks** | Yes | No | Don't know | Specify:(e.g. ink production, printing industry, other job, which?)  ………………………………….. |
| **4.14. Dyes, azo dyes and pigments** (tattoo inks, sulphur dyes, indigo compounds) | Yes | No | Don't know | Specify: (job/working task, what kind of dye?)  ………………………………….. |
| **4.15. 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:  ………………………………….. |
| **4.16. Varnishes** | Yes | No | Don't know | Specify:  ………………………………….. |
| **4.17. Solvents** | Yes | No | Don't know | Specify:  ………………………………….. |
| **4.18. Plasticisers** | Yes | No | Don't know | Specify:  ………………………………….. |
| **4.19. Pesticides, biocides or disinfection products** (herbicides, fungicides, insecticides or bactericides) | Yes | No | Don't know | Specify:  ………………………………….. |
| **4.20. Cosmetics or hair treatment products** (hair dyes etc.) | Yes | No | Don't know | Specify:  ………………………………….. |
| **4.21. 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:  ………………………………….. |
| **4.22. Rubber chemicals** | Yes | No | Don't know | Specify:  ………………………………….. |
| **4.23. Flame retardants** | Yes | No | Don't know | Specify:  ………………………………….. |
| **4.24. Nanomaterials** | Yes | No | Don't know | Specify:  ………………………………….. |
| **4.25. Photoresist/antireflective coatings** | Yes | No | Don't know | Specify:  ………………………………….. |
| **4.26. Other hazardous materials, hazardous waste or other chemicals** (e.g. contaminated soil renovation) | Yes | No | Don't know | Specify:  ………………………………….. |
| **4.27. 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 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 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 PPE (please, specify the type):
* Availability of collective protective measures (please, specify the type):

**6. After working, do you take a shower and change the clothes you wear at work before coming home?**

I take a shower and change my clothes

I only change my clothes

I take a shower but don’t the change my clothes

I don’t take a shower or change my clothes

Don't know

**7. Do you use Personal Protective Equipment (PPE)?**

Yes No Don't know

If yes, please specify:

**8. 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:

**9. Are your family/household members working with chemicals in their job**?

Yes No Don't know

If yes, specify

**OCCUPATIONAL HISTORY (referred to the father)**

**1. Please, fill the following questions for each of the previous jobs where you have worked in the past 16 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 IV, 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, coal tar** | 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. Cadmium** | Yes | No | Don't know | Specify:  ………………………………….. |
| **2.9. Chromium** | Yes | No | Don't know | Specify:  ………………………………….. |
| **2.10. Other metals** | Yes | No | Don't know | Specify:  ………………………………….. |
| **2.11. Pharmaceuticals** | Yes | No | Don't know | Specify:  ………………………………….. |
| **2.12. Paints/ coatings** | Yes | No | Don't know | Specify:  ………………………………….. |
| **2.13. Printing inks** | Yes | No | Don't know | Specify:(e.g. ink production, printing industry, other job, which?)  ………………………………….. |
| **2.14. Dyes, azo dyes and pigments** (tattoo inks, sulphur dyes, indigo compounds) | Yes | No | Don't know | Specify: (job/working task, what kind of dye?)  ………………………………….. |
| **2.15. 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:  ………………………………….. |
| **2.16. Varnishes** | Yes | No | Don't know | Specify:  ………………………………….. |
| **2.17. Solvents** | Yes | No | Don't know | Specify:  ………………………………….. |
| **2.18. Plasticisers** | Yes | No | Don't know | Specify:  ………………………………….. |
| **2.19. Pesticides, biocides or disinfection products** (herbicides, fungicides, insecticides or bactericides) | Yes | No | Don't know | Specify:  ………………………………….. |
| **2.20. Cosmetics or hair treatment products** (hair dyes etc.) | Yes | No | Don't know | Specify:  ………………………………….. |
| **2.21. 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:  ………………………………….. |
| **2.22. Rubber chemicals** | Yes | No | Don't know | Specify:  ………………………………….. |
| **2.23. Flame retardants** | Yes | No | Don't know | Specify:  ………………………………….. |
| **2.24. Nanomaterials** | Yes | No | Don't know | Specify:  ………………………………….. |
| **2.25. Photoresist/antireflective coatings** | Yes | No | Don't know | Specify:  ………………………………….. |
| **2.26. Other hazardous materials, hazardous waste or other chemicals** (e.g. contaminated soil renovation) | Yes | No | Don't know | Specify:  ………………………………….. |
| **2.27. 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?

**CURRENT OCCUPATIONAL EXPOSURE (referred to the mother)**

1. **Please, indicate the sector of industry/workplace where you work in (refer to annex IV, 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, coal tar** | 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. Cadmium** | Yes | No | Don't know | Specify:  ………………………………….. |
| **4.9. Chromium** | Yes | No | Don't know | Specify:  ………………………………….. |
| **4.10. Other metals** | Yes | No | Don't know | Specify:  ………………………………….. |
| **4.11. Pharmaceuticals** | Yes | No | Don't know | Specify:  ………………………………….. |
| **4.12. Paints/ coatings** | Yes | No | Don't know | Specify:  ………………………………….. |
| * 1. **Printing inks** | Yes | No | Don't know | Specify:(e.g. ink production, printing industry, other job, which?)  ………………………………….. |
| **4.14. Dyes, azo dyes and pigments** (tattoo inks, sulphur dyes, indigo compounds) | Yes | No | Don't know | Specify: (job/working task, what kind of dye?)  ………………………………….. |
| **4.15. 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:  ………………………………….. |
| **4.16. Varnishes** | Yes | No | Don't know | Specify:  ………………………………….. |
| **4.17. Solvents** | Yes | No | Don't know | Specify:  ………………………………….. |
| **4.18. Plasticisers** | Yes | No | Don't know | Specify:  ………………………………….. |
| **4.19. Pesticides, biocides or disinfection products** (herbicides, fungicides, insecticides or bactericides) | Yes | No | Don't know | Specify:  ………………………………….. |
| **4.20. Cosmetics or hair treatment products** (hair dyes etc.) | Yes | No | Don't know | Specify:  ………………………………….. |
| **4.21. 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:  ………………………………….. |
| **4.22. Rubber chemicals** | Yes | No | Don't know | Specify:  ………………………………….. |
| **4.23. Flame retardants** | Yes | No | Don't know | Specify:  ………………………………….. |
| **4.24. Nanomaterials** | Yes | No | Don't know | Specify:  ………………………………….. |
| **4.25. Photoresist/antireflective coatings** | Yes | No | Don't know | Specify:  ………………………………….. |
| **4.26. Other hazardous materials, hazardous waste or other chemicals** (e.g. contaminated soil renovation) | Yes | No | Don't know | Specify:  ………………………………….. |
| **4.27. 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 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 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 PPE (please, specify the type):
* Availability of collective protective measures (please, specify the type):

**6. After working, do you take a shower and change the clothes you wear at work before coming home?**

I take a shower and change my clothes

I only change my clothes

I take a shower but don’t the change my clothes

I don’t take a shower or change my clothes

Don't know

**7. Do you use Personal Protective Equipment (PPE)?**

Yes No Don't know

If yes, please specify:

**8. 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:

**9. Are your family/household members working with chemicals in their job**?

Yes No Don't know

If yes, specify

**OCCUPATIONAL HISTORY (referred to the mother)**

**1. Please, fill the following questions for each of the previous jobs where you have worked in the past 16 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 IV, 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, coal tar** | 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. Cadmium** | Yes | No | Don't know | Specify:  ………………………………….. |
| **2.9. Chromium** | Yes | No | Don't know | Specify:  ………………………………….. |
| **2.10. Other metals** | Yes | No | Don't know | Specify:  ………………………………….. |
| **2.11. Pharmaceuticals** | Yes | No | Don't know | Specify:  ………………………………….. |
| **2.12. Paints/ coatings** | Yes | No | Don't know | Specify:  ………………………………….. |
| **2.13. Printing inks** | Yes | No | Don't know | Specify:(e.g. ink production, printing industry, other job, which?)  ………………………………….. |
| **2.14. Dyes, azo dyes and pigments** (tattoo inks, sulphur dyes, indigo compounds) | Yes | No | Don't know | Specify: (job/working task, what kind of dye?)  ………………………………….. |
| **2.15. 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:  ………………………………….. |
| **2.16. Varnishes** | Yes | No | Don't know | Specify:  ………………………………….. |
| **2.17. Solvents** | Yes | No | Don't know | Specify:  ………………………………….. |
| **2.18. Plasticisers** | Yes | No | Don't know | Specify:  ………………………………….. |
| **2.19. Pesticides, biocides or disinfection products** (herbicides, fungicides, insecticides or bactericides) | Yes | No | Don't know | Specify:  ………………………………….. |
| **2.20. Cosmetics or hair treatment products** (hair dyes etc.) | Yes | No | Don't know | Specify:  ………………………………….. |
| **2.21. 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:  ………………………………….. |
| **2.22. Rubber chemicals** | Yes | No | Don't know | Specify:  ………………………………….. |
| **2.23. Flame retardants** | Yes | No | Don't know | Specify:  ………………………………….. |
| **2.24. Nanomaterials** | Yes | No | Don't know | Specify:  ………………………………….. |
| **2.25. Photoresist/antireflective coatings** | Yes | No | Don't know | Specify:  ………………………………….. |
| **2.26. Other hazardous materials, hazardous waste or other chemicals** (e.g. contaminated soil renovation) | Yes | No | Don't know | Specify:  ………………………………….. |
| **2.27. 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**

|  |  |
| --- | --- |
| **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. 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 he/she was when this was first diagnosed** | | |
| --- | --- | --- |
| 2.1 Asthma (allergic asthma included) | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
|
|
| 2.2 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  \_\_\_ \_\_\_ |
| 2.3 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  \_\_\_ \_\_\_ |
| 2.4 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  \_\_\_ \_\_\_ |
| 2.5 Diabetes (type 1) | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 2.6 Diabetes (type 2) | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 2.7 Thyroid condition | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 2.8 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  \_\_\_ \_\_\_ |
| 2.9 Liver dysfunction | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 2.10 Kidney disease or dysfunction | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 2.11 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  \_\_\_ \_\_\_ |
| 2.12 Severe headache such as migraine | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 2.13 Chronic anxiety | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 2.14 Chronic depression | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 2.15 Other mental health problems | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 2.16 Attention deficit disorders (ADD, ADHD) | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 2.17 Autism | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 2.18 Asperger syndrome | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 2.19 Down syndrome | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 2.20 Learning disability | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 2.21 Other neurological disorders | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 2.22 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 girls only)**  2.23 Puberty development problems or gynaecological diseases | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| **(For boys only)**  2.24 Puberty development problems | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 2.25 Other diseases or conditions.  Specify:  ………………………………….. | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Bladder |  | Esophagus (esophageal) |  | Rectum(rectal) |  |
| Blood |  | Kidney |  | Soft tissue(muscle or fat) |  |
| Bone |  | Leukaemia |  | Stomach |  |
| Breast |  | Liver |  | Testis(testicular) |  |
| Brain |  | Lymphoma/Hodgkin’s disease |  | Thyroid |  |
| Cervix(cervical) |  | Melanoma/Skin |  | Other  Specify.......................... |  |
| Colon |  | Nervous System |  | Don’t know |  |

|  |  |
| --- | --- |
| **4. 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  |

### Specific questions

**1. 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 | |

**2. 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…) |  |  |  |

**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:** |
| 1. Cleaning products (e.g. for kitchen, bathroom, floor, windows) |  |  |  | Chemical  Eco-friendly  Don’t know |
| 2. Floor wax |  |  |  | Chemical  Eco-friendly  Don’t know |
| 3. Fabric softener |  |  |  | Chemical  Eco-friendly  Don’t know |
| 4. Wood varnish |  |  |  | Chemical  Eco-friendly  Don’t know |
| 5. Dry cleaning products (e.g. for cleaning upholstery, clothes, carpets) |  |  |  | Chemical  Eco-friendly  Don’t know |
| 6. [Air freshener](http://www.linguee.es/ingles-espanol/traduccion/air+freshener.html) |  |  |  | Chemical  Eco-friendly  Don’t know |
| 7. Solvents |  |  |  | Chemical  Eco-friendly  Don’t know |
| 8. Spot remover products |  |  |  | Chemical  Eco-friendly  Don’t know |
| 9. Impregnation fluids (e.g. for upholstery, shoes) |  |  |  | Chemical  Eco-friendly  Don’t know |
| 10. Other cleaning products  Specify…………………………………………………………………………………  …………………………………………………………………………………………. |  |  |  | Chemical  Eco-friendly  Don’t know |

**4. Do you have any pets at home? If yes, specify type and number (*If no animal, go to the next section: DIETARY HABITS)***

|  |  |
| --- | --- |
| **1. No animal** |  |
| **2. Dog** | No . .……… |
| **3. Cat** | No . .……… |
| **4. Bird** | No . .……… |
| **5. Other animal**  Specify………………………………………………………………………. | No . .……… |
| **6. Other animal**  Specify………………………………………………………………………. | No . .……… |

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Product** | **Yes** | **No** | **Don’t know** |
| **1. Pets grooming products**  (e.g.shampoos, conditioners, lotions, sprays…) |  |  |  |
| **2. External antiparasitic treatments**  (e.g. lotions, sprays, necklace, collar…) |  |  |  |
| **4. Other pet products**  Specify……………………………………………………………................. |  |  |  |

**5. 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 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| In paper cup | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| In plastic cup | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| In plastic (e.g. bag, box) | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| In polystyrene foam (e.g. box) | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| In aluminium containers | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |

