Epidemiological questionnaire

Subject identification code

|__|__|__|__|__|__|__|__|

NANOEXPLORE – EPIDEMIOLOGICAL QUESTIONNAIRE

The **NanoExplore project** aims at an integrated approach for exposure and health effects monitoring of engineered and incidental nanomaterials in occupational settings. The project is supported by the **European LIFE programme** and is currently in its pilot phase. Your participation in this **international pilot study** is essential and we thank you for enrolling. We would thereby be very grateful if you could complete this questionnaire.

This questionnaire first addresses your current work environment and your work history. You will then find questions about your lifestyle, the composition of your household, and your general state of health. The information collected will help us perform statistical analyses through what we call regression models. These models are used to estimate the risk of nanoparticle exposure through multifactorial determinants.

It takes about 15 – 20 minutes to complete this questionnaire. We ask you to fill it in as accurately as possible so that the information collected is as complete as possible. Some questions require the coding of physical activity levels and economic sectors. To facilitate this coding, you will find detailed information, along with examples, directly in the questionnaire, as well as in the detailed information folder attached to this questionnaire.

THIS QUESTIONNAIRE WILL REMAIN STRICTLY CONFIDENTIAL.

Please note that your responses will be kept strictly confidential. The scientists who perform an analysis of the information collected will not have access to your identity. In addition, the results will be produced on a collective level and not an individual level, thus making it impossible to identify a person.

ⓘ *To make it easier, answer the questions in order, and let yourself be guided by our instructions.*

Please indicate:

The date you are filling in this questionnaire: **|__|__| / |__|__| / |__|__|__|__|**

The time you started filling it in: |__|__| *h* |__|__| *min.*

A. ABOUT YOU

A.1 How old are you? |__|__| years old

A.2 Please indicate your sex. ☐ Man ☐ Woman

A.3 What is your marital status? ☐ Single (never married) ☐ Married or living with someone ☐ Widow(er) ☐ Divorced or separated

A.4 What is your nationality?

☐ Single nationality
➔ Please specify: ……..

☐ Double nationality
➔ Please specify: …… & ……

A.5 In your home, you live:

Alone	☐ Yes	☐ No
As a couple	☐ Yes	☐ No
With your children or those of your spouse	☐ Yes	☐ No
With other people (family, friends,…)	☐ Yes	☐ No

A.6 How many people, including you, currently live in your house? |__|__| people

A.7 Please indicate the highest diploma you have obtained so far.

☐ No diploma
☐ Primary & secondary school (compulsory education)
☐ Apprenticeship
☐ Baccalaureate
☐ Upper education (1st cycle): Bachelor/Diploma
☐ Upper education (2nd cycle): Master/License
☐ Upper education (3rd cycle): PhD
☐ Other (please specify: ……)

B. YOUR CURRENT OCCUPATION

B.1 What is your level of qualification regarding your current profession / position?

- ☐ Unskilled employee
- ☐ Specialized or highly qualified worker or technician
- ☐ Researcher / scientist
- ☐ Supervisor, team leader (lower level management)
- ☐ Engineer
- ☐ Other (please specify: ……)
- ☐ I do not know

B.2 What is the exact title of the profession / position you hold?

Indicate your profession / position as clearly as possible. *Example: Regulator of plastic processing machinery.*

……

……

B.3 On what date did you begin at your current position? **|__|__| / |__|__| / |__|__|__|__|**

B.4 What is the full name of the unit / department for which you work?

Examples: Preparation / mixture / injection department.

……

……

……

B.5 In your current profession / position, your workplace is:

☐ Fixed (same room, office, workstation) ☐ Mobile (different places in the company)

B.6 Do you regularly work before 6 a.m., after 10 p.m. or during nightshifts? ☐ Yes ☐ No

B.7 Do you have irregular work shifts? ☐ Yes ☐ No

B.8 Do you sometimes work in underground enclosures?

- ☐ Yes ➔ Please indicate how many hours per week on average: |__|__|h|__|__|min
- ☐ No

B.9 Do you sometimes work outdoors?

- ☐ Yes ➔ Please indicate how many hours per week on average: |__|__|h|__|__|min
- ☐ No

B.10 List and describe all your **activities and tasks** in your current position (including office work and traveling abroad).

