Substance-specific basic questionnaire (2nd round priority substances: acrylamide, mycotoxins, pesticides and mercury)

for children (6-11 years)

WP 7

Task 7.3

Version 2.0

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# Introduction and Aims

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

This questionnaire is divided into two parts:

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

b)    Questions specifically relevant for 2nd round priority substances, included in separate questionnaires for the following substances: acrylamide, mycotoxins and pesticides.

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

BRIEF INSTRUCTIONS FOR THE APPLICATION OF THE QUESTIONNAIRE FOR CHILDREN (6-11 YEARS)

Since the application of this questionnaire involves the participation of adults (father/mother/legal guardian) and children, the following table summarizes the target group of each 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 | * Mothers/fathers/legal guardians supported by children. |
| Section 4. Lifestyle | * Mothers/fathers/legal guardians supported by children. * Sensitive questions at the end of this section must be directly asked to older children without parents. |
| Section 5. Occupation | * Mothers/fathers/legal guardians. * If the child 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 | * Mothers/fathers/legal guardians. |

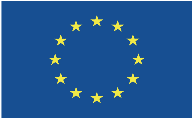
# Basic questionnaire for children (6-11 yrs)

BASIC QUESTIONNAIRE FOR

2nd ROUND PRIORITY SUBSTANCES

CHILDREN (6-11 years)

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



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## Personal information

**PERSONAL INFORMATION**

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

## Sociodemographic information

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

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

|  |  |  |  |
| --- | --- | --- | --- |
|  | In (Country) | In another country | Specify country |
| Child | 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  | **……………………………………………..** |

**3. Which language(s) is(are) spoken at home?**

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

**4. How long has your child 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 child has lived in several households since he/she was born, 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 child lives in different places, the current address must refer to child’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 |  |

**REFERRED TO THE ADULT**

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

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

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

**REFERRED TO THE ADULT**

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

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

**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 orassembler**9.** Elementary occupation**10.** Armed forces occupation**11.**Other categories

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

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

**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?**

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

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

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

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

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

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

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

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

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

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

**8. 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 \_\_\_\_%

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

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

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

No

Don’t know

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

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

## Dietary habits

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

1. **How often did your child 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. Did you feed your child with porridge in the last 4 weeks?**

|  |  |
| --- | --- |
| 🞏 Yes 🞏 No 🞏 Don't know | **If yes, specify which of the following types does your child usually consume (multiple answers possible)**  🞏 Semolina  🞏 Rice porridge  🞏 Oatmeal porridge  🞏 Ragi porridge  🞏 Other types. Specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  🞏 Don't know |

**3. Does your child 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’tknow |  |  |  |
| **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…………………………………………………………………. |  |  |  |

**4. Did your child attend school in the last 4 weeks?**

🞏 Yes 🞏 No

**4.1. If yes, how often has your child 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** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |

**4.2. If yes, how often has your child 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** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |

**4.3. Do you know the school menu that your child has had in the last 4 weeks?**

Yes, by asking my child

Yes, by asking school staff

Yes, by regularly receiving the school menu

No

**5. How much water does your child drink on average every 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** |
| --- | --- | --- | --- | --- | --- |
| 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |

**6. What is the main source of your child’s ...?**

|  |  |
| --- | --- |
| **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……………….. |

**7. Do you use water purification devices or water filtering systems for your child’s...**

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

## Lifestyle

**LIFESTYLE (the adult will answer this section with the support of the child)**

**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, does your child usually spend in the following indoor places where people smoke?**

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

**4. How long does your child dedicate to sport and/or physical activities? Please consider all the activity of your child (at school, after-school activities, hobbies etc.)**

| **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 (aprox.)  🞏 2 hours/day (aprox.)  🞏 3 hours/day (aprox.)  🞏 4 hours/day (aprox.)  🞏 > 4 hours/day  🞏 Don’t know |

**5. How much time on average does your child 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. school,school clubs, shopping centre, sports club, cinema,restaurant...) | |\_\_|\_\_| hours |\_\_|\_\_| minutes  🞏 Don't know | |\_\_|\_\_| hours |\_\_|\_\_| minutes  🞏 Don't know |
| 1. **In the 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 |