**6. What materials do you or your parents 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 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Glass | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Teflon baking tray/covered pan | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Others  🞏 No 🞏 Yes  Specify………………………. | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Don’t know 🞏 | | | | | | | | |

**7. How often have you eaten dishes from dining hall or cafeteria (outside school) in the last 4 weeks?**

| **(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** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |

**8. Did you attend school in the last 4 weeks?**

🞏 Yes 🞏 No

**8.1. If yes, how often have you eaten school lunches in the last 4 weeks?**

| **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** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |

**8.2. If yes, how often have you eaten school dinners in the last 4 weeks?**

| **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** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |

**9. 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** |
| --- | --- | --- | --- | --- | --- |
| 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |

**10. 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……………….. |

**11. 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 |

**12. 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 bottles  🞏 Beverages in plastic bottles  🞏 Canned beverages  🞏 Other types. Specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  🞏 Don't know |

**13. 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 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Ceramic containers | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Glass containers | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Others  Specify.................................. | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Don’t know 🞏 | | | | | | | | |

**14. 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 🞏 | | | | | | | | | |

**15. 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 |

**16. 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** |
|  |  |  |  |  |  |  |

**17. 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** | **Ocasionally** | **Several times a month** | **Once a week** | **Everyday** | **Don't know** |
| Spray, lacquer, gel/mousse  ………………………………………… |  |  |  |  |  |  |
| Conditioner  ………………………………………… |  |  |  |  |  |  |
| Moisturizer cream  ………………………………………… |  |  |  |  |  |  |
| Dye, colour rinse  ………………………………………… |  |  |  |  |  |  |
| Bleaching products  ………………………………………… |  |  |  |  |  |  |
| Perming products  ………………………………………… |  |  |  |  |  |  |
| Relaxer  ………………………………………… |  |  |  |  |  |  |
| Other products  Specify......................................... |  |  |  |  |  |  |
| **COSMETICS** | **Never** | **Ocasionally** | **Several times a month** | **Once a week** | **Everyday** | **Don't know** |
| Make-up (e.g. foundation, blusher, eye-shadow) |  |  |  |  |  |  |
| Lip balm  ………………………………………… |  |  |  |  |  |  |
| Lipstick  ………………………………………… |  |  |  |  |  |  |
| Nail polish  ………………………………………… |  |  |  |  |  |  |
| Nail polish remover  ………………………………………… |  |  |  |  |  |  |
| Traditiona lcosmetics (kohl, surma, kajal, tiro, etc.) (TO BE ADAPTED IF IT IS NEEDED) |  |  |  |  |  |  |
| Other products  Specify......................................... |  |  |  |  |  |  |
| **BODYCARE** | **Never** | **Ocasionally** | **Several times a month** | **Once a week** | **Everyday** | **Don't know** |
| Perfume / eau de Cologne  ………………………………………… |  |  |  |  |  |  |
| Body soap  ………………………………………… |  |  |  |  |  |  |
| Body or hand lotion (cream, milk...)  ………………………………………… |  |  |  |  |  |  |
| Sun cream (sunscreen)  ………………………………………… |  |  |  |  |  |  |
| Sun tan lotion  ………………………………………… |  |  |  |  |  |  |
| Deodorant  ………………………………………… |  |  |  |  |  |  |
| Body oil  ………………………………………… |  |  |  |  |  |  |
| Other products  Specify......................................... |  |  |  |  |  |  |

**18. In the last month, did you carry out any of the following activities at home or school as DIY activities or hobbies, or were you direct or indirectly exposed to any of these substances at home or school? Please, consider all the activities carried out, including those conducted by you or other family member(s).**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SURFACE TREATMENT** | | **Yes** | **No** | **Don’t know** |
| Apply varnish, finish or seals | |  |  |  |
| Mix or apply paints or lacquers | |  |  |  |
| Strip or thin paints | |  |  |  |
| Apply fillers | |  |  |  |
| Use of anti-corrosive agents | |  |  |  |
| Other products, specify……………………………………………………… | |  |  |  |
| **CLEANING AND REPARATION PRODUCTS** | | **Yes** | **No** | **Don’t know** |
| Use solvents or degreasers (for cleaning sticky/greasy things) | |  |  |  |
| Application of glues or adhesives | |  |  |  |
| Application of lubricating oils | |  |  |  |
| Degrease tools, machines or electronics | |  |  |  |
| Use cleaning chemicals | |  |  |  |
| Use of computer and/or electronic products repairing | |  |  |  |
| Other products, specify……………………………………………………… | |  |  |  |
| **HOME REPAIRS/MAINTENANCE AND CONSTRUCTION ACTIVITIES** | | **Yes** | **No** | **Don’t know** |
| Wood processing or use of wood preservatives | |  |  |  |
| Glass processing | |  |  |  |
| Use of Portland cement | |  |  |  |
| Use of surface protection agents (spray) for clothes, windows or other applications | |  |  |  |
| Use of assembly foam | |  |  |  |
| Other products, specify……………………………………………………… | |  |  |  |
| **GARDENING** | | **Yes** | **No** | **Don’t know** |
| Use of compost or sewage sludge (as fertilizer) | |  |  |  |
| Use of phosphate fertilizers | |  |  |  |
| Other products, specify……………………………………………………… | |  |  |  |
| **HANDLING METALS** | | **Yes** | **No** | **Don’t know** |
| Weldering | |  |  |  |
| Use lead, mercury or other metals | |  |  |  |
| Use of ferrous metal alloys, stainless steel or other alloys processing | |  |  |  |
| Use of non-ferrous processing | |  |  |  |
| Other products, specify……………………………………………………… | |  |  |  |
| **DYES AND INKS** | | **Yes** | **No** | **Don’t know** |
| Use dyes (for hair or textiles) | |  |  |  |
| Use of inks (e.g. tattoo, specially yellow, orange and red colors) | |  |  |  |
| Use of inks (e.g. tattoo, specially green and light-blue) | |  |  |  |
| Use of inks (e.g. tattoo, specially black tattoos) | |  |  |  |
| Printing | |  |  |  |
| Other products, specify……………………………………………………… | |  |  |  |
| **PLASTIC HANDLING** | **Yes** | **No** | **Don’t know** |
| Use of plastic gloves |  |  |  |
| Use of polycarbonate plastics |  |  |  |
| Use of plastic products processing |  |  |  |
| Use of reusable food and drink containers |  |  |  |
| Other products, specify……………………………………………………… |  |  |  |
| **OTHER PRODUCTS AND ACTIVITIES** | **Yes** | **No** | **Don’t know** |
| Use of kiln for pottery and ceramics |  |  |  |
| Use of fireplace or exposure to combustion products (in/outdoors) |  |  |  |
| Auto body repairing |  |  |  |
| Sports that require the use of safety equipement (i.e. helmets, protective eye visors) |  |  |  |
| Use of ski wax |  |  |  |
| Apply epoxy resins |  |  |  |
| Leather processing |  |  |  |
| Traditional (analog) photography (including photographic films) |  |  |  |
| Use of photovoltaic devices and solar cells |  |  |  |
| **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  ................................................................................................................. |  |  |  |

**19. 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

**20. Do you have a habit of putting objects made of plastic (e.g. pens, glasses or toys) in your mouth and chewing on them?**

🞏 Yes 🞏 No 🞏Don’t know

**If yes, please specify the frequency:**

| **Daily** | **Several times per week** | **Less often** | **Don’t know** |
| --- | --- | --- | --- |
| 🞏 | 🞏 | 🞏 | 🞏 |

**Note: these sensitive questions should be directly addressed to the adolescent, without adults**

**21. Have you ever smoked? (If not, go to question 22)**

🞏 Yes

🞏 No

🞏 Don’t know

🞏 Refused

**21.1 Do you usually smoke?**

🞏 Yes

🞏 No

🞏 I gave up smoking Age stop smoking |\_\_|\_\_| 🞏 Don't know

🞏 Don’t know

🞏 Refused

**If yes, please specify the following information**

**21.2** Age start smoking |\_\_|\_\_| 🞏 Don't know

**21.3 How often do you usually smoke?**

🞏 Regularly

🞏 Occasionally

🞏 Don’t know

🞏 Refused

**22. Have you ever consumed alcoholic drinks? (If not, go to next section)**

🞏 Yes

🞏 No

🞏 Don’t know

🞏 Refused

**22.1 Do you usually consume alcoholic drinks?**

🞏 Yes

🞏 No

🞏 I gave up consuming alcoholic drinks Age stop consuming |\_\_|\_\_| 🞏 Don't know

🞏 Don’t know

🞏 Refused

**If yes, please specify the following information**

**22.2** Age start consuming alcoholic drinks |\_\_|\_\_| 🞏 Don't know

**22.3 How often do you usually consume alcoholic drinks?**

🞏 Regularly

🞏 Occasionally

🞏 Don’t know

🞏 Refused

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **22.4. If the answer is daily/regularly or occasionally, from the following list of alcoholic drinks, 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. Wine**, champagne, cider (a glass, 125 cc) |  |  |  |  |  |  |  |  |
| **3. Spirits <40% alcohol** (fruit liquors. A glass, 50 cc) |  |  |  |  |  |  |  |  |
| **4. Spirits >40% alcohol** (whisky, gin, vodka… A glass, 50 cc) |  |  |  |  |  |  |  |  |
| **5. Alcoholic cocktails** (a glass, 50 cc) |  |  |  |  |  |  |  |  |

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

Diabetes (Type 1) Yes No Don't know 

Diabetes (Type 2) Yes No Don't know 

**22.1. Which medicines prescribed for you, have you 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** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

## Questionnaire for Bisphenols

### General questions

**SOCIODEMOGRAPHIC INFORMATION (this section will be answered by the adult)**

1. **What is your son’s/daughter’s birth date?** |\_\_|\_\_| month |\_\_|\_\_|\_\_|\_\_| year
2. **Where were your son/daughter, her/his parents and her/his grandparents born? (include the name of each country)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | In (Country) | In another country | Specify country |
| Son/Daughter | 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 has your son/daughter 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 your son/daughter has 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). Regarding current address, if the parents live apart from each other, and the adolescent lives in different places, the current address must refer to adolescent’s main place of residence (at least 16 days/month).**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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?**

**REFERRED TO THE ADULT**

|  |  |  |  |
| --- | --- | --- | --- |
| 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 the highest level of education your son/daughter attained?**

|  |  |  |  |
| --- | --- | --- | --- |
| 1.No formal education or below primary education **(ISCED 0)** |  | 5. Post-secondary non-tertiary education **(ISCED 4)** |  |
| 2. Primary education **(ISCED 1)** |  | 8. Don’t know |  |
| 3. Lower secondary education,or second stage of basic education **(ISCED 2)** |  |  |  |
| 4. Upper secondary education **(ISCED 3)** |  |  |  |

**REFERRED TO THE ADULT**

**8. 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 |  |

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

**REFERRED TO THE ADULT**

|  |  |  |  |
| --- | --- | --- | --- |
| 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 |  |

**10. 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).**

**REFERRED TO THE ADULT**

**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**  (mother/father brothers/sisters/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 |  |  |  |  |  |  |

**11. 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)

**REFERRED TO THE ADULT**

|  |  |  |  |
| --- | --- | --- | --- |
| **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 (this section will be answered by the adult)**

**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?**

|  | **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 where medical equipment is produced |  |  |  |
| 28. A site where polycarbonate plastics are produced |  |  |  |
| 29. A sire where thermal paper is produced or recycled |  |  |  |
| 30. A site where batteries/candles are produced |  |  |  |
| 31. A site where lacquers and/or waxes are produced or handled |  |  |  |
| 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. 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** |
|  |  |  |  |

**7. Does your child help with general cleaning of your home?**

No Yes, entirely Yes, partially In that case specify the percentage he/she is in charge of \_\_\_\_%

**8. Is a vacuum cleaner used 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

**DIETARY HABITS (the adolescent will answer this section with the support of the adult)**

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** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Breaded 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 ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **White meat nugget**  **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, petit-suisse**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Aged-Cheese**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Processed cheese**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Yogurt**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Dairy desserts**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Eggs**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **IV. CEREALS** | | | | | | | | | |
| **White bread**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Whole grain bread**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Cereal products (crackers, rusk…)**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Breakfast cereals (cornflakes, chocolate Cheerios®, puffed rice, muesli, etc.)**  **No. servings**  **………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Wheat (semolina, etc…)**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Barley**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Oats**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Bran**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Other cereals**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Pasta**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Rice**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **V. FATS** | | | | | | | | | |
| **Vegetal fats**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Animal fat, excepted butter**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **VI. VEGETABLES AND FRUIT** | | | | | |  | | | |
| **Raw and cooked vegetables** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Carrots**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Fresh tomatoes**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Leafy vegetables**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Other vegetables (broccoli, green beans, cabbage etc.)**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Chips/French fries**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Mashed potato**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Wild mushrooms**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Cultivated 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) | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Tinned products** (vegetables, legumes, cereals)  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Fresh fruits**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Fruit puree, fruit mousse cooked fruits**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Grape juice**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Orange/citrus juice**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Apple juice**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Other juice**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **VII. SNACKS** | | | | | | | | | |
| **Popcorn (microwave)**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Popcorn (home-made)**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Peanuts**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Potato chips (**packaged)  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Chewing gum** (one) | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Chocolate Hazelnut spread**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Ice cream**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Chocolate and chocolate bars**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Candies and candy bars (not chocolate)**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Jelly candies**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Cakes and biscuits**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Pastries**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Soft drinks**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **VIII. OTHER FOOD AND DRINKS** | | | | | |  | | | |
| **Smoked food** (ham, smoked pork, smoked sausage, smoked cheese, salmon, etc.) | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Food grilled over an open flame/burning embers** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Fried food** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Ready-to-eat meals (in plastic packaging)** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Non-dairy milks (almond, soya, oat)**  **No. glass………………** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Cocoa or chocolate powdered drink**  **No. cups ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Tea**  **No. cups ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |

**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. Did you attend school in the last 4 weeks?**

🞏 Yes 🞏 No

**3.1. If yes, how often have you eaten school lunches in the last 4 weeks?**

| **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** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |

**3.2. If yes, how often have you eaten school dinners in the last 4 weeks?**

| **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** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |

**LIFESTYLE (the adolescent will answer this section with support of the adult, when needed)**

**1. How long do you dedicate to sport and/or physical activities?**

| **Workdays** | **Weekends** |
| --- | --- |
| 🞏 No time  🞏 Less than 1 hour/day  🞏 1 hour/day (approx.)  🞏 2 hours/day (approx.)  🞏 3 hours/day (approx.)  🞏 4 hours/day (approx.)  🞏 > 4 hours/day  🞏 Don’t know | 🞏 No time  🞏 Less than 1 hour/day  🞏 1 hour/day (approx.)  🞏 2 hours/day (approx.)  🞏 3 hours/day (approx.)  🞏 4 hours/day (approx.)  🞏 > 4 hours/day  🞏 Don’t know |

**2. 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 secondary school, school clubs, univerisity, shopping centre, sports club, cinema,restaurant...) | |\_\_|\_\_| hours |\_\_|\_\_| minutes  🞏 Don't know | |\_\_|\_\_| hours |\_\_|\_\_| minutes  🞏 Don't know |
| **4. In family’s 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, 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 |

**CURRENT OCCUPATIONAL EXPOSURE (referred to the father)**

1. **Please, indicate the sector of industry/workplace where you work in (refer to annex IV, 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, coal tar** | 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. Bisphenols** | Yes | No | Don't know | Specify:  ………………………………….. |
| **4.6. Polycyclic aromatic hydrocarbons (PAHs),** if not included in other substance group/categories | Yes | No | Don't know | Specify:  ………………………………….. |
| **4.7. Metallic dust** | Yes | No | Don't know | Specify:  ………………………………….. |
| **4.8. Mercury** | 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:  ………………………………….. |

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 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 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 PPE (please, specify the type):
* Availability of collective protective measures (please, specify the type):

**6. After working, do you take a shower and change the clothes you wear at work before coming home?**

I take a shower and change my clothes

I only change my clothes

I take a shower but don’t the change my clothes

I don’t take a shower or change my clothes

Don't know

**7. Do you use Personal Protective Equipment (PPE)?**

Yes No Don't know

If yes, please specify:

**8. 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:

**9. Are your family/household members working with chemicals in their job**?

Yes No Don't know

If yes, specify

**OCCUPATIONAL HISTORY (referred to the father)**

**1. Please, fill the following questions for each of the previous jobs where you have worked in the past 16 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 IV, 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, coal tar** | 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. Bisphenols** | Yes | No | Don't know | Specify:  ………………………………….. |
| **2.6. Polycyclic aromatic hydrocarbons (PAHs),**if not included in other substance group/categories | Yes | No | Don't know | Specify:  ………………………………….. |
| **2.7. Metallic dust** | Yes | No | Don't know | Specify:  ………………………………….. |
| **2.8. Mercury** | 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:  ………………………………….. |

**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?

**CURRENT OCCUPATIONAL EXPOSURE (referred to the mother)**

1. **Please, indicate the sector of industry/workplace where you work in (refer to annex IV, 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, coal tar** | 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. Bisphenols** | Yes | No | Don't know | Specify:  ………………………………….. |
| **4.6. Polycyclic aromatic hydrocarbons (PAHs),** if not included in other substance group/categories | Yes | No | Don't know | Specify:  ………………………………….. |
| **4.7. Metallic dust** | Yes | No | Don't know | Specify:  ………………………………….. |
| **4.8. Mercury** | 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:  ………………………………….. |

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 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 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 PPE (please, specify the type):
* Availability of collective protective measures (please, specify the type):

**6. After working, do you take a shower and change the clothes you wear at work before coming home?**

I take a shower and change my clothes

I only change my clothes

I take a shower but don’t the change my clothes

I don’t take a shower or change my clothes

Don't know

**7. Do you use Personal Protective Equipment (PPE)?**

Yes No Don't know

If yes, please specify:

**8. 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:

**9. Are your family/household members working with chemicals in their job**?

Yes No Don't know

If yes, specify

**OCCUPATIONAL HISTORY (referred to the mother)**

**1. Please, fill the following questions for each of the previous jobs where you have worked in the past 16 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 IV, 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, coal tar** | 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. Bisphenols** | Yes | No | Don't know | Specify:  ………………………………….. |
| **2.6. Polycyclic aromatic hydrocarbons (PAHs),**if not included in other substance group/categories | Yes | No | Don't know | Specify:  ………………………………….. |
| **2.7. Metallic dust** | Yes | No | Don't know | Specify:  ………………………………….. |
| **2.8. Mercury** | 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:  ………………………………….. |

**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 (this section will be answered by the adolescent supported by the adult, when needed)**

|  |  |
| --- | --- |
| **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. 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 he/she was when this was first diagnosed** | | |
| --- | --- | --- |
| 2.1 Asthma (allergic asthma included) | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
|
|
| 2.2 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  \_\_\_ \_\_\_ |
| 2.3 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  \_\_\_ \_\_\_ |
| 2.4 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  \_\_\_ \_\_\_ |
| 2.5 Diabetes (type 1) | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 2.6 Diabetes (type 2) | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 2.7 Thyroid condition | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 2.8 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  \_\_\_ \_\_\_ |
| 2.9 Liver dysfunction | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 2.10 Kidney disease or dysfunction | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 2.11 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  \_\_\_ \_\_\_ |
| 2.12 Severe headache such as migraine | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 2.13 Chronic anxiety | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 2.14 Chronic depression | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 2.15 Other mental health problems | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 2.16 Attention deficit disorders (ADD, ADHD) | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 2.17 Autism | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 2.18 Asperger syndrome | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 2.19 Down syndrome | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 2.20 Learning disability | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 2.21 Other neurological disorders | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 2.22 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 girls only)**  2.23 Puberty development problems or gynaecological diseases | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| **(For boys only)**  2.24 Puberty development problems | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 2.25 Other diseases or conditions.  Specify:  ………………………………….. | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Bladder |  | Esophagus (esophageal) |  | Rectum(rectal) |  |
| Blood |  | Kidney |  | Soft tissue(muscle or fat) |  |
| Bone |  | Leukaemia |  | Stomach |  |
| Breast |  | Liver |  | Testis(testicular) |  |
| Brain |  | Lymphoma/Hodgkin’s disease |  | Thyroid |  |
| Cervix(cervical) |  | Melanoma/Skin |  | Other  Specify.......................... |  |
| Colon |  | Nervous System |  | Don’t know |  |

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

Diabetes (Type 1) Yes No Don't know 

Diabetes (Type 2) Yes No Don't know 

**4.1. Which medicines prescribed for you, have you 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** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |  |
| --- | --- |
| **5. 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  |

### Specific questions

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

| **Facilities** | **Yes** | **No** | **Don’t know** |
| --- | --- | --- | --- |
| Adhesives |  |  |  |
| Computer and/or electronic products |  |  |  |
| Epoxy resins |  |  |  |
| Fillers |  |  |  |
| Food and drink containers |  |  |  |
| Lacquers and/or waxes |  |  |  |
| Medical equipment |  |  |  |
| Paints |  |  |  |
| Polycarbonate plastic |  |  |  |
| Recycled paper |  |  |  |
| Thermal paper |  |  |  |

**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. 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…) |  |  |  |

**4. 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 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| In paper cup | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| In plastic cup | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| In plastic (e.g. bag, box) | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| In polystyrene foam (e.g. box) | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| In aluminium containers | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |

**5. What materials do you or your parents 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 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Glass | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Teflon baking tray/covered pan | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Others  🞏 No 🞏 Yes  Specify………………………. | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Don’t know 🞏 | | | | | | | | |

**6. How often have you eaten dishes from dining hall or cafeteria (outside school) in the last 4 weeks?**

| **(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** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |

**7. 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** |
| --- | --- | --- | --- | --- | --- |
| 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |

**8. 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……………….. |

**9. 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 |

**10. 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 bottles  🞏 Beverages in plastic bottles  🞏 Canned beverages  🞏 Other types. Specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  🞏 Don't know |

**11. 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 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Ceramic containers | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Glass containers | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Others  Specify.................................. | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Don’t know 🞏 | | | | | | | | |

**12. 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 🞏 | | | | | | | | | |

**13. 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 |

**14. 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** |
|  |  |  |  |  |  |  |

**15. 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 school** |  |  |  |  |  |
| **b. At transports (car, train, bus...)** |  |  |  |  |  |
| **c. At restaurants, pubs, clubs, events** |  |  |  |  |  |
| **d. At friends', relatives' or neighbours' homes** |  |  |  |  |  |
| **e. Other indoor places** |  |  |  |  |  |

**16. 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  ………………………………………… |  |  |  |  |  |  |
| Conditioner  ………………………………………… |  |  |  |  |  |  |
| Moisturizer cream  ………………………………………… |  |  |  |  |  |  |
| Dye, colour rinse  ………………………………………… |  |  |  |  |  |  |
| Bleaching products  ………………………………………… |  |  |  |  |  |  |
| Perming products  ………………………………………… |  |  |  |  |  |  |
| Relaxer  ………………………………………… |  |  |  |  |  |  |
| Other products  Specify......................................... |  |  |  |  |  |  |
| **COSMETICS** | **Never** | **Occasionally** | **Several times a month** | **Once a week** | **Everyday** | **Don't know** |
| Foundation (powder, liquid)  ………………………………………… |  |  |  |  |  |  |
| Make-up remover  ………………………………………… |  |  |  |  |  |  |
| Lip balm  ………………………………………… |  |  |  |  |  |  |
| 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  ………………………………………… |  |  |  |  |  |  |
| Traditional cosmetics (kohl, surma, kajal, tiro, etc.) (TO BE ADAPTED IF IT IS NEEDED) |  |  |  |  |  |  |
| Other products  Specify......................................... |  |  |  |  |  |  |
| **BODYCARE** | **Never** | **Occasionally** | **Several times a month** | **Once a week** | **Everyday** | **Don't know** |
| Perfume / eau de Cologne  ………………………………………… |  |  |  |  |  |  |
| Body soap  ………………………………………… |  |  |  |  |  |  |
| Body or hand lotion (cream, milk...)  ………………………………………… |  |  |  |  |  |  |
| Sun cream (sunscreen)  ………………………………………… |  |  |  |  |  |  |
| Sun tan lotion  ………………………………………… |  |  |  |  |  |  |
| Anti-aging cream  ………………………………………… |  |  |  |  |  |  |
| Deodorant  ………………………………………… |  |  |  |  |  |  |
| Shaving cream or aftershave lotion  ………………………………………… |  |  |  |  |  |  |
| Body oil  ………………………………………… |  |  |  |  |  |  |
| Skin bleaching products  ………………………………………… |  |  |  |  |  |  |
| Other products  Specify......................................... |  |  |  |  |  |  |

**17. In the last month, did you carry out any of the following activities at home or school as DIY activities or hobbies, or were you direct or indirectly exposed to any of these substances at home or school? Please, consider all the activities carried out, including those conducted by you or other family member(s).**

|  |  |  |  |
| --- | --- | --- | --- |
| **DIY activities/hobbies Yes No Don’t know** | | | |
| Computer and/or electronic products repairing |  |  |  |
| Construction/building activities |  |  |  |
| Painting |  |  |  |
| Plastic products processing |  |  |  |
| Sports that require the use of safety equipement (i.e. helmets, protective eye visors) |  |  |  |
| **Products used during DIY activities/hobbies Yes No Don’t know** | | | |
| Adhesives |  |  |  |
| Epoxy resins |  |  |  |
| Fillers |  |  |  |
| Lacquers and/or waxes for metal products |  |  |  |
| Paints |  |  |  |
| Polycarbonate plastics |  |  |  |
| Recycled paper |  |  |  |
| Reusable food and drink containers |  |  |  |
| Thermal paper |  |  |  |

**18. Please, indicate how much time per day, on average, your child has used electronic devices such as mobile phones, computers, tablets... in the last month**

|  |  |
| --- | --- |
| **1. Workdays** | **2. Weekends** |
| * 1. **Portable devices**   |\_\_|\_\_| hours |\_\_|\_\_| minutes🞏 Don't know   * 1. **Desk devices**   |\_\_|\_\_| hours |\_\_|\_\_| minutes🞏 Don't know | * 1. **Portable devices**   |\_\_|\_\_| hours |\_\_|\_\_| minutes🞏 Don't know   * 1. **Desk devices**   |\_\_|\_\_| hours |\_\_|\_\_| minutes🞏 Don't know |

**19. 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

**20. Do you have a habit of putting objects made of plastic (e.g. pens, glasses or toys) in your mouth and chewing on them?**

🞏 Yes 🞏 No 🞏Don’t know

**If yes, please specify the frequency:**

| **Daily** | **Several times per week** | **Less often** | **Don’t know** |
| --- | --- | --- | --- |
| 🞏 | 🞏 | 🞏 | 🞏 |