Complete the table below using one raw for each task, as shown in the examples provided.

- If you perform several tasks at one workstation, describe each of them by using one raw for each task.

- In the column « location », please report the name of the corresponding workstation, or 'office' / 'abroad' when not at a particular workstation.

- In the column « physical activity », please report the corresponding level by using the information below.

Please be as specific as possible when describing the different tasks and activities.

Level of physical activity	***Description***
- ***Resting***	➔ *Sitting or standing*
- ***Light***	➔ *Sitting: light work with hands, feet, legs* *Standing: machining with low-power devices (e.g. milling machine, drill)* *Walking: occasionally (until 3.5 km per hour)*
- ***Average***	➔ *Standing: sustained work with arms or hands (e.g. filling), average work with arms and legs (e.g. plant machinery or truck maneuver), average work with arms and torso (e.g. perforating, grinding, middle-weight object manipulation)* *Walking: between 3.5 and 5.5 km per hour, with or without carrying light objects (< 10 kg), light cart thrusting or pulling*
- ***Heavy***	➔ *Standing: intense work with arms and torso* *Walking: between 5.5 and 7 km per hour, with or without carrying heavy objects (< 30 kg), heavy (loaded) cart thrusting or pulling*
- ***Very heavy***	➔ *Standing: highly intense activity at near-maximum speed while manipulating heavy objects* *Walking: > 7 km per hour, transport very heavy objects (> 50 kg)*

Location *(name of the workstation, office, abroad)*	**Description** of the task	**Frequency** *(Number of times you perform this task, per day, week, month or year)*	Usual **duration** to carry out the task	Level of **physical activity** required to perform the task *(Please refer to information above)*	**Nanomaterials** involved	**Recommended** respiratory and / or skin personal protection *(Please specify even if you do not wear them)*
Example 1: Moulding station	*Loading bags of carbon nanotubes for aspiration into the hopper*	*5-6 times a day and 5 days a week*	*15 minutes*	*Heavy*	☐ No nanomaterial involved ☐ Titanium dioxide ☐ Amorphous silica ☑ Carbon nanotubes ☐ Carbon black ☐ Other (specify: ……..) ☐ I do not know	*Breathing mask and gloves*

Location *(name of the workstation, office, abroad)*	**Description** of the task	**Frequency** *(Number of times you perform this task, per day, week, month or year)*	Usual **duration** to carry out the task	Level of **physical activity** required to perform the task *(Please refer to information above)*	**Nanomaterials** involved	**Recommended** respiratory and / or skin personal protection *(Please specify even if you do not wear them)*
Example 2: Welding station	*Cleaning the machines at the end of a cycle*	*Once per day, 3 days a week*	*20 minutes*	*Average*	☐ No nanomaterial involved ☑ Titanium dioxide ☐ Amorphous silica ☐ Carbon nanotubes ☐ Carbon black ☐ Other (specify: ……..) ☐ I do not know	*Breathing mask and gloves*
Example 3: Abroad	*Discussing project update with international partners*	*Twice a year*	*One full day*	*Light*	☑ No nanomaterial involved ☐ Titanium dioxide ☐ Amorphous silica ☐ Carbon nanotubes ☐ Carbon black ☐ Other (specify: ……..) ☐ I do not know	*None*
Example 4: Office	*Administrative work on my computer*	*Once a week*	*Half-day (about 4 hours)*	*Resting*	☑ No nanomaterial involved ☐ Titanium dioxide ☐ Amorphous silica ☐ Carbon nanotubes ☐ Carbon black ☐ Other (specify: ……..) ☐ I do not know	*None*
					☐ No nanomaterial involved ☐ Titanium dioxide ☐ Amorphous silica ☐ Carbon nanotubes ☐ Carbon black ☐ Other (specify: ……..) ☐ I do not know	