**Note: if deemed appropriate, these sensitive questions could be directly addressed to older children (10-11 yrs) 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) |  |  |  |  |  |  |  |  |

## Occupational exposure

**OCCUPATION**

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

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

If other, please specify:

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

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

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

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

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

**Task/activity 1**

* Duration of the tasks (hours in a work shift):
* Frequency of the tasks (days/week or days/month, please circle):
* Chemicals/substances produced, used or handled (please, refer to category list of question 4):
* Use of 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):

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

Yes No Don't know

If yes, please specify:

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

Yes No Don't know

If yes, please specify:

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

Yes No Don't know

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

Yes No Don't know

If yes, please specify:

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

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

Yes No Don't know

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

**1. Please, fill the following questions for each of the previous jobs where you have worked in the past 12 years:**

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

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

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

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

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

Yes No Don't know

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

Yes No Don't know

If yes, please specify:

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

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

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

If other, please specify:

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

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

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

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

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

**Task/activity 1**

* Duration of the tasks (hours in a work shift):
* Frequency of the tasks (days/week or days/month, please circle):
* Chemicals/substances produced, used or handled (please, refer to category list of question 4):
* Use of 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):

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

Yes No Don't know

If yes, please specify:

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

Yes No Don't know

If yes, please specify:

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

Yes No Don't know

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

Yes No Don't know

If yes, please specify:

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

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

Yes No Don't know

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

**1. Please, fill the following questions for each of the previous jobs where you have worked in the past 12 years:**

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

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

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

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

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

Yes No Don't know

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

Yes No Don't know

If yes, please specify:

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

## Health status

**HEALTH (the adult will answer this section)**

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

| **2. Does your child have or has your child 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 Diabetes (type 1) | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 2.4 Diabetes (type 2) | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 2.5 Thyroid condition | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 2.6 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  \_\_\_ \_\_\_ |
| 2.7 Liver dysfunction | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 2.8 Kidney disease or dysfunction | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 2.9 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  \_\_\_ \_\_\_ |
| 2.10 Severe headache such as migraine | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 2.11 Chronic anxiety | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 2.12 Chronic depression | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 2.13 Other mental health problems | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 2.14 Attention deficit disorders (ADD, ADHD) | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 2.15 Autism | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 2.16 Asperger syndrome | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 2.17 Down syndrome | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 2.18 Learning disability | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 2.19 Other neurological disorders | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 2.20 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)**  2.21 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)**  2.22 Puberty development problems | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 2.23 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, has your child used any medicines that were prescribed for he/she 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 your child by a doctor, has he/she 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. Has your child 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 on 2nd round priority substances for children (6-11 yrs)

## Acrylamide

### Residential environment and home exposures

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

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

### Diet

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

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

**2. During the past 4 weeks, how often did your child consume any of the following beverages?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Beverages** | **never** | **every day** | **twice a week** | **once a week** | **once a month** | **Don’t know** |
| **Cocoa**  **No. servings ………………….** |  |  |  |  |  |  |

### 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, does your child usually spend in the following indoor places where people smoke?**

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

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

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

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

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

**Note: if deemed appropriate, these sensitive questions could be directly addressed to older children (10-11 yrs) 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

## Mycotoxins

### Residential environment and home exposures

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

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

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

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

**3. How is your house usually ventilated? For each option, please, specify frequency of use (months/year in which mechanical systems are used; 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-SummerNo Yes No. h/day………… |
| **3. 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

### Diet

**Questions 1-7 included in the general diet section must be answered by mother/father/legal guardian supported by the child. Despite this, food items specifically related to mycotoxins are detailed below:**

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

|  |
| --- |
| **1. Has your child special diet restrictions? In affirmative case, which?** (multiple answers are possible)  Yes 󠄇🞏 No 🞏 Don't know 🞏 |

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

### Lifestyle

**Is your child, or any of the family members, involved in farming activities (animal production, greenhouse and others)? (Please, do not consider professional tasks).**

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

### Occupation

**Current occupational exposure (referred to the father)**

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

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

**Occupational history (referred to the father)**

**1. Mycotoxin exposure history (referred to the past 12 years): in your previous jobs have you performed any of the following working tasks/activities (if yes, please, indicate the total period of exposure, the use of PPE and the availability of collective protective measures)?**