**21. Do you have or ever had amalgam fillings or dental sealant in his/her teeth?**

Yes, amalgam fillings 

Yes, dental sealant 

Yes, both 

No 

Don't know 

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

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

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

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

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

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

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

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

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

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

Yes, glasses 

Yes, contact lenses 

Yes, both 

No 

Don't know 

**Note: these sensitive questions should be directly addressed to the adolescent, without adults**

**1. Have you ever smoked? (If not, go to question 2)**

🞏 Yes

🞏 No

🞏 Don’t know

🞏 Refused

**1.1 Do you usually smoke?**

🞏 Yes

🞏 No

🞏 I gave up smoking Age stop smoking |\_\_|\_\_| 🞏 Don't know

🞏 Don’t know

🞏 Refused

**If yes, please specify the following information**

**1.2** Age start smoking |\_\_|\_\_| 🞏 Don't know

**1.3 How often do you usually smoke?**

🞏 Regularly

🞏 Occasionally

🞏 Don’t know

🞏 Refused

**2. Have you ever consumed alcoholic drinks? (If not, go to next section)**

🞏 Yes

🞏 No

🞏 Don’t know

🞏 Refused

**2.1 Do you usually consume alcoholic drinks?**

🞏 Yes

🞏 No

🞏 I gave up consuming alcoholic drinks Age stop consuming |\_\_|\_\_| 🞏 Don't know

🞏 Don’t know

🞏 Refused

**If yes, please specify the following information**

**2.2** Age start consuming alcoholic drinks |\_\_|\_\_| 🞏 Don't know

**2.3 How often do you usually consume alcoholic drinks?**

🞏 Regularly

🞏 Occasionally

🞏 Don’t know

🞏 Refused

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **2.4. If the answer is daily/regularly or occasionally, from the following list of alcoholic drinks, 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. Wine**, champagne, cider (a glass, 125 cc) |  |  |  |  |  |  |  |  |
| **3. Spirits <40% alcohol** (fruit liquors. A glass, 50 cc) |  |  |  |  |  |  |  |  |
| **4. Spirits >40% alcohol** (whisky, gin, vodka… A glass, 50 cc) |  |  |  |  |  |  |  |  |
| **5. Alcoholic cocktails** (a glass, 50 cc) |  |  |  |  |  |  |  |  |

## Questionnaire for Flame Retardants

### General questions

**SOCIODEMOGRAPHIC INFORMATION (this section will be answered by the adult)**

1. **What is your son’s/daughter’s birth date?** |\_\_|\_\_| month |\_\_|\_\_|\_\_|\_\_| year
2. **Where were your son/daughter, her/his parents and her/his grandparents born? (include the name of each country)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | In (Country) | In another country | Specify country |
| Son/Daughter | 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 has your son/daughter 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 your son/daughter has 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). Regarding current address, if the parents live apart from each other, and the adolescent lives in different places, the current address must refer to adolescent’s main place of residence (at least 16 days/month).**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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 |  |  |  |  |  |  |  |

**REFERRED TO THE ADULT**

**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 the highest level of education your son/daughter attained?**

|  |  |  |  |
| --- | --- | --- | --- |
| 1.No formal education or below primary education **(ISCED 0)** |  | 5. Post-secondary non-tertiary education **(ISCED 4)** |  |
| 2. Primary education **(ISCED 1)** |  | 8. Don’t know |  |
| 3. Lower secondary education,or second stage of basic education **(ISCED 2)** |  |  |  |
| 4. Upper secondary education **(ISCED 3)** |  |  |  |

**REFERRED TO THE ADULT**

**8. 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 |  |

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

**REFERRED TO THE ADULT**

|  |  |  |  |
| --- | --- | --- | --- |
| 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 |  |

**10. 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).**

**REFERRED TO THE ADULT**

**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**  (mother/father brothers/sisters/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 |  |  |  |  |  |  |

**11. 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)

**REFERRED TO THE ADULT**

|  |  |  |  |
| --- | --- | --- | --- |
| **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 (this section will be answered by the adult)**

**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?**

|  | **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 where medical equipment is produced |  |  |  |
| 28. A site where polycarbonate plastics are produced |  |  |  |
| 29. A sire where thermal paper is produced |  |  |  |
| 30. A site where batteries/candles are produced |  |  |  |
| 31. 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. 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** |
|  |  |  |  |

**5. Does your child help with general cleaning of your home?**

No Yes, entirely Yes, partially In that case specify the percentage he/she is in charge of \_\_\_\_%

**6. Is a vacuum cleaner used 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

**DIETARY HABITS (the adolescent will answer this section with the support of the adult)**

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** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Breaded 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 ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **White meat nugget**  **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, petit-suisse**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Aged-Cheese**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Processed cheese**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Yogurt**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Dairy desserts**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Eggs**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **IV. CEREALS** | | | | | | | | | |
| **White bread**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Whole grain bread**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Cereal products (crackers, rusk…)**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Breakfast cereals (cornflakes, chocolate Cheerios®, puffed rice, muesli, etc.)**  **No. servings**  **………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Wheat (semolina, etc…)**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Barley**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Oats**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Bran**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Other cereals**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Pasta**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Rice**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **V. FATS** | | | | | | | | | |
| **Vegetal fats**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Animal fat, excepted butter**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **VI. VEGETABLES AND FRUIT** | | | | | |  | | | |
| **Raw and cooked vegetables** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Carrots**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Fresh tomatoes**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Leafy vegetables**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Other vegetables (broccoli, green beans, cabbage etc.)**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Chips/French fries**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Mashed potato**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Wild mushrooms**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Cultivated 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) | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Tinned products** (vegetables, legumes, cereals)  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Fresh fruits**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Fruit puree, fruit mousse cooked fruits**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Grape juice**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Orange/citrus juice**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Apple juice**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Other juice**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **VII. SNACKS** | | | | | | | | | |
| **Popcorn (microwave)**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Popcorn (home-made)**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Peanuts**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Potato chips (**packaged)  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Chewing gum** (one) | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Chocolate Hazelnut spread**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Ice cream**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Chocolate and chocolate bars**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Candies and candy bars (not chocolate)**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Jelly candies**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Cakes and biscuits**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Pastries**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Soft drinks**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **VIII. OTHER FOOD AND DRINKS** | | | | | |  | | | |
| **Smoked food** (ham, smoked pork, smoked sausage, smoked cheese, salmon, etc.) | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Food grilled over an open flame/burning embers** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Fried food** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Ready-to-eat meals (in plastic packaging)** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Non-dairy milks (almond, soya, oat)**  **No. glass………………** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Cocoa or chocolate powdered drink**  **No. cups ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Tea**  **No. cups ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |

**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. Did you attend school in the last 4 weeks?**

🞏 Yes 🞏 No

**3.1. If yes, how often have you eaten school lunches in the last 4 weeks?**

| **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** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |

**3.2. If yes, how often have you eaten school dinners in the last 4 weeks?**

| **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** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |

**4. 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** |
| --- | --- | --- | --- | --- | --- |
| 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |

**5. 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……………….. |

**6. 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 (the adolescent will answer this section with support of the adult, when needed)**

**1. 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 |

**2. 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** |
|  |  |  |  |  |  |  |

**3. 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 school** |  |  |  |  |  |
| **b. At transports (car, train, bus...)** |  |  |  |  |  |
| **c. At restaurants, pubs, clubs, events** |  |  |  |  |  |
| **d. At friends', relatives' or neighbours' homes** |  |  |  |  |  |
| **e. Other indoor places** |  |  |  |  |  |

**4. How long do you dedicate to sport and/or physical activities?**

| **Workdays** | **Weekends** |
| --- | --- |
| 🞏 No time  🞏 Less than 1 hour/day  🞏 1 hour/day (approx.)  🞏 2 hours/day (approx.)  🞏 3 hours/day (approx.)  🞏 4 hours/day (approx.)  🞏 > 4 hours/day  🞏 Don’t know | 🞏 No time  🞏 Less than 1 hour/day  🞏 1 hour/day (approx.)  🞏 2 hours/day (approx.)  🞏 3 hours/day (approx.)  🞏 4 hours/day (approx.)  🞏 > 4 hours/day  🞏 Don’t know |

**5. 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 secondary school, school clubs, univerisity, shopping centre, sports club, cinema,restaurant...) | |\_\_|\_\_| hours |\_\_|\_\_| minutes  🞏 Don't know | |\_\_|\_\_| hours |\_\_|\_\_| minutes  🞏 Don't know |
| **4. In family’s 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, 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 |

**6. In the last month, did you carry out any of the following activities at home or school as DIY activities or hobbies, or were you direct or indirectly exposed to any of these substances at home or school? Please, consider all the activities carried out, including those conducted by you or other family member(s).**

|  |  |  |  |
| --- | --- | --- | --- |
| **SURFACE TREATMENT Yes No Don’t know** | | | |
| Apply varnish, finish or seals |  |  |  |
| Mix or apply paints or lacquers |  |  |  |
| Strip or thin paints |  |  |  |
| Apply fillers |  |  |  |
| Use of anti-corrosive agents |  |  |  |
| Other products, specify……………………………………………………… |  |  |  |
| **CLEANING AND REPARATION PRODUCTS Yes No Don’t know** | | | |
| Use solvents or degreasers (for cleaning sticky/greasy things) |  |  |  |
| Application of glues or adhesives |  |  |  |
| Application of lubricating oils |  |  |  |
| Degrease tools, machines or electronics |  |  |  |
| Use cleaning chemicals |  |  |  |
| Use of computer and/or electronic products repairing |  |  |  |
| Other products, specify……………………………………………………… |  |  |  |
| **HOME REPAIRS/MAINTENANCE AND CONSTRUCTION ACTIVITIES Yes No Don’t know** | | | |
| Wood processing or use of wood preservatives |  |  |  |
| Glass processing |  |  |  |
| Use of Portland cement |  |  |  |
| Use of surface protection agents (spray) for clothes, windows or other applications |  |  |  |
| Use of assembly foam |  |  |  |
| Other products, specify……………………………………………………… |  |  |  |
| **GARDENING Yes No Don’t know** | | | |
| Use of compost or sewage sludge (as fertilizer) |  |  |  |
| Use of phosphate fertilizers |  |  |  |
| Other products, specify……………………………………………………… |  |  |  |
| **HANDLING METALS Yes No Don’t know** | | | |
| Weldering |  |  |  |
| Use lead, mercury or other metals |  |  |  |
| Use of ferrous metal alloys, stainless steel or other alloys processing |  |  |  |
| Use of non-ferrous processing |  |  |  |
| Other products, specify……………………………………………………… |  |  |  |
| **DYES AND INKS Yes No Don’t know** | | | |
| Use dyes (for hair or textiles) |  |  |  |
| Use of inks (e.g. tattoo, specially yellow, orange and red colors) |  |  |  |
| Use of inks (e.g. tattoo, specially green and light-blue) |  |  |  |
| Use of inks (e.g. tattoo, specially black tattoos) |  |  |  |
| Printing |  |  |  |
| Other products, specify……………………………………………………… |  |  |  |
| **PLASTIC HANDLING Yes No Don’t know** | | | |
| Use of plastic gloves |  |  |  |
| Use of polycarbonate plastics |  |  |  |
| Use of plastic products processing |  |  |  |
| Use of reusable food and drink containers |  |  |  |
| Other products, specify……………………………………………………… |  |  |  |
| **OTHER PRODUCTS AND ACTIVITIES Yes No Don’t know** | | | |
| Use of kiln for pottery and ceramics |  |  |  |
| Use of fireplace or exposure to combustion products (in/outdoors) |  |  |  |
| Auto body repairing |  |  |  |
| Sports that require the use of safety equipement (i.e. helmets, protective eye visors) |  |  |  |
| Use of ski wax |  |  |  |
| Apply epoxy resins |  |  |  |
| Leather processing |  |  |  |
| Traditional (analog) photography (including photographic films) |  |  |  |
| Use of photovoltaic devices and solar cells |  |  |  |
| **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  ................................................................................................................. |  |  |  |

**CURRENT OCCUPATIONAL EXPOSURE (referred to the father)**

1. **Please, indicate the sector of industry/workplace where you work in (refer to annex IV, 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, coal tar** | 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. Bisphenols** | Yes | No | Don't know | Specify:  ………………………………….. |
| **4.6. Polycyclic aromatic hydrocarbons (PAHs),** if not included in other substance group/categories | Yes | No | Don't know | Specify:  ………………………………….. |
| **4.7. Metallic dust** | Yes | No | Don't know | Specify:  ………………………………….. |
| **4.8. Mercury** | 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:  ………………………………….. |

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 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 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 PPE (please, specify the type):
* Availability of collective protective measures (please, specify the type):

**6. After working, do you take a shower and change the clothes you wear at work before coming home?**

I take a shower and change my clothes

I only change my clothes

I take a shower but don’t the change my clothes

I don’t take a shower or change my clothes

Don't know

**7. Do you use Personal Protective Equipment (PPE)?**

Yes No Don't know

If yes, please specify:

**8. 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:

**9. Are your family/household members working with chemicals in their job**?

Yes No Don't know

If yes, specify

**OCCUPATIONAL HISTORY (referred to the father)**

**1. Please, fill the following questions for each of the previous jobs where you have worked in the past 16 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 IV, 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, coal tar** | 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. Bisphenols** | Yes | No | Don't know | Specify:  ………………………………….. |
| **2.6. Polycyclic aromatic hydrocarbons (PAHs),**if not included in other substance group/categories | Yes | No | Don't know | Specify:  ………………………………….. |
| **2.7. Metallic dust** | Yes | No | Don't know | Specify:  ………………………………….. |
| **2.8. Mercury** | 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:  ………………………………….. |