Location *(name of the workstation, office, abroad)*	**Description** of the task	**Frequency** *(Number of times you perform this task, per day, week, month or year)*	Usual **duration** to carry out the task	Level of **physical activity** required to perform the task *(Please refer to information above)*	**Nanomaterials** involved	**Recommended** respiratory and / or skin personal protection *(Please specify even if you do not wear them)*
					☐ No nanomaterial involved ☐ Titanium dioxide ☐ Amorphous silica ☐ Carbon nanotubes ☐ Carbon black ☐ Other (specify: ……………………………….) ☐ I do not know	
					☐ No nanomaterial involved ☐ Titanium dioxide ☐ Amorphous silica ☐ Carbon nanotubes ☐ Carbon black ☐ Other (specify: ……………………………….) ☐ I do not know	
					☐ No nanomaterial involved ☐ Titanium dioxide ☐ Amorphous silica ☐ Carbon nanotubes ☐ Carbon black ☐ Other (specify: ……………………………….) ☐ I do not know	
					☐ No nanomaterial involved ☐ Titanium dioxide ☐ Amorphous silica ☐ Carbon nanotubes ☐ Carbon black ☐ Other (specify: ……………………………….) ☐ I do not know	

Location *(name of the workstation, office, abroad)*	**Description** of the task	**Frequency** *(Number of times you perform this task, per day, week, month or year)*	Usual **duration** to carry out the task	Level of **physical activity** required to perform the task *(Please refer to information above)*	**Nanomaterials** involved	**Recommended** respiratory and / or skin personal protection *(Please specify even if you do not wear them)*
					☐ No nanomaterial involved ☐ Titanium dioxide ☐ Amorphous silica ☐ Carbon nanotubes ☐ Carbon black ☐ Other (specify: …………………………………) ☐ I do not know	
					☐ No nanomaterial involved ☐ Titanium dioxide ☐ Amorphous silica ☐ Carbon nanotubes ☐ Carbon black ☐ Other (specify: …………………………………) ☐ I do not know	
					☐ No nanomaterial involved ☐ Titanium dioxide ☐ Amorphous silica ☐ Carbon nanotubes ☐ Carbon black ☐ Other (specify: …………………………………) ☐ I do not know	
					☐ No nanomaterial involved ☐ Titanium dioxide ☐ Amorphous silica ☐ Carbon nanotubes ☐ Carbon black ☐ Other (specify: …………………………………) ☐ I do not know	

B.11 In view of the activities that you described in question **B.10**, do you think you are exposed to nanomaterials?
(Please answer regardless of any personal protective equipment)

☐ I do not think I am subject to exposure ☐ Possibly
☐ Probably ☐ Definitely

B.12 Are you exposed to tobacco smoke in your professional environment?

☐ No
☐ Yes, quite regularly (< 50 % of the time)
☐ Yes, frequently (> 50 % of the time)

B.13 For tasks / activities involving processes that use **nanomaterials**, what is the situation regarding respiratory and skin personal protective equipment (PPE) at your work station(s)?

☐ No PPEs, because the means of collective protection are considered sufficient
☐ I have at my disposal all PPE recommended for my work station(s)
☐ I do not have at my disposal all PPE recommended for my work station(s)
☐ I am not aware what are all PPE recommended for my workstation(s)

B.14 For activities and tasks involving processes that use **nanomaterials**, what is your attitude towards respiratory and skin personal protective equipment (PPE) at your work station(s)?

☐ I always wear all my PPE ➔ ***Go directly to question B.16***
☐ I wear PPE most of the time (more than half of the time)
☐ I wear PPE occasionally (less than half of the time)
☐ I never wear PPE

B.15 For what reason(s) do you happen to not wear respiratory and skin PPE?

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……
……

B.16 Have conditions of exposure to nanomaterials at your workplace changed since you arrived there?
(Please answer regardless of any personal protective equipment)

☐ No ➔ ***Go directly to question B.18***
☐ Yes, with a reduction in exposure
☐ Yes, with an increase in exposure
☐ I do not know

B.17 To what reason(s) do you assign the evolution of your nanomaterial exposure conditions indicated in question **B.16**?

(Please answer regardless of any personal protective equipment by ticking all answers that apply)

☐ A change in procedure or activities
☐ A change in the volume of business using nanomaterials
☐ A better control of exposure (ventilation, hood or other means of collective protection)
☐ Training / employee awareness programmes on the potential hazards of nanomaterials
☐ Other (please specify: ……)
☐ I do not know

B.18 Do you work: ☐ Full time (100%) ➔ ***Go directly to question C.1***
☐ Part time (< 100%) ➔ Please indicate the percentage: |__|__|%

B.19 Do you have a second occupation other than this part time job? ☐ Yes ☐ No

If YES, please describe this second occupation as clearly as possible.

