Substance-specific basic questionnaire (2nd round priority substances: arsenic, benzophenones and mercury)

for adolescents (16-19 years)

to be applied without support of legal guardians

WP 7

Task 7.3

Version 2.0

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# Introduction and Aims

This questionnaire for adolescents (16-19 years not accompanied by parents) 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: arsenic and benzophenones (UV-filters).

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

# Basic questionnaire for adolescents (16-19 yrs, with support of legal guardian)

BRIEF INSTRUCTIONS FOR THE APPLICATION OF THE QUESTIONNAIRE FOR ADOLESCENTS (16-19 YEARS, without parents)

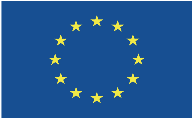
This questionnaire applies to adolescents living without mother/father/legal guardian. Therefore, all questions refer to them and will be answered directly by them. Regarding occupation section, if the adolescent works, then he/she will answer the occupation section.

BASIC QUESTIONNAIRE FOR

2nd ROUND PRIORITY SUBSTANCES

ADOLESCENTS (16-19 years)

not accompanied by parents)



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

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

## Personal information

**PERSONAL INFORMATION**

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

## Sociodemographic information

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

|  |  |  |  |
| --- | --- | --- | --- |
|  | In (Country) | In another country | Specify country |
| Participant | Yes NoDon't know  **SOCIODEMOGRAPHIC INFORMATION** | 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 have you been living in…? Please indicate the number of years (or months if less than 1 year) (to be adapted to national characteristics)**

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

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

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

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

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

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

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

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

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

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

**Answer options:**

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

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

**Labour status**

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

**Professional category**

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Member** | **Relationship**  **(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)

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

## Residential environment and home exposures

**RESIDENTIAL ENVIRONMENT AND HOME EXPOSURES**

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

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

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

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

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

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

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

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

No

Don’t know

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

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

## Dietary habits

**DIETARY HABITS**

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

| **Food item** | **(nearly) never** | **1-3 per month** | **1 per week** | **2-3 per week** | **4-6 per week** | **1 per day** | **2-3 per day** | **≥4**  **per day** | **Don’t know** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **I. FISH** | | | | | |  | | | |
| **White fish** (e.g. hake, snapper, sea bream)  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Blue fish (big size)** (e.g. mackerel, tuna, sword fish)  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Blue fish (small size)** (e.g. anchovy, herring)  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Salmon**  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Cephalopods** (e.g. squid, octopus)  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Fresh fish** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Farmed fish** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Wild fish** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Tinned fish** (a small can)  **No. servings ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Frozen fish** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **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 ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **Coffee**  **No. cups ………………………….** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |

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

| **Type** | **Frequency (doses/week)** | **Starting date**  **(month/year)** | **Finishing date**  **(month/year)** |
| --- | --- | --- | --- |
| No 🞏 Yes 🞏 Don’t know 🞏 | | | |
| **Vitamin A**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |
| **Vitamin B/ B-complex**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |
| **Vitamin C**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |
| **Vitamin D**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  |
| **Vitamin E**  🞏 No 🞏 Yes 🞏Don’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 you attend secondary schools/other schools in the last 4 weeks?**

🞏 Yes 🞏 No

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

| **never** | **1 per month** | **2-3 per month** | **1 per week** | **2-3 per week** | **4-6 per week** | **1 per day** | **Don't know** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |

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

| **never** | **1 per month** | **2-3 per month** | **1 per week** | **2-3 per week** | **4-6 per week** | **1 per day** | **Don't know** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |

**5. How much water do you 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 ...?**

|  |  |
| --- | --- |
| **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...**

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

## Lifestyle

**LIFESTYLE**

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

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

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

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

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

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

**4. How long do you dedicate to sport and/or physical activities? (do not consider working activity)**

| **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 do you spend in the following places (referred to workdays and weekends)?**

|  | **Workdays** | **Weekends** |
| --- | --- | --- |
| **1. Inside your home** | |\_\_|\_\_| hours |\_\_|\_\_| minutes  🞏 Don't know | |\_\_|\_\_| hours |\_\_|\_\_| minutes  🞏 Don't know |
| **2. Inside other houses** | |\_\_|\_\_| hours |\_\_|\_\_| minutes  🞏 Don't know | |\_\_|\_\_| hours |\_\_|\_\_| minutes  🞏 Don't know |
| **3. In other indoor spaces** (e.g. 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 |