**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?

**CURRENT OCCUPATIONAL EXPOSURE (referred to the mother)**

1. **Please, indicate the sector of industry/workplace where you work in (refer to annex IV, 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, coal tar** | 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. Bisphenols** | Yes | No | Don't know | Specify:  ………………………………….. |
| **4.6. Polycyclic aromatic hydrocarbons (PAHs),** if not included in other substance group/categories | Yes | No | Don't know | Specify:  ………………………………….. |
| **4.7. Metallic dust** | Yes | No | Don't know | Specify:  ………………………………….. |
| **4.8. Mercury** | 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:  ………………………………….. |

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 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 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 PPE (please, specify the type):
* Availability of collective protective measures (please, specify the type):

**6. After working, do you take a shower and change the clothes you wear at work before coming home?**

I take a shower and change my clothes

I only change my clothes

I take a shower but don’t the change my clothes

I don’t take a shower or change my clothes

Don't know

**7. Do you use Personal Protective Equipment (PPE)?**

Yes No Don't know

If yes, please specify:

**8. 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:

**9. Are your family/household members working with chemicals in their job**?

Yes No Don't know

If yes, specify

**OCCUPATIONAL HISTORY (referred to the mother)**

**1. Please, fill the following questions for each of the previous jobs where you have worked in the past 16 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 IV, 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, coal tar** | 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. Bisphenols** | Yes | No | Don't know | Specify:  ………………………………….. |
| **2.6. Polycyclic aromatic hydrocarbons (PAHs),**if not included in other substance group/categories | Yes | No | Don't know | Specify:  ………………………………….. |
| **2.7. Metallic dust** | Yes | No | Don't know | Specify:  ………………………………….. |
| **2.8. Mercury** | 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:  ………………………………….. |

**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 (this section will be answered by the adolescent supported by the adult, when needed)**

|  |  |
| --- | --- |
| **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. 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 he/she was when this was first diagnosed** | | |
| --- | --- | --- |
| 2.1 Asthma (allergic asthma included) | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
|
|
| 2.2 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  \_\_\_ \_\_\_ |
| 2.3 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  \_\_\_ \_\_\_ |
| 2.4 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  \_\_\_ \_\_\_ |
| 2.5 Diabetes (type 1) | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 2.6 Diabetes (type 2) | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 2.7 Thyroid condition | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 2.8 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  \_\_\_ \_\_\_ |
| 2.9 Liver dysfunction | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 2.10 Kidney disease or dysfunction | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 2.11 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  \_\_\_ \_\_\_ |
| 2.12 Severe headache such as migraine | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 2.13 Chronic anxiety | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 2.14 Chronic depression | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 2.15 Other mental health problems | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 2.16 Attention deficit disorders (ADD, ADHD) | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 2.17 Autism | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 2.18 Asperger syndrome | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 2.19 Down syndrome | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 2.20 Learning disability | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 2.21 Other neurological disorders | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 2.22 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 girls only)**  2.23 Puberty development problems or gynaecological diseases | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| **(For boys only)**  2.24 Puberty development problems | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 2.25 Other diseases or conditions.  Specify:  ………………………………….. | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Bladder |  | Esophagus (esophageal) |  | Rectum(rectal) |  |
| Blood |  | Kidney |  | Soft tissue(muscle or fat) |  |
| Bone |  | Leukaemia |  | Stomach |  |
| Breast |  | Liver |  | Testis(testicular) |  |
| Brain |  | Lymphoma/Hodgkin’s disease |  | Thyroid |  |
| Cervix(cervical) |  | Melanoma/Skin |  | Other  Specify.......................... |  |
| Colon |  | Nervous System |  | Don’t know |  |

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

Diabetes (Type 1) Yes No Don't know 

Diabetes (Type 2) Yes No Don't know 

**4.1. Which medicines prescribed for you, have you 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** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |  |
| --- | --- |
| **5. 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  |

**Note: these sensitive questions should be directly addressed to the adolescent, without adults**

**1. Have you ever smoked? (If not, go to question 2)**

🞏 Yes

🞏 No

🞏 Don’t know

🞏 Refused

**1.1 Do you usually smoke?**

🞏 Yes

🞏 No

🞏 I gave up smoking Age stop smoking |\_\_|\_\_| 🞏 Don't know

🞏 Don’t know

🞏 Refused

**If yes, please specify the following information**

**1.2** Age start smoking |\_\_|\_\_| 🞏 Don't know

**1.3 How often do you usually smoke?**

🞏 Regularly

🞏 Occasionally

🞏 Don’t know

🞏 Refused

**2. Have you ever consumed alcoholic drinks? (If not, go to next section)**

🞏 Yes

🞏 No

🞏 Don’t know

🞏 Refused

**2.1 Do you usually consume alcoholic drinks?**

🞏 Yes

🞏 No

🞏 I gave up consuming alcoholic drinks Age stop consuming |\_\_|\_\_| 🞏 Don't know

🞏 Don’t know

🞏 Refused

**If yes, please specify the following information**

**2.2** Age start consuming alcoholic drinks |\_\_|\_\_| 🞏 Don't know

**2.3 How often do you usually consume alcoholic drinks?**

🞏 Regularly

🞏 Occasionally

🞏 Don’t know

🞏 Refused

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **2.4. If the answer is daily/regularly or occasionally, from the following list of alcoholic drinks, 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. Wine**, champagne, cider (a glass, 125 cc) |  |  |  |  |  |  |  |  |
| **3. Spirits <40% alcohol** (fruit liquors. A glass, 50 cc) |  |  |  |  |  |  |  |  |
| **4. Spirits >40% alcohol** (whisky, gin, vodka… A glass, 50 cc) |  |  |  |  |  |  |  |  |
| **5. Alcoholic cocktails** (a glass, 50 cc) |  |  |  |  |  |  |  |  |

### Specific questions

**1. 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 |  |  |  |

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

**4. 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…) |  |  |  |

**5. 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) | No Yes No.months…………Always on…….. |
| **2. Window ventilation** | Autum-Winter No Yes No. h/day…………  Spring-Summer No Yes No. h/day………… |
| **3. Don’t know** | |

**6. How old is the car you spend most time in? (months if less than 12 months)**

|\_\_|\_\_| Years |\_\_|\_\_| Months 🞏Don't know

**7. Please, indicate how much time per day, on average, you have used electronic devices such as mobile phones, computers, tablets, GPS... in the last month?**

|  |  |
| --- | --- |
| **1. Workdays** | **2. Weekends** |
| * 1. **Portable devices**   |\_\_|\_\_| hours |\_\_|\_\_| minutes🞏 Don't know   * 1. **Desk devices**   |\_\_|\_\_| hours |\_\_|\_\_| minutes🞏 Don't know | * 1. **Portable devices**   |\_\_|\_\_| hours |\_\_|\_\_| minutes🞏 Don't know   * 1. **Desk devices**   |\_\_|\_\_| hours |\_\_|\_\_| minutes🞏 Don't know |

## Questionnaire for Cadmium & Chromium

### General questions

**SOCIODEMOGRAPHIC INFORMATION (this section will be answered by the adult)**

1. **What is your son’s/daughter’s birth date?** |\_\_|\_\_| month |\_\_|\_\_|\_\_|\_\_| year
2. **Where were your son/daughter, her/his parents and her/his grandparents born? (include the name of each country)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | In (Country) | In another country | Specify country |
| Son/Daughter | 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 has your son/daughter 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 your son/daughter has 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). Regarding current address, if the parents live apart from each other, and the adolescent lives in different places, the current address must refer to adolescent’s main place of residence (at least 16 days/month).**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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?**

**REFERRED TO THE ADULT**

|  |  |  |  |
| --- | --- | --- | --- |
| 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 the highest level of education your son/daughter attained?**

|  |  |  |  |
| --- | --- | --- | --- |
| 1.No formal education or below primary education **(ISCED 0)** |  | 5. Post-secondary non-tertiary education **(ISCED 4)** |  |
| 2. Primary education **(ISCED 1)** |  | 8. Don’t know |  |
| 3. Lower secondary education,or second stage of basic education **(ISCED 2)** |  |  |  |
| 4. Upper secondary education **(ISCED 3)** |  |  |  |

**REFERRED TO THE ADULT**

**8. 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 |  |

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

**REFERRED TO THE ADULT**

|  |  |  |  |
| --- | --- | --- | --- |
| 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 |  |

**10. 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).**

**REFERRED TO THE ADULT**

**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**  (mother/father brothers/sisters/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 |  |  |  |  |  |  |

**11. 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)

**REFERRED TO THE ADULT**

|  |  |  |  |
| --- | --- | --- | --- |
| **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 (this section will be answered by the adult)**

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 your home?**

|  | **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 non-ferrous metallurgical plant |  |  |  |
| 6. A scrap yard |  |  |  |
| 7. A site where solvents are used (e.g. painting business) |  |  |  |
| 8. A farmland, orchardor vineyard |  |  |  |
| 9. A printing business |  |  |  |
| 10. A dry cleaning service |  |  |  |
| 11. A car repair plant |  |  |  |
| 12. A carpentry |  |  |  |
| 13. A glass factory |  |  |  |
| 14. A steel plant |  |  |  |
| 15. A tannery bussiness |  |  |  |
| 16. A construction site |  |  |  |
| 17. A recycling plant |  |  |  |
| 18. A cement, pesticides or plastic compounds factory |  |  |  |
| 19. A place of fertilizer or compost production (including sewage sludge tratment) |  |  |  |
| 20. A power plant using coal, oil, wood etc. |  |  |  |
| 21. A metal smeltery |  |  |  |
| 22. A site producing or using adhesives |  |  |  |
| 23. A site where computer and/or electronic elements are produced |  |  |  |
| 24. A site where photovoltaic devices and sollar cells are produced |  |  |  |
| 25. A site where epoxy resins are produced or used |  |  |  |
| 26. A site where fillers are used or produced |  |  |  |
| 27. A site where pigments are used or produced |  |  |  |
| 28. A site were food and drink containers (plastic and other containers) are produced |  |  |  |
| 29. A site where medical equipment is produced |  |  |  |
| 30. A site where polycarbonate plastics are produced |  |  |  |
| 31. A site where thermal paper is produced |  |  |  |
| 32. 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. 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** |
|  |  |  |  |

**7. Does your child help with general cleaning of your home?**

No Yes, entirely Yes, partially In that case specify the percentage he/she is in charge of \_\_\_\_%

**8. Is a vacuum cleaner used 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

**DIETARY HABITS (the adolescent will answer this section with the support of the adult)**

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** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Breaded 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 ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **White meat nugget**  **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, petit-suisse**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Aged-Cheese**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Processed cheese**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Yogurt**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Dairy desserts**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Eggs**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **IV. CEREALS** | | | | | | | | | |
| **White bread**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Whole grain bread**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Cereal products (crackers, rusk…)**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Breakfast cereals (cornflakes, chocolate Cheerios®, puffed rice, muesli, etc.)**  **No. servings**  **………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Wheat (semolina, etc…)**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Barley**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Oats**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Bran**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Other cereals**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Pasta**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Rice**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **V. FATS** | | | | | | | | | |
| **Vegetal fats**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Animal fat, excepted butter**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **VI. VEGETABLES AND FRUIT** | | | | | |  | | | |
| **Raw and cooked vegetables** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Carrots**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Fresh tomatoes**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Leafy vegetables**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Other vegetables (broccoli, green beans, cabbage etc.)**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Chips/French fries**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Mashed potato**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Wild mushrooms**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Cultivated 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) | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Tinned products** (vegetables, legumes, cereals)  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Fresh fruits**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Fruit puree, fruit mousse cooked fruits**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Grape juice**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Orange/citrus juice**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Apple juice**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Other juice**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **VII. SNACKS** | | | | | | | | | |
| **Popcorn (microwave)**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Popcorn (home-made)**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Peanuts**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Potato chips (**packaged)  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Chewing gum** (one) | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Chocolate Hazelnut spread**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Ice cream**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Chocolate and chocolate bars**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Candies and candy bars (not chocolate)**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Jelly candies**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Cakes and biscuits**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Pastries**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Soft drinks**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **VIII. OTHER FOOD AND DRINKS** | | | | | |  | | | |
| **Smoked food** (ham, smoked pork, smoked sausage, smoked cheese, salmon, etc.) | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Food grilled over an open flame/burning embers** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Fried food** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Ready-to-eat meals (in plastic packaging)** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Non-dairy milks (almond, soya, oat)**  **No. glass………………** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Cocoa or chocolate powdered drink**  **No. cups ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Tea**  **No. cups ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |

**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. Did you attend school in the last 4 weeks?**

🞏 Yes 🞏 No

**3.1. If yes, how often have you eaten school lunches in the last 4 weeks?**

| **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** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |

**3.2. If yes, how often have you eaten school dinners in the last 4 weeks?**

| **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** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |

**4. 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** |
| --- | --- | --- | --- | --- | --- |
| 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |

**5. 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……………….. |

**6. 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 (the adolescent will answer this section with support of the adult, when needed)**

**1. How long do you dedicate to sport and/or physical activities?**

| **Workdays** | **Weekends** |
| --- | --- |
| 🞏 No time  🞏 Less than 1 hour/day  🞏 1 hour/day (approx.)  🞏 2 hours/day (approx.)  🞏 3 hours/day (approx.)  🞏 4 hours/day (approx.)  🞏 > 4 hours/day  🞏 Don’t know | 🞏 No time  🞏 Less than 1 hour/day  🞏 1 hour/day (approx.)  🞏 2 hours/day (approx.)  🞏 3 hours/day (approx.)  🞏 4 hours/day (approx.)  🞏 > 4 hours/day  🞏 Don’t know |