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……

C. YOUR PREVIOUS POSITION(S) WITHIN THE COMPANY

Describe, if applicable, your previously held positions within the current company**.** Start with the position you had just before the current one, and **go backwards in time**.

C.1 Period 1 (yyyy): from **|**__|__|__|__**|** to **|**__|__|__|__**|**

C.2 What was your level of qualification?

- ☐ Unskilled employee
- ☐ Specialized or highly qualified worker or technician
- ☐ Researcher / scientist
- ☐ Supervisor, team leader (lower level management)
- ☐ Engineer
- ☐ Other (please specify: ……)
- ☐ I do not know

C.3 What was the exact title of your profession / position?

Please indicate your profession / position as clearly as possible. *Example: Regulator of plastic processing machinery.*

……

……

……

C.4 Please list the workstation(s) you worked at in this profession / position:

1) ☐ Office work
2) ☐ Traveling abroad
3) *Example: Moulding station*……
4) ……
5) ……
6) ……
7) ……
8) ……

C.5 Did you work: ☐ Full time (100%)
☐ Part time (< 100%) ➔ Please indicate the percentage: |__|__|%

C.6 In this position, do you think you were exposed to nanomaterials?

- ☐ Yes ➔ Please specify which nanomaterial(s): ……
- ☐ No
- ☐ I do not know

C.7 Period 2 (yyyy): from |__|__|__|__| to |__|__|__|__|

C.8 What was your level of qualification?

- ☐ Unskilled employee
- ☐ Specialized or highly qualified worker or technician
- ☐ Researcher / scientist
- ☐ Supervisor, team leader (lower level management)
- ☐ Engineer
- ☐ Other (please specify: ……)
- ☐ I do not know

C.9 What was the exact title of your profession / position?

Please indicate your profession / position as clearly as possible. *Example: Regulator of plastic processing machinery.*

……

……

……

C.10 Please list the workstation(s) you worked at in this profession / position:

9) ☐ Office work
10) ☐ Traveling abroad
11) *Example: Moulding station*……
12) ……
13) ……
14) ……
15) ……
16) ……

C.11 Did you work: ☐ Full time (100%)
☐ Part time (< 100%) ➔ Please indicate the percentage: |__|__|%

C.12 In this position, do you think you were exposed to nanomaterials?

- ☐ Yes ➔ Please specify which nanomaterial(s): ……
- ☐ No
- ☐ I do not know

C.13 Period 3 (yyyy): from |__|__|__|__| to |__|__|__|__|

C.14 What was your level of qualification?

- ☐ Unskilled employee
- ☐ Specialized or highly qualified worker or technician
- ☐ Researcher / scientist
- ☐ Supervisor, team leader (lower level management)
- ☐ Engineer
- ☐ Other (please specify: ……)
- ☐ I do not know

C.15 What was the exact title of your profession / position?

Please indicate your profession / position as clearly as possible. *Example: Regulator of plastic processing machinery.*

……

……

……

C.16 Please list the workstation(s) you worked at in this profession / position:

17) ☐ Office work
18) ☐ Traveling abroad
19) *Example: Moulding station*……
20) ……
21) ……
22) ……
23) ……
24) ……

C.17 Did you work: ☐ Full time (100%)
☐ Part time (< 100%) ➔ Please indicate the percentage: |__|__|%

C.18 In this position, do you think you were exposed to nanomaterials?

- ☐ Yes ➔ Please specify which nanomaterial(s): ……
- ☐ No
- ☐ I do not know

C.19 Period 4 (yyyy): from |__|__|__|__| to |__|__|__|__|

C.20 What was your level of qualification?

- ☐ Unskilled employee
- ☐ Specialized or highly qualified worker or technician
- ☐ Researcher / scientist
- ☐ Supervisor, team leader (lower level management)
- ☐ Engineer
- ☐ Other (please specify: ……)
- ☐ I do not know

C.21 What was the exact title of your profession / position?