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

**Current occupational exposure (referred to the mother)**

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

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

**Occupational history (referred to the mother)**

**1. Mycotoxin exposure history (referred to the past 12 years): in your previous jobs have you performed any of the following working tasks/activities (if yes, please, indicate the total period of exposure, the use of PPE and the availability of collective protective measures)?**

| **Working tasks/activities** | **Period of exposure (years)** | | | | | | | | **3. Use of PPE (if yes, please specify)** | **4. Availability of collective protective measures (if yes, please specify)** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **˂1** | **1-2** | **2-5** | **5-12** | **10-15** | **15-20** | **20-25** | **>25** |
| **Handling of feed, cereals or other organic material**  🞏 No 🞏 Yes 🞏 Don’t know  **If yes, identify the material:** |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Animals farming**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Handling of bakery products**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Handling of waste or other disposable materials**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Handling of dead animals (e.g. slaugtherhouses)**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Agricultural labour (outdoors)**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Agricultural labour (greenhouses)**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Working in a fruit/vegetable warehouse**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Gardening**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |  |  |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

### Health

**1. Has your child ever complained of any of the following clinical symptoms? If yes, please specify the frequency**

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

**.**

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

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

|  |  |
| --- | --- |
| **2. Has your child been vaccinated for?** | |
| Hepatitis B | Yes No Don't know  |

## Pesticides

### Residential environment and home exposures

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

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

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

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

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

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

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

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

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

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

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

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

**2.5. After the application of pesticides, how long does your child usually wait for a normal use of the garden?**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

No

Don’t know

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

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

### Diet

1. **How often did your child consume the following food items in the last 4 weeks? (Question 1 from the general diet section must be answered by the mother/father/legal guardian, supported by the child).**

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

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

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

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

**3. Regarding fruit ripeness, how does your child usually eat fruits?**

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

**4. How does your child usually eat vegetables?**

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

**4.1 How does your child usually eat fruits?**

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

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

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

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

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

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

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

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

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

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

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

### Lifestyle

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

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

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

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

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

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

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

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

### Occupation

**Occupation (referred to the father)**

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

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

**2. Pesticide exposure history (referred to the past 12 years): in your previous jobs have you performed any of the following working tasks/activities (if yes, please, indicate the total period of exposure, the use of PPE and the availability of collective protective measures)?**

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

**Occupation (referred to the mother)**

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

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

**2. Pesticide exposure history (referred to the past 12 years): in your previous jobs have you performed any of the following working tasks/activities (if yes, please, indicate the total period of exposure, the use of PPE and the availability of collective protective measures)?**

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

### Health

**1. Has your child ever complained of any of the following clinical symptoms? If yes, please specify the frequency**

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

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

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

## Mercury & its organic compounds

### Residential environment and home exposures

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

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

### Diet

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

| **Food item** | **(nearly) never** | **1-3 per month** | **1 per week** | **2-3 per week** | **4-6 per week** | **1 per day** | **2-3 per day** | **≥4**  **per day** | **Don’t know** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Fresh fish  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Marine mammals  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Crustaceans e.g. crab  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Mussels or oysters  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Snails  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Meats  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Wild game  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Mushrooms  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Cereals  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |

### Lifestyle

1. **Did your child carry out any of the following activities as Do It Yourself activities or hobbies and/or were your child exposed to any of these substances in these activities in the last month?**

|  |  |  |  |
| --- | --- | --- | --- |
| **Products / DIY activities/hobbies** | **Yes** | **No** | **Don’t know** |
| Gardening |  |  |  |
| Sewage sludge (as fertilizer) |  |  |  |
| Painting |  |  |  |
| Tattoo (especially red inks) |  |  |  |
| Artist paints |  |  |  |
| Cosmetics (e.g. skin-lightining creams) |  |  |  |
| Dyes |  |  |  |
| Homeopatic medicines |  |  |  |
| Inks (especially red) |  |  |  |

### Health

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

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

**2. Does your child have or ever had amalgam fillings in his/her teeth?**

Yes, amalgam fillings 

No 

Don't know 

**In how many teeth?** \_\_\_ \_\_\_amalgam fillings Don’t know

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

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

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

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