**2. 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 secondary school, school clubs, univerisity, shopping centre, sports club, cinema,restaurant...) | |\_\_|\_\_| hours |\_\_|\_\_| minutes  🞏 Don't know | |\_\_|\_\_| hours |\_\_|\_\_| minutes  🞏 Don't know |
| **4. In family’s 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, 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 |

**3. In the last month, did you carry out any of the following activities at home or school as DIY activities or hobbies, or were you direct or indirectly exposed to any of these substances at home or school? Please, consider all the activities carried out, including those conducted by you or other family member(s).**

|  |  |  |  |
| --- | --- | --- | --- |
| **SURFACE TREATMENT Yes No Don’t know** | | | |
| Apply varnish, finish or seals |  |  |  |
| Mix or apply paints or lacquers |  |  |  |
| Strip or thin paints |  |  |  |
| Apply fillers |  |  |  |
| Use of anti-corrosive agents |  |  |  |
| Other products, specify……………………………………………………… |  |  |  |
| **CLEANING AND REPARATION PRODUCTS Yes No Don’t know** | | | |
| Use solvents or degreasers (for cleaning sticky/greasy things) |  |  |  |
| Application of glues or adhesives |  |  |  |
| Application of lubricating oils |  |  |  |
| Degrease tools, machines or electronics |  |  |  |
| Use cleaning chemicals |  |  |  |
| Use of computer and/or electronic products repairing |  |  |  |
| Other products, specify……………………………………………………… |  |  |  |
| **HOME REPAIRS/MAINTENANCE AND CONSTRUCTION ACTIVITIES Yes No Don’t know** | | | |
| Wood processing or use of wood preservatives |  |  |  |
| Glass processing |  |  |  |
| Use of Portland cement |  |  |  |
| Use of surface protection agents (spray) for clothes, windows or other applications |  |  |  |
| Use of assembly foam |  |  |  |
| Other products, specify……………………………………………………… |  |  |  |
| **GARDENING Yes No Don’t know** | | | |
| Use of compost or sewage sludge (as fertilizer) |  |  |  |
| Use of phosphate fertilizers |  |  |  |
| Other products, specify……………………………………………………… |  |  |  |
| **HANDLING METALS Yes No Don’t know** | | | |
| Weldering |  |  |  |
| Use lead, mercury or other metals |  |  |  |
| Use of ferrous metal alloys, stainless steel or other alloys processing |  |  |  |
| Use of non-ferrous processing |  |  |  |
| Other products, specify……………………………………………………… |  |  |  |
| **DYES AND INKS Yes No Don’t know** | | | |
| Use dyes (for hair or textiles) |  |  |  |
| Use of inks (e.g. tattoo, specially yellow, orange and red colors) |  |  |  |
| Use of inks (e.g. tattoo, specially green and light-blue) |  |  |  |
| Use of inks (e.g. tattoo, specially black tattoos) |  |  |  |
| Printing |  |  |  |
| Other products, specify……………………………………………………… |  |  |  |
| **PLASTIC HANDLING Yes No Don’t know** | | | |
| Use of plastic gloves |  |  |  |
| Use of polycarbonate plastics |  |  |  |
| Use of plastic products processing |  |  |  |
| Use of reusable food and drink containers |  |  |  |
| Other products, specify……………………………………………………… |  |  |  |
| **OTHER PRODUCTS AND ACTIVITIES Yes No Don’t know** | | | |
| Use of kiln for pottery and ceramics |  |  |  |
| Use of fireplace or exposure to combustion products (in/outdoors) |  |  |  |
| Auto body repairing |  |  |  |
| Sports that require the use of safety equipement (i.e. helmets, protective eye visors) |  |  |  |
| Use of ski wax |  |  |  |
| Apply epoxy resins |  |  |  |
| Leather processing |  |  |  |
| Traditional (analog) photography (including photographic films) |  |  |  |
| Use of photovoltaic devices and solar cells |  |  |  |
| **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  ................................................................................................................. |  |  |  |

**CURRENT OCCUPATIONAL EXPOSURE (referred to the father)**

1. **Please, indicate the sector of industry/workplace where you work in (refer to annex IV, 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, coal tar** | 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. Bisphenols** | Yes | No | Don't know | Specify:  ………………………………….. |
| **4.6. Polycyclic aromatic hydrocarbons (PAHs),** if not included in other substance group/categories | Yes | No | Don't know | Specify:  ………………………………….. |
| **4.7. Metallic dust** | Yes | No | Don't know | Specify:  ………………………………….. |
| **4.8. Mercury** | 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:  ………………………………….. |

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 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 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 PPE (please, specify the type):
* Availability of collective protective measures (please, specify the type):

**6. After working, do you take a shower and change the clothes you wear at work before coming home?**

I take a shower and change my clothes

I only change my clothes

I take a shower but don’t the change my clothes

I don’t take a shower or change my clothes

Don't know

**7. Do you use Personal Protective Equipment (PPE)?**

Yes No Don't know

If yes, please specify:

**8. 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:

**9. Are your family/household members working with chemicals in their job**?

Yes No Don't know

If yes, specify

**OCCUPATIONAL HISTORY (referred to the father)**

**1. Please, fill the following questions for each of the previous jobs where you have worked in the past 16 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 IV, 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, coal tar** | 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. Bisphenols** | Yes | No | Don't know | Specify:  ………………………………….. |
| **2.6. Polycyclic aromatic hydrocarbons (PAHs),**if not included in other substance group/categories | Yes | No | Don't know | Specify:  ………………………………….. |
| **2.7. Metallic dust** | Yes | No | Don't know | Specify:  ………………………………….. |
| **2.8. Mercury** | 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:  ………………………………….. |

**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?

**CURRENT OCCUPATIONAL EXPOSURE (referred to the mother)**

1. **Please, indicate the sector of industry/workplace where you work in (refer to annex IV, 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, coal tar** | 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. Bisphenols** | Yes | No | Don't know | Specify:  ………………………………….. |
| **4.6. Polycyclic aromatic hydrocarbons (PAHs),** if not included in other substance group/categories | Yes | No | Don't know | Specify:  ………………………………….. |
| **4.7. Metallic dust** | Yes | No | Don't know | Specify:  ………………………………….. |
| **4.8. Mercury** | 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:  ………………………………….. |

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 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 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 PPE (please, specify the type):
* Availability of collective protective measures (please, specify the type):

**6. After working, do you take a shower and change the clothes you wear at work before coming home?**

I take a shower and change my clothes

I only change my clothes

I take a shower but don’t the change my clothes

I don’t take a shower or change my clothes

Don't know

**7. Do you use Personal Protective Equipment (PPE)?**

Yes No Don't know

If yes, please specify:

**8. 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:

**9. Are your family/household members working with chemicals in their job**?

Yes No Don't know

If yes, specify

**OCCUPATIONAL HISTORY (referred to the mother)**

**1. Please, fill the following questions for each of the previous jobs where you have worked in the past 16 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 IV, 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, coal tar** | 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. Bisphenols** | Yes | No | Don't know | Specify:  ………………………………….. |
| **2.6. Polycyclic aromatic hydrocarbons (PAHs),**if not included in other substance group/categories | Yes | No | Don't know | Specify:  ………………………………….. |
| **2.7. Metallic dust** | Yes | No | Don't know | Specify:  ………………………………….. |
| **2.8. Mercury** | 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:  ………………………………….. |

**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 (this section will be answered by the adolescent supported by the adult, when needed)**

|  |  |
| --- | --- |
| **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. 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 he/she was when this was first diagnosed** | | |
| --- | --- | --- |
| 2.1 Asthma (allergic asthma included) | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
|
|
| 2.2 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  \_\_\_ \_\_\_ |
| 2.3 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  \_\_\_ \_\_\_ |
| 2.4 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  \_\_\_ \_\_\_ |
| 2.5 Diabetes (type 1) | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 2.6 Diabetes (type 2) | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 2.7 Thyroid condition | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 2.8 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  \_\_\_ \_\_\_ |
| 2.9 Liver dysfunction | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 2.10 Kidney disease or dysfunction | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 2.11 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  \_\_\_ \_\_\_ |
| 2.12 Severe headache such as migraine | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 2.13 Chronic anxiety | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 2.14 Chronic depression | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 2.15 Other mental health problems | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 2.16 Attention deficit disorders (ADD, ADHD) | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 2.17 Autism | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 2.18 Asperger syndrome | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 2.19 Down syndrome | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 2.20 Learning disability | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 2.21 Other neurological disorders | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 2.22 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 girls only)**  2.23 Puberty development problems or gynaecological diseases | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| **(For boys only)**  2.24 Puberty development problems | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 2.25 Other diseases or conditions.  Specify:  ………………………………….. | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Bladder |  | Esophagus (esophageal) |  | Rectum(rectal) |  |
| Blood |  | Kidney |  | Soft tissue(muscle or fat) |  |
| Bone |  | Leukaemia |  | Stomach |  |
| Breast |  | Liver |  | Testis(testicular) |  |
| Brain |  | Lymphoma/Hodgkin’s disease |  | Thyroid |  |
| Cervix(cervical) |  | Melanoma/Skin |  | Other  Specify.......................... |  |
| Colon |  | Nervous System |  | Don’t know |  |

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

Diabetes (Type 1) Yes No Don't know 

Diabetes (Type 2) Yes No Don't know 

**4.1. Which medicines prescribed for you, have you 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** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |  |
| --- | --- |
| **5. 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  |

### Specific questions

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

| **Facilities** | **Yes** | **No** | **Don’t know** |
| --- | --- | --- | --- |
| Battery |  |  |  |
| Cement plant |  |  |  |
| Compost |  |  |  |
| Fertilizers |  |  |  |
| Metalworking plant |  |  |  |
| Non-ferrous metallurgical plant |  |  |  |
| Paint and/or pigment |  |  |  |
| Photovoltaic devices and solar cells |  |  |  |
| Plastic |  |  |  |
| Sewage sludge treatment plant |  |  |  |
| Waste incineration plant |  |  |  |

**2. Is there a garage directly communicated with your home (attached at the side, or in the basement)? If yes, please specify frequency of use and number of cars parked inside.**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes** | **No** | **Don’t know** |
| **Garage comunicated with your home**  1. Frequency of use (days/week)  ……………………………………  2. No. of cars parked  …………………………………… |  |  |  |

**3. According to the vehicular traffic, how do you classify the road in which your home is located?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **1. Highway** | **2. Heavy traffic road** | **3. Frequent traffic road** | **4. Light traffic road** | **5. Pedestrian road** | **6. Don’t know** |
|  |  |  |  |  |  |

**3.1 At what distance (meters) is your home from a street with constant traffic (e.g. cars continuously circulating)?**

|\_\_|\_\_|\_\_|\_\_|**m** Don't know

**4. Does your home have at least one window facing a street with constant traffic?**

|  |  |  |
| --- | --- | --- |
| **1. Yes** | **2. No** | **3. Don’t know** |
|  |  |  |

**5. How often do heavy vehicles (buses, trucks…) circulate near your home?**

|  |  |  |  |
| --- | --- | --- | --- |
| **1. Never/Rarely** | **2. Medium frequency** | **3.** [**Continuously**](http://www.linguee.es/ingles-espanol/traduccion/continually.html) | **4. Don’t know** |
|  |  |  |  |

**6. How is your home mainly heated?**

|  |  |
| --- | --- |
| 1. Individual stove or heater in each room |  |
| 2. Single-storey heating |  |
| 3. Central heating |  |
| 4. District heating |  |
| 5. Solar heating |  |
| 6. Open fireplace |  |
| 7. Other systems  Specify………………………………………………………………………………………………………. |  |
| 8. No heating |  |
| 9. Don’t know | |

**7. Which fuels or sources of energy are used in your home for heating, water heating and cooking? Please, specify how many months each source of energy is used every year.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Source of energy** | **a. Heating** | **b. Water heating** | **5.** [**Cooking**](http://www.linguee.es/ingles-espanol/traduccion/continually.html) |
| **1. Oil** | No.months……… | No.months……… | No.months……… |
| **2. Gas** | No.months……… | No.months……… | No.months……… |
| **3. Charcoal/Coal** | No.months……… | No.months……… | No.months……… |
| **4. Electricity** | No.months……… | No.months……… | No.months……… |
| **5. Solar power** | No.months……… | No.months……… | No.months……… |
| **6. Wood Pellets** | No.months……… | No.months……… | No.months……… |
| **7. Wood**  Specify…………………………………. | No.months……… | No.months……… | No.months……… |
| **8. Other sources**  Specify………………………………. | No.months……… | No.months……… | No.months……… |
| **9. Don’t know** |  |  |  |

**8. Is there any smoke extraction system in your home kitchen? If yes, please specify frequency of use**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Smoke extraction system** | **1. Never** | **2. Occasionaly** | **3. Sometimes** | **4. Often** | **5. Always** | **6. Don’t know** |
| Yes  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) | No Yes No.months…………Always on…….. |
| **2. Window ventilation** | Autum-Winter No Yes No. h/day…………  Spring-Summer No Yes No. h/day………… |
| **3. Don’t know** | |

**10. 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 |

**11. 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** |
|  |  |  |  |  |  |  |

**12. 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 school** |  |  |  |  |  |
| **b. At transports (car, train, bus...)** |  |  |  |  |  |
| **c. At restaurants, pubs, clubs, events** |  |  |  |  |  |
| **d. At friends', relatives' or neighbours' homes** |  |  |  |  |  |
| **e. Other indoor places** |  |  |  |  |  |