**Sensitive questions**

**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**

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**

**1. Please, fill the following questions for your two previous jobs:**

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

**\* refer to annex IV, interviewer manual. If other, please specify.**

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

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

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

Yes No Don't know

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

Yes No Don't know

If yes, please specify:

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

## Health status

**HEALTH**

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

| **2. Do you have or have you ever had any of the following diseases or conditions, diagnosed by a medical doctor? If yes, please specify how old he/she was when this was first diagnosed** | | |
| --- | --- | --- |
| 2.1 Asthma (allergic asthma included) | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
|
|
| 2.2 Rheumatoid arthritis (inflammation of the joints) | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 2.3 Low back disorder or other chronic back defect | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 2.4 Neck disorder or other chronic neck defect | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 2.5 Diabetes (type 1) | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 2.6 Diabetes (type 2) | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 2.7 Thyroid condition | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 2.8 Allergy, such as rhinitis, eye inflammation, dermatitis, food allergy or other (allergic asthma excluded) | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 2.9 Liver dysfunction | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 2.10 Kidney disease or dysfunction | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 2.11 Cancer (malignant tumour, also including leukaemia and lymphoma) (see next question to specify kind of cancer) | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 2.12 Severe headache such as migraine | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 2.13 Chronic anxiety | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 2.14 Chronic depression | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 2.15 Other mental health problems | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 2.16 Attention deficit disorders (ADD, ADHD) | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 2.17 Autism | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 2.18 Asperger syndrome | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 2.19 Down syndrome | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 2.20 Learning disability | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 2.21 Other neurological disorders | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 2.22 Permanent injury or defect caused by an accident | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| **(For girls only)**  2.23 Puberty development problems or gynaecological diseases | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| **(For boys only)**  2.24 Puberty development problems | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |
| 2.25 Other diseases or conditions.  Specify:  ………………………………….. | Never   Yes, in the past 12 months   Yes, more than 1 year ago   Don’t know  | Age at diagnosis  \_\_\_ \_\_\_ |

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

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

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

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

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

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

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

|  |  |
| --- | --- |
| **5. Have you been vaccinated for?** | |
| Seasonal flu | Yes No Don't know  |
| Hepatitis B | Yes No Don't know  |
| Polio | Yes No Don't know  |
| MMR (measles, mumps, rubella) | Yes No Don't know  |
| DTP (diphtheria, tetanus, pertussis) | Yes No Don't know  |
| Varicella (chicken pox) | Yes No Don't know  |

# Specific questions on 2nd round priority substances for adolescents (16-19 yrs, without support of legal guardian)

## Arsenic

### Residential environment and home exposures

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

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

### Diet

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

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

### Lifestyle

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

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

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

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

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

Conventional sunscreen (not mineral-based)

Mineral-based sunscreen

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

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

Cream

Spray (Aerosol)

Roll-On

Don’t know

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

Natural and eco-friendly

Chemical

Don’t know

**Sensitive questions**

**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

### Occupation

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

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

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

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

### Health

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

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

1. **During the past two weeks, have you used any homeopatic medicines?**

Yes No Don't know 

**2.1 If yes, 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** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

## Benzophenones (UV-filters)

### Residential environment and home exposures

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

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

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

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

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Products** | **No** | **Don’t know** | **Yes** | **If yes, type of product:** |
| Fabric softener |  |  |  | Chemical  Eco-friendly  Don’t know |
| Textile perfume |  |  |  | Chemical  Eco-friendly  Don’t know |
| Dry cleaning products (e.g. for cleaning upholstery, clothes, carpets) |  |  |  | Chemical  Eco-friendly  Don’t know |
| Air freshener |  |  |  | Chemical  Eco-friendly  Don’t know |

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

No Yes Don’t know  Refused

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

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

**6. Do you do your own laundry?**

No Yes Don’t know  Refused

If no, question 6.1 may be omitted.