Please indicate your profession / position as clearly as possible. *Example: Regulator of plastic processing machinery.*

……

……

……

C.22 Please list the workstation(s) you worked at in this profession / position:

25) ☐ Office work
26) ☐ Traveling abroad
27) *Example: Moulding station*……
28) ……
29) ……
30) ……
31) ……
32) ……

C.23 Did you work: ☐ Full time (100%)
☐ Part time (< 100%) ➔ Please indicate the percentage: |__|__|%

C.24 In this position, do you think you were exposed to nanomaterials?

- ☐ Yes ➔ Please specify which nanomaterial(s): ……
- ☐ No
- ☐ I do not know

C.25 Period 5 (yyyy): from |__|__|__|__| to |__|__|__|__|

C.26 What was your level of qualification?

- ☐ Unskilled employee
- ☐ Specialized or highly qualified worker or technician
- ☐ Researcher / scientist
- ☐ Supervisor, team leader (lower level management)
- ☐ Engineer
- ☐ Other (please specify: ……)
- ☐ I do not know

C.27 What was the exact title of your profession / position?

Please indicate your profession / position as clearly as possible. *Example: Regulator of plastic processing machinery.*

……

……

……

C.28 Please list the workstation(s) you worked at in this profession / position:

33) ☐ Office work
34) ☐ Traveling abroad
35) *Example: Moulding station*……
36) ……
37) ……
38) ……
39) ……
40) ……

C.29 Did you work: ☐ Full time (100%)
☐ Part time (< 100%) ➔ Please indicate the percentage: |__|__|%

C.30 In this position, do you think you were exposed to nanomaterials?

- ☐ Yes ➔ Please specify which nanomaterial(s): ……
- ☐ No
- ☐ I do not know

D. YOUR PROFESSIONAL HISTORY (OTHER COMPANIES)

The following questions will help us retrace your career, in other words, all professional activities (paid or unpaid) you have carried out for more than six consecutive months before becoming an employee at your current company, whether or not they involved contact with nanomaterials.

Start with the position you had just before starting in your current company, and go backwards in time.

This questionnaire plans for a maximum of five periods of work; if necessary, you can specify others using the same example on the table made for this purpose on page 21.

D.1 PERIOD OF PROFESSIONAL ACTIVITY #1

From |__|__|__|__| to |__|__|__|__| *(yyyy)*

D.2 Please name your employer:

……

D.3 Please indicate the city and country where your workplace was located:

……

D.4 Please indicate the sector code of the employer:

|__|__|__| *(one letter, 2-digit sector code according to **Information folder, page 41**)*

D.5 What was the exact title of the profession / position you held?

Please indicate your profession / position as clearly as possible. *Example: Regulator of plastic processing machinery.*

……

……

……

D.6 Did you work:

☐ Full time (100%)

☐ Part time (< 100%) ➔ Please indicate the percentage: |__|__|%

D.7 Were you:

☐ Self-employed

☐ Employee *(including research activities, e.g. post-doctoral fellow, PhD student)*

D.8 In this position, do you think you were exposed to nanomaterials?

☐ Yes ➔ Please specify which nanomaterial(s): ……

☐ No

☐ I do not know

D.9 PERIOD OF PROFESSIONAL ACTIVITY #2
From |__|__|__|__| to |__|__|__|__| *(yyyy)*

D.10 Please name your employer:
……

D.11 Please indicate the city and country where your workplace was located:
……

D.12 Please indicate the sector code of the employer:
|__|__|__| *(one letter, 2-digit sector code according to **Information folder, page 41**)*

D.13 What was the exact title of the profession / position you held?
Please indicate your profession / position as clearly as possible. *Example: Regulator of plastic processing machinery.*
……
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……

D.14 Did you work: ☐ Full time (100%)
☐ Part time (< 100%) ➔ Please indicate the percentage: |__|__|%

D.15 Were you: ☐ Self-employed
☐ Employee *(including research activities, e.g. post-doctoral fellow, PhD student)*

D.16 In this position, do you think you were exposed to nanomaterials?
☐ Yes ➔ Please specify which nanomaterial(s): ……
☐ No
☐ I do not know