**13. In the last month, did you carry out any of the following activities at home or school as DIY activities or hobbies, or were you direct or indirectly exposed to any of these substances at home or school? Please, consider all the activities carried out, including those conducted by you or other family member(s).**

|  |  |  |  |
| --- | --- | --- | --- |
| **DIY activities/hobbies Yes No Don’t know** | | | |
| Gardening |  |  |  |
| Non-ferrous metal processing |  |  |  |
| Painting |  |  |  |
| Smelting |  |  |  |
| Soldering |  |  |  |
| Tattoo (especially yellow, orange and red colors) |  |  |  |
| Traditional (analog) photography |  |  |  |
| Welding |  |  |  |
| **Products used during DIY activities/hobbies Yes No Don’t know** | | | |
| Compost |  |  |  |
| Dyes |  |  |  |
| Inks (especially yellow, orange and red colors) |  |  |  |
| Paints |  |  |  |
| Phosphate fertilizers |  |  |  |
| Photographic films |  |  |  |
| Photovoltaic devices and solar cells |  |  |  |
| Pigments |  |  |  |
| Sewage sludge (as fertilizer) |  |  |  |

**14. Do you have or ever had amalgam fillings or dental sealant in his/her teeth?**

Yes, amalgam fillings 

Yes, dental sealant 

Yes, both 

No 

Don't know 

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

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

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

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

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

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

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

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

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

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

Yes No Don't know 

**16. How often do you usually wear metallic jewellery (e.g. rings, earrings, necklaces)**

|  |  |  |  |
| --- | --- | --- | --- |
| **1. Never/Rarely** | **2. Sometimes (few times a month)** | **3.** [**Always**](http://www.linguee.es/ingles-espanol/traduccion/continually.html) **(almost daily)** | **4. Don’t know** |
|  |  |  |  |

**Note: these sensitive questions should be directly addressed to the adolescent, without adults**

**1. Have you ever smoked? (If not, go to question 2)**

🞏 Yes

🞏 No

🞏 Don’t know

🞏 Refused

**1.1 Do you usually smoke?**

🞏 Yes

🞏 No

🞏 I gave up smoking Age stop smoking |\_\_|\_\_| 🞏 Don't know

🞏 Don’t know

🞏 Refused

**If yes, please specify the following information**

**1.2** Age start smoking |\_\_|\_\_| 🞏 Don't know

**1.3 How often do you usually smoke?**

🞏 Regularly

🞏 Occasionally

🞏 Don’t know

🞏 Refused

**2. Have you ever consumed alcoholic drinks? (If not, go to next section)**

🞏 Yes

🞏 No

🞏 Don’t know

🞏 Refused

**2.1 Do you usually consume alcoholic drinks?**

🞏 Yes

🞏 No

🞏 I gave up consuming alcoholic drinks Age stop consuming |\_\_|\_\_| 🞏 Don't know

🞏 Don’t know

🞏 Refused

**If yes, please specify the following information**

**2.2** Age start consuming alcoholic drinks |\_\_|\_\_| 🞏 Don't know

**2.3 How often do you usually consume alcoholic drinks?**

🞏 Regularly

🞏 Occasionally

🞏 Don’t know

🞏 Refused

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **2.4. If the answer is daily/regularly or occasionally, from the following list of alcoholic drinks, 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. Wine**, champagne, cider (a glass, 125 cc) |  |  |  |  |  |  |  |  |
| **3. Spirits <40% alcohol** (fruit liquors. A glass, 50 cc) |  |  |  |  |  |  |  |  |
| **4. Spirits >40% alcohol** (whisky, gin, vodka… A glass, 50 cc) |  |  |  |  |  |  |  |  |
| **5. Alcoholic cocktails** (a glass, 50 cc) |  |  |  |  |  |  |  |  |

## Questionnaire for PAHs

### General questions

**SOCIODEMOGRAPHIC INFORMATION (this section will be answered by the adult)**

1. **What is your son’s/daughter’s birth date?** |\_\_|\_\_| month |\_\_|\_\_|\_\_|\_\_| year
2. **Where were your son/daughter, her/his parents and her/his grandparents born? (include the name of each country)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | In (Country) | In another country | Specify country |
| Son/Daughter | 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 has your son/daughter 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 your son/daughter has 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). Regarding current address, if the parents live apart from each other, and the adolescent lives in different places, the current address must refer to adolescent’s main place of residence (at least 16 days/month).**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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?**

**REFERRED TO THE ADULT**

|  |  |  |  |
| --- | --- | --- | --- |
| 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 the highest level of education your son/daughter attained?**

|  |  |  |  |
| --- | --- | --- | --- |
| 1.No formal education or below primary education **(ISCED 0)** |  | 5. Post-secondary non-tertiary education **(ISCED 4)** |  |
| 2. Primary education **(ISCED 1)** |  | 8. Don’t know |  |
| 3. Lower secondary education,or second stage of basic education **(ISCED 2)** |  |  |  |
| 4. Upper secondary education **(ISCED 3)** |  |  |  |

**REFERRED TO THE ADULT**

**8. 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 |  |

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

**REFERRED TO THE ADULT**

|  |  |  |  |
| --- | --- | --- | --- |
| 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 |  |

**10. 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).**

**REFERRED TO THE ADULT**

**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**  (mother/father brothers/sisters/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 |  |  |  |  |  |  |

**11. 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)

**REFERRED TO THE ADULT**

|  |  |  |  |
| --- | --- | --- | --- |
| **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 (this section will be answered by the adult)**

**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 your home?**

|  | **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 non-ferrous metallurgical plant |  |  |  |
| 6. A scrap yard |  |  |  |
| 7. A site where solvents are used (e.g. painting business) |  |  |  |
| 8. A farmland, orchardor vineyard |  |  |  |
| 9. A printing business |  |  |  |
| 10. A dry cleaning service |  |  |  |
| 11. A car repair plant |  |  |  |
| 12. A carpentry |  |  |  |
| 13. A glass factory |  |  |  |
| 14. A steel plant |  |  |  |
| 15. A tannery bussiness |  |  |  |
| 16. A construction site |  |  |  |
| 17. A recycling plant |  |  |  |
| 18. A cement, pesticides or plastic compounds factory |  |  |  |
| 19. A place of fertilizer or compost production (including sewage sludge tratment) |  |  |  |
| 20. A power plant using coal, oil, wood etc. |  |  |  |
| 21. A metal smeltery |  |  |  |
| 22. A site producing or using adhesives |  |  |  |
| 23. A site where computer and/or electronic elements are produced |  |  |  |
| 24. A site where photovoltaic devices and sollar cells are produced |  |  |  |
| 25. A site where epoxy resins are produced or used |  |  |  |
| 26. A site where fillers are used or produced |  |  |  |
| 27. A site where pigments are used or produced |  |  |  |
| 28. A site were food and drink containers (plastic and other containers) are produced |  |  |  |
| 29. A site where medical equipment is produced |  |  |  |
| 30. A site where polycarbonate plastics are produced |  |  |  |
| 31. A site where thermal paper is produced |  |  |  |
| 32. 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. 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** |
|  |  |  |  |

**7. Does your child help with general cleaning of your home?**

No Yes, entirely Yes, partially In that case specify the percentage he/she is in charge of \_\_\_\_%

**8. Is a vacuum cleaner used 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

**DIETARY HABITS (the adolescent will answer this section with the support of the adult)**

**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** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Breaded 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 ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **White meat nugget**  **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, petit-suisse**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Aged-Cheese**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Processed cheese**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Yogurt**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Dairy desserts**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Eggs**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **IV. CEREALS** | | | | | | | | | |
| **White bread**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Whole grain bread**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Cereal products (crackers, rusk…)**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Breakfast cereals (cornflakes, chocolate Cheerios®, puffed rice, muesli, etc.)**  **No. servings**  **………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Wheat (semolina, etc…)**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Barley**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Oats**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Bran**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Other cereals**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Pasta**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Rice**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **V. FATS** | | | | | | | | | |
| **Vegetal fats**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Animal fat, excepted butter**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **VI. VEGETABLES AND FRUIT** | | | | | |  | | | |
| **Raw and cooked vegetables** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Carrots**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Fresh tomatoes**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Leafy vegetables**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Other vegetables (broccoli, green beans, cabbage etc.)**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Chips/French fries**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Mashed potato**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Wild mushrooms**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Cultivated 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) | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Tinned products** (vegetables, legumes, cereals)  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Fresh fruits**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Fruit puree, fruit mousse cooked fruits**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Grape juice**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Orange/citrus juice**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Apple juice**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Other juice**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **VII. SNACKS** | | | | | | | | | |
| **Popcorn (microwave)**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Popcorn (home-made)**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Peanuts**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Potato chips (**packaged)  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Chewing gum** (one) | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Chocolate Hazelnut spread**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Ice cream**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Chocolate and chocolate bars**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Candies and candy bars (not chocolate)**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Jelly candies**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Cakes and biscuits**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Pastries**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Soft drinks**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **VIII. OTHER FOOD AND DRINKS** | | | | | |  | | | |
| **Smoked food** (ham, smoked pork, smoked sausage, smoked cheese, salmon, etc.) | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Food grilled over an open flame/burning embers** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Fried food** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Ready-to-eat meals (in plastic packaging)** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Non-dairy milks (almond, soya, oat)**  **No. glass………………** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Cocoa or chocolate powdered drink**  **No. cups ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Tea**  **No. cups ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |

**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…………………………………………………………………. |  |  |  |

**2. Did you attend school in the last 4 weeks?**

🞏 Yes 🞏 No

**2.1. If yes, how often have you eaten school lunches in the last 4 weeks?**

| **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** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |

**2.2. If yes, how often have you eaten school dinners in the last 4 weeks?**

| **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** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |

**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 (the adolescent will answer this section with support of the adult, when needed)**

**1. How long do you dedicate to sport and/or physical activities?**

| **Workdays** | **Weekends** |
| --- | --- |
| 🞏 No time  🞏 Less than 1 hour/day  🞏 1 hour/day (approx.)  🞏 2 hours/day (approx.)  🞏 3 hours/day (approx.)  🞏 4 hours/day (approx.)  🞏 > 4 hours/day  🞏 Don’t know | 🞏 No time  🞏 Less than 1 hour/day  🞏 1 hour/day (approx.)  🞏 2 hours/day (approx.)  🞏 3 hours/day (approx.)  🞏 4 hours/day (approx.)  🞏 > 4 hours/day  🞏 Don’t know |

**2. In the last month, did you carry out any of the following activities at home or school as DIY activities or hobbies, or were you direct or indirectly exposed to any of these substances at home or school? Please, consider all the activities carried out, including those conducted by you or other family member(s).**

|  |  |  |  |
| --- | --- | --- | --- |
| **SURFACE TREATMENT Yes No Don’t know** | | | |
| Apply varnish, finish or seals |  |  |  |
| Mix or apply paints or lacquers |  |  |  |
| Strip or thin paints |  |  |  |
| Apply fillers |  |  |  |
| Use of anti-corrosive agents |  |  |  |
| Other products, specify……………………………………………………… |  |  |  |
| **CLEANING AND REPARATION PRODUCTS Yes No Don’t know** | | | |
| Use solvents or degreasers (for cleaning sticky/greasy things) |  |  |  |
| Application of glues or adhesives |  |  |  |
| Application of lubricating oils |  |  |  |
| Degrease tools, machines or electronics |  |  |  |
| Use cleaning chemicals |  |  |  |
| Use of computer and/or electronic products repairing |  |  |  |
| Other products, specify……………………………………………………… |  |  |  |
| **HOME REPAIRS/MAINTENANCE AND CONSTRUCTION ACTIVITIES Yes No Don’t know** | | | |
| Wood processing or use of wood preservatives |  |  |  |
| Glass processing |  |  |  |
| Use of Portland cement |  |  |  |
| Use of surface protection agents (spray) for clothes, windows or other applications |  |  |  |
| Use of assembly foam |  |  |  |
| Other products, specify……………………………………………………… |  |  |  |
| **GARDENING Yes No Don’t know** | | | |
| Use of compost or sewage sludge (as fertilizer) |  |  |  |
| Use of phosphate fertilizers |  |  |  |
| Other products, specify……………………………………………………… |  |  |  |
| **HANDLING METALS Yes No Don’t know** | | | |
| Weldering |  |  |  |
| Use lead, mercury or other metals |  |  |  |
| Use of ferrous metal alloys, stainless steel or other alloys processing |  |  |  |
| Use of non-ferrous processing |  |  |  |
| Other products, specify……………………………………………………… |  |  |  |
| **DYES AND INKS Yes No Don’t know** | | | |
| Use dyes (for hair or textiles) |  |  |  |
| Use of inks (e.g. tattoo, specially yellow, orange and red colors) |  |  |  |
| Use of inks (e.g. tattoo, specially green and light-blue) |  |  |  |
| Use of inks (e.g. tattoo, specially black tattoos) |  |  |  |
| Printing |  |  |  |
| Other products, specify……………………………………………………… |  |  |  |
| **PLASTIC HANDLING Yes No Don’t know** | | | |
| Use of plastic gloves |  |  |  |
| Use of polycarbonate plastics |  |  |  |
| Use of plastic products processing |  |  |  |
| Use of reusable food and drink containers |  |  |  |
| Other products, specify……………………………………………………… |  |  |  |
| **OTHER PRODUCTS AND ACTIVITIES Yes No Don’t know** | | | |
| Use of kiln for pottery and ceramics |  |  |  |
| Use of fireplace or exposure to combustion products (in/outdoors) |  |  |  |
| Auto body repairing |  |  |  |
| Sports that require the use of safety equipement (i.e. helmets, protective eye visors) |  |  |  |
| Use of ski wax |  |  |  |
| Apply epoxy resins |  |  |  |
| Leather processing |  |  |  |
| Traditional (analog) photography (including photographic films) |  |  |  |
| Use of photovoltaic devices and solar cells |  |  |  |
| **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  ................................................................................................................. |  |  |  |