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

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

### Diet

**1. In the last 4 weeks, did you consume fast food (prepared in restaurants, cafes, pizzerias, or snack bars) (please consider also beverages)? If yes: how was it packed and how often did you consume it?**

No Yes Don’t know

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

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

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

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

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

**3.1. Do you take food to school in the following packaging? If yes, how often?**

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

**4. Are the following containers used for preparing or heating food in the microwave oven in your home? If yes: how often?**

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

### Lifestyle

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

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

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

Conventional sunscreen (not mineral-based)

Mineral-based sunscreen

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

Don’t know

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

Cream

Spray (Aerosol)

Roll-On

Don’t know

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

Natural and eco-friendly

Chemical

Don’t know

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

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

### Occupation

**It is recommended to apply general questions on occupation (referred to the adolescent, if he/she works), following the instructions regarding the occupational section in the beginning of the questionnaire).**

### Health

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

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

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

Yes, glasses 

Yes, contact lenses 

Yes, both 

No 

Don't know 

## Mercury & its organic compounds

### Residential environment and home exposures

**1. Is there any of the following facilities within 300 m of your 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 you consume the following food items in the 4 weeks?**

| **Food item** | **(nearly) never** | **1-3 per month** | **1 per week** | **2-3 per week** | **4-6 per week** | **1 per day** | **2-3 per day** | **≥4**  **per day** | **Don’t know** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 you carry out any of the following activities as Do It Yourself activities or hobbies and/or were you exposed to any of these substances in these activities in the last month? (please, do not count your professional activity)**

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

### Occupation

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

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

**2. Mercury exposure history: in your previous jobs have you performed any of the following working tasks/activities (if yes, please, indicate the total period of exposure, the use of Personal Protective Equipment (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** |  |  |
| **Burning fossil fuels (i.e. coal)**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Cinnabar mining**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Electroplating**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Leather tanning**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Mining**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Pharmaceutical industry**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Production of automotive components**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Production of cement**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Production of electrical components**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Production of fluorescent lights**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Production of paper** |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Production of precision instruments**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Production, handling or use of battery**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Production, handling or use of chlor-alkali**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Production, handling or use of fungicides**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Production, handling or use of inks**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Production, handling or use of paints**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Production, handling or use of sewage sludge**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Recycling exhausted batteries**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Recycling of electrical parts**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Smelting (e.g. mercury copper, metal sulfide ores, zinc)**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Solid waste collecting**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Solid waste incineration and disposal**  🞏 No 🞏 Yes 🞏 Don’t know |  |  |  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

### Health

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

| **Symptoms and/or signs** | | **(nearly) never** | **1-3 per month** | **1 per week** | **2-3 per week** | **4-6 per week** | **Everyday** | **Don’t know** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Abdominal pains**  Yes No Don't know  |  |  |  |  |  |  |  |  |
| **Chest tightness**  Yes No Don't know  |  |  |  |  |  |  |  |  |
| **Chills**  Yes No Don't know  |  |  |  |  |  |  |  |  |
| **Conjunctivitis**  Yes No Don't know  |  |  |  |  |  |  |  |  |
| **Cough**  Yes No Don't know  |  |  |  |  |  |  |  |  |
| **Diarrhea**  Yes No Don't know  |  |  |  |  |  |  |  |  |
| **Dyspnea (breathing difficulty)**  Yes No Don't know  |  |  |  |  |  |  |  |  |
| **Emotional lability**  Yes No Don't know  |  |  |  |  |  |  |  |  |
| **Emphysema**  Yes No Don't know  |  |  |  |  |  |  |  |  |
| **Fatigue**  Yes No Don't know  |  |  |  |  |  |  |  |  |
| **Fever**  Yes No Don't know  |  |  |  |  |  |  |  |  |
| **Insomnia (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. Do you have or ever had amalgam fillings in your 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 