D.17 PERIOD OF PROFESSIONAL ACTIVITY #3
From |__|__|__|__| to |__|__|__|__| *(yyyy)*

D.18 Please name your employer:
……

D.19 Please indicate the city and country where your workplace was located:
……

D.20 Please indicate the sector code of the employer:
|__|__|__| *(one letter, 2-digit sector code according to **Information folder, page 41**)*

D.21 What was the exact title of the profession / position you held?
Please indicate your profession / position as clearly as possible. *Example: Regulator of plastic processing machinery.*
……
……
……

D.22 Did you work: ☐ Full time (100%)
☐ Part time (< 100%) ➔ Please indicate the percentage: |__|__|%

D.23 Were you: ☐ Self-employed
☐ Employee *(including research activities, e.g. post-doctoral fellow, PhD student)*

D.24 In this position, do you think you were exposed to nanomaterials?
☐ Yes ➔ Please specify which nanomaterial(s): ……
☐ No
☐ I do not know

D.25 PERIOD OF PROFESSIONAL ACTIVITY #4
From |__|__|__|__| to |__|__|__|__| *(yyyy)*

D.26 Please name your employer:
……

D.27 Please indicate the city and country where your workplace was located:
……

D.28 Please indicate the sector code of the employer:
|__|__|__| *(one letter, 2-digit sector code according to **Information folder, page 41**)*

D.29 What was the exact title of the profession / position you held?
Please indicate your profession / position as clearly as possible. *Example: Regulator of plastic processing machinery.*
……
……
……

D.30 Did you work: ☐ Full time (100%)
☐ Part time (< 100%) ➔ Please indicate the percentage: |__|__|%

D.31 Were you: ☐ Self-employed
☐ Employee *(including research activities, e.g. post-doctoral fellow, PhD student)*

D.32 In this position, do you think you were exposed to nanomaterials?
☐ Yes ➔ Please specify which nanomaterial(s): ……
☐ No
☐ I do not know

D.33 PERIOD OF PROFESSIONAL ACTIVITY #5
From |__|__|__|__| to |__|__|__|__| *(yyyy)*

D.34 Please name your employer:
……

D.35 Please indicate the city and country where your workplace was located:
……

D.36 Please indicate the sector code of the employer:
|__|__|__| *(one letter, 2-digit sector code according to **Information folder, page 41**)*

D.37 What was the exact title of the profession / position you held?
Please indicate your profession / position as clearly as possible. *Example: Regulator of plastic processing machinery.*
……
……
……

D.38 Did you work: ☐ Full time (100%)
☐ Part time (< 100%) ➔ Please indicate the percentage: |__|__|%

D.39 Were you: ☐ Self-employed
☐ Employee *(including research activities, e.g. post-doctoral fellow, PhD student)*

D.40 In this position, do you think you were exposed to nanomaterials?
☐ Yes ➔ Please specify which nanomaterial(s): ……
☐ No
☐ I do not know

D.41 **If you had more than five different periods of activity**, indicate here the following periods specifying each time your employer, localisation, profession, sector of company activity and other elements specified in the previous tables.

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E. YOUR HABITS AND LIFESTYLE

Consumption of tobacco and nicotine

E.1 Which describes you?
*(Please consider **cigarettes, cigars, cigarillos, and pipes**, but not e-cigarette)*

- ☐ Ex-smoker (totally stopped smoking for at least 1 year)
- ☐ Smoker (at least one cigarette per day)
- ☐ Occasional smoker (< 1 cigarette per day) ➔ *Go directly to question E.6*
- ☐ Non-smoker ➔ *Go directly to question E.6*

E.2 If you are a smoker or ex-smoker, how old were you when you first started smoking regularly? **|__|__|** years old

E.3 If you are a smoker or ex-smoker, how old were you when you (last) stopped smoking? **|__|__|** years old

E.4 How much do you smoke per day:
(For ex-smokers: How much did you smoke per day on average during the 12 months before stopping?)

|__|__| cigarettes **|__|__|** cigars
|__|__| pipes **|__|__|** cigarillos

E.5 If you are a smoker or ex-smoker, how long have you been a smoker?
(In case you stopped and restarted smoking, please indicate the total (combined) smoking period duration)

|__|__| years

E.6 In the last 12 months, have you been exposed to tobacco smoke in your personal environment?

- ☐ No
- ☐ Yes, quite regularly (< 50 % of the time)
- ☐ Yes, frequently (> 50 % of the time)

E.7 In the last 12 months, have you regularly smoked e-cigarette? *(several answers possible)*

- ☐ No ➔ *Go directly to question E.10*
- ☐ Yes, single-use e-cigarettes
- ☐ Yes, rechargeable e-cigarette

E.8 If you have smoked rechargeable e-cigarette in the last 12 months, please indicate:

- How many milliliters per day do you smoke (on average)? **|__|__|** mL
- What is your usual nicotine dosage? **|__|__|** mg / mL

E.9 If you have smoked single-use e-cigarette in the last 12 months, please indicate:

- How many e-cigarette per day do you smoke (on average)? **|__|__|** e-cigarettes

Consumption of cannabis

E.10 In the last 12 months, have you consumed cannabis, hashish, marijuana, grass, joints, or weed?

- ☐ I do not wish to answer ➔ *Go directly to question E.12*
- ☐ No ➔ *Go directly to question E.12*
- ☐ Yes ➔ *Please indicate how many times you did consume it in the last 12 months:* **|**__**|**__**|**__**|** *times*

E.11 In the last 30 days, have you consumed cannabis, hashish, marijuana, grass, joints, or weed?

- ☐ I do not wish to answer
- ☐ No
- ☐ Yes ➔ *Please indicate how many times you did consume it in the last 30 days:* **|**__**|**__**|**__**|** *times*

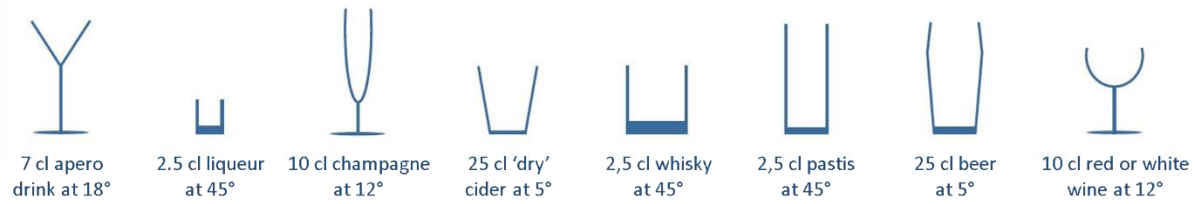
Consumption of alcoholic beverages

E.12 In general, how often do you consume alcoholic beverages

- ☐ Once or more per week ➔ *Please specify how many days per week on average:* **|**__**|** *days*
- ☐ 2 – 3 times per month
- ☐ Once a month or less
- ☐ Never ➔ *Go to question E.16*

The following three questions are about your use of standard alcoholic drinks. To answer these questions, please refer to the illustration below.

1 standard alcoholic beverage



All these standard glasses contain the same amount of alcohol (10 grams).

Note that a beer mug (50 cl) or a double dose of hard liquor is equivalent to two standard drinks.

E.13 On the days you consume alcohol, how many standard alcoholic beverage equivalents do you drink on average?

|__**|**__**|** standard alcoholic beverage equivalents

E.14 How often do you drink 6 or more standard alcoholic beverage equivalents on the same occasion?

- ☐ Never
- ☐ Less than once a month
- ☐ Every month
- ☐ Every week
- ☐ Every day or almost

E.15 What is the maximum number of standard alcoholic beverage equivalents that you have consumed in one day over the past 12 months?
|__|__| standard alcoholic beverage equivalents

Physical exercise

E.16 Which transportation do you usually use to go to work or return home after work?
***Several answers possible**. Please consider only the last 12 months.*

- ☐ Train, tramway
- ☐ Bus, shuttle
- ☐ Car
- ☐ Walking
- ☐ Underground metro
- ☐ Motorcycle, scooter
- ☐ Bicycle
- ☐ Other (specify: ……..)

E.17 What is the usual duration (each way) for you to go to work or come back home after work?
Please consider only the last 12 months.

- ☐ Less than 15 minutes
- ☐ Between 15 and 30 minutes
- ☐