**CURRENT OCCUPATIONAL EXPOSURE (referred to the father)**

1. **Please, indicate the sector of industry/workplace where you work in (refer to annex IV, 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, coal tar** | 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. Bisphenols** | Yes | No | Don't know | Specify:  ………………………………….. |
| **4.6. Polycyclic aromatic hydrocarbons (PAHs),** if not included in other substance group/categories | Yes | No | Don't know | Specify:  ………………………………….. |
| **4.7. Metallic dust** | Yes | No | Don't know | Specify:  ………………………………….. |
| **4.8. Mercury** | 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:  ………………………………….. |

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 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 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 PPE (please, specify the type):
* Availability of collective protective measures (please, specify the type):

**6. After working, do you take a shower and change the clothes you wear at work before coming home?**

I take a shower and change my clothes

I only change my clothes

I take a shower but don’t the change my clothes

I don’t take a shower or change my clothes

Don't know

**7. Do you use Personal Protective Equipment (PPE)?**

Yes No Don't know

If yes, please specify:

**8. 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:

**9. Are your family/household members working with chemicals in their job**?

Yes No Don't know

If yes, specify

**OCCUPATIONAL HISTORY (referred to the father)**

**1. Please, fill the following questions for each of the previous jobs where you have worked in the past 16 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 IV, 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, coal tar** | 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. Bisphenols** | Yes | No | Don't know | Specify:  ………………………………….. |
| **2.6. Polycyclic aromatic hydrocarbons (PAHs),**if not included in other substance group/categories | Yes | No | Don't know | Specify:  ………………………………….. |
| **2.7. Metallic dust** | Yes | No | Don't know | Specify:  ………………………………….. |
| **2.8. Mercury** | 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:  ………………………………….. |

**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?

**CURRENT OCCUPATIONAL EXPOSURE (referred to the mother)**

1. **Please, indicate the sector of industry/workplace where you work in (refer to annex IV, 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, coal tar** | 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. Bisphenols** | Yes | No | Don't know | Specify:  ………………………………….. |
| **4.6. Polycyclic aromatic hydrocarbons (PAHs),** if not included in other substance group/categories | Yes | No | Don't know | Specify:  ………………………………….. |
| **4.7. Metallic dust** | Yes | No | Don't know | Specify:  ………………………………….. |
| **4.8. Mercury** | 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:  ………………………………….. |

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 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 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 PPE (please, specify the type):
* Availability of collective protective measures (please, specify the type):

**6. After working, do you take a shower and change the clothes you wear at work before coming home?**

I take a shower and change my clothes

I only change my clothes

I take a shower but don’t the change my clothes

I don’t take a shower or change my clothes

Don't know

**7. Do you use Personal Protective Equipment (PPE)?**

Yes No Don't know

If yes, please specify:

**8. 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:

**9. Are your family/household members working with chemicals in their job**?

Yes No Don't know

If yes, specify

**OCCUPATIONAL HISTORY (referred to the mother)**

**1. Please, fill the following questions for each of the previous jobs where you have worked in the past 16 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 IV, 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, coal tar** | 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. Bisphenols** | Yes | No | Don't know | Specify:  ………………………………….. |
| **2.6. Polycyclic aromatic hydrocarbons (PAHs),**if not included in other substance group/categories | Yes | No | Don't know | Specify:  ………………………………….. |
| **2.7. Metallic dust** | Yes | No | Don't know | Specify:  ………………………………….. |
| **2.8. Mercury** | 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:  ………………………………….. |

**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 (this section will be answered by the adolescent supported by the adult, when needed)**

|  |  |
| --- | --- |
| **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. 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 he/she was when this was first diagnosed** | | |
| --- | --- | --- |
| 2.1 Asthma (allergic asthma included) | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
|
|
| 2.2 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  \_\_\_ \_\_\_ |
| 2.3 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  \_\_\_ \_\_\_ |
| 2.4 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  \_\_\_ \_\_\_ |
| 2.5 Diabetes (type 1) | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 2.6 Diabetes (type 2) | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 2.7 Thyroid condition | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 2.8 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  \_\_\_ \_\_\_ |
| 2.9 Liver dysfunction | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 2.10 Kidney disease or dysfunction | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 2.11 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  \_\_\_ \_\_\_ |
| 2.12 Severe headache such as migraine | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 2.13 Chronic anxiety | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 2.14 Chronic depression | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 2.15 Other mental health problems | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 2.16 Attention deficit disorders (ADD, ADHD) | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 2.17 Autism | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 2.18 Asperger syndrome | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 2.19 Down syndrome | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 2.20 Learning disability | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 2.21 Other neurological disorders | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 2.22 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 girls only)**  2.23 Puberty development problems or gynaecological diseases | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| **(For boys only)**  2.24 Puberty development problems | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 2.25 Other diseases or conditions.  Specify:  ………………………………….. | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Bladder |  | Esophagus (esophageal) |  | Rectum(rectal) |  |
| Blood |  | Kidney |  | Soft tissue(muscle or fat) |  |
| Bone |  | Leukaemia |  | Stomach |  |
| Breast |  | Liver |  | Testis(testicular) |  |
| Brain |  | Lymphoma/Hodgkin’s disease |  | Thyroid |  |
| Cervix(cervical) |  | Melanoma/Skin |  | Other  Specify.......................... |  |
| Colon |  | Nervous System |  | Don’t know |  |

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

Diabetes (Type 1) Yes No Don't know 

Diabetes (Type 2) Yes No Don't know 

**4.1. Which medicines prescribed for you, have you 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** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |  |
| --- | --- |
| **5. 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  |

### Specific questions

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

|  | **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 car repair plant |  |  |  |
| 7. A steel plant |  |  |  |
| 8. A construction site |  |  |  |
| 9. A cement, pesticides or plastic compounds factory |  |  |  |
| 10. A place of fertilizer or compost production (including sewage sludge treatment) |  |  |  |
| 11. A power plant using coal, oil, wood etc. |  |  |  |
| 12. A metal smeltery |  |  |  |
| 13. Other industrial facilities  Specify facility……………………………………………………… |  |  |  |

**2. Is there a garage directly communicated with your home (attached at the side, or in the basement)? If yes, please specify frequency of use and number of cars parked inside.**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes** | **No** | **Don’t know** |
| **Garage comunicated with your home**  1. Frequency of use (days/week)  ……………………………………  2. No. of cars parked  …………………………………… |  |  |  |

**3. According to the vehicular traffic, how do you classify the road in which your home is located?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **1. Highway** | **2. Heavy traffic road** | **3. Frequent traffic road** | **4. Light traffic road** | **5. Pedestrian road** | **6. Don’t know** |
|  |  |  |  |  |  |

**3.1 At what distance (meters) is your home from a street with constant traffic (e.g. cars continuously circulating)?**

|\_\_|\_\_|\_\_|\_\_|**m** Don't know

**4. Does your home have at least one window facing a street with constant traffic?**

|  |  |  |
| --- | --- | --- |
| **1. Yes** | **2. No** | **3. Don’t know** |
|  |  |  |

**5. How often do heavy vehicles (buses, trucks…) circulate near your home?**

|  |  |  |  |
| --- | --- | --- | --- |
| **1. Never/Rarely** | **2. Medium frequency** | **3.** [**Continuously**](http://www.linguee.es/ingles-espanol/traduccion/continually.html) | **4. Don’t know** |
|  |  |  |  |

**6. How is your home mainly heated?**

|  |  |
| --- | --- |
| 1. Individual stove or heater in each room |  |
| 2. Single-storey heating |  |
| 3. Central heating |  |
| 4. District heating |  |
| 5. Solar heating |  |
| 6. Open fireplace |  |
| 7. Other systems  Specify………………………………………………………………………………………………………. |  |
| 8. No heating |  |
| 9. Don’t know | |

**7. Which fuels or sources of energy are used in your home for heating, water heating and cooking? Please, specify how many months each source of energy is used every year.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Source of energy** | **a. Heating** | **b. Water heating** | **5.** [**Cooking**](http://www.linguee.es/ingles-espanol/traduccion/continually.html) |
| **1. Oil** | No.months……… | No.months……… | No.months……… |
| **2. Gas** | No.months……… | No.months……… | No.months……… |
| **3. Charcoal/Coal** | No.months……… | No.months……… | No.months……… |
| **4. Electricity** | No.months……… | No.months……… | No.months……… |
| **5. Solar power** | No.months……… | No.months……… | No.months……… |
| **6. Wood Pellets** | No.months……… | No.months……… | No.months……… |
| **7. Wood**  Specify…………………………………. | No.months……… | No.months……… | No.months……… |
| **8. Other sources**  Specify………………………………. | No.months……… | No.months……… | No.months……… |
| **9. Don’t know** |  |  |  |

**8. Is there any smoke extraction system in your home kitchen? If yes, please specify frequency of use**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Smoke extraction system** | **1. Never** | **2. Occasionaly** | **3. Sometimes** | **4. Often** | **5. Always** | **6. Don’t know** |
| Yes  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) | No Yes No.months…………Always on…….. |
| **2. Window ventilation** | Autum-Winter No Yes No. h/day…………  Spring-Summer No Yes No. h/day………… |
| **3. Don’t know** | |

**10. 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 |

**11. 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** |
|  |  |  |  |  |  |  |

**12. 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 school** |  |  |  |  |  |
| **b. At transports (car, train, bus...)** |  |  |  |  |  |
| **c. At restaurants, pubs, clubs, events** |  |  |  |  |  |
| **d. At friends', relatives' or neighbours' homes** |  |  |  |  |  |
| **e. Other indoor places** |  |  |  |  |  |

**13. 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 secondary school, school clubs, univerisity, shopping centre, sports club, cinema,restaurant...) | |\_\_|\_\_| hours |\_\_|\_\_| minutes  🞏 Don't know | |\_\_|\_\_| hours |\_\_|\_\_| minutes  🞏 Don't know |
| **4. In family’s 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, 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 |

**14. Do you use bread toaster?**

| **(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** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |

**15. In the last month, did you carry out any of the following activities at home or school as DIY activities or hobbies, or were you direct or indirectly exposed to any of these substances at home or school? Please, consider all the activities carried out, including those conducted by you or other family member(s).**

|  |  |  |  |
| --- | --- | --- | --- |
| **HOME REPAIRS/MAINTENANCE AND CONSTRUCTION ACTIVITIES Yes No Don’t know** | | | |
| Wood processing or use of wood preservatives |  |  |  |
| Other products, specify……………………………………………………… |  |  |  |
| **DYES AND INKS Yes No Don’t know** | | | |
| Use dyes (for hair or textiles) |  |  |  |
| Use of inks (e.g. tattoo, specially yellow, orange and red colors) |  |  |  |
| Use of inks (e.g. tattoo, specially green and light-blue) |  |  |  |
| Use of inks (e.g. tattoo, specially black tattoos) |  |  |  |
| Printing |  |  |  |
| Other products, specify……………………………………………………… |  |  |  |
| **OTHER PRODUCTS AND ACTIVITIES Yes No Don’t know** | | | |
| Use of kiln for pottery and ceramics |  |  |  |
| Use of fireplace or exposure to combustion products (in/outdoors) |  |  |  |
| Auto body repairing |  |  |  |

**Note: if deemed appropriate, these sensitive questions could be directly addressed to the adolescent, without adults**

**1. Have you ever smoked? (If not, go to question 2)**

🞏 Yes

🞏 No

🞏 Don’t know

🞏 Refused

**1.1 Do you usually smoke?**

🞏 Yes

🞏 No

🞏 I gave up smoking Age stop smoking |\_\_|\_\_| 🞏 Don't know

🞏 Don’t know

🞏 Refused

**If yes, please specify the following information**

**1.2** Age start smoking |\_\_|\_\_| 🞏 Don't know

**1.3 How often do you usually smoke?**

🞏 Regularly

🞏 Occasionally

🞏 Don’t know

🞏 Refused

**1.4 Have you ever used following tobacco products? If yes, how often?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Product** | **Never** | **Occasionally** | **Regularly** | **I have stopped** | **Don’t know** | **Refused** |
| Cigarettes |  |  |  |  |  |  |
| Cigars |  |  |  |  |  |  |
| Pipe |  |  |  |  |  |  |
| Snuff |  |  |  |  |  |  |

**2. Have you ever consumed alcoholic drinks? (If not, go to next section)**

🞏 Yes

🞏 No

🞏 Don’t know

🞏 Refused

**2.1 Do you usually consume alcoholic drinks?**

🞏 Yes

🞏 No

🞏 I gave up consuming alcoholic drinks Age stop consuming |\_\_|\_\_| 🞏 Don't know

🞏 Don’t know

🞏 Refused

**If yes, please specify the following information**

**2.2** Age start consuming alcoholic drinks |\_\_|\_\_| 🞏 Don't know

**2.3 How often do you usually consume alcoholic drinks?**

🞏 Regularly

🞏 Occasionally

🞏 Don’t know

🞏 Refused

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **2.4. If the answer is daily/regularly or occasionally, from the following list of alcoholic drinks, 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. Wine**, champagne, cider (a glass, 125 cc) |  |  |  |  |  |  |  |  |
| **3. Spirits <40% alcohol** (fruit liquors. A glass, 50 cc) |  |  |  |  |  |  |  |  |
| **4. Spirits >40% alcohol** (whisky, gin, vodka… A glass, 50 cc) |  |  |  |  |  |  |  |  |
| **5. Alcoholic cocktails** (a glass, 50 cc) |  |  |  |  |  |  |  |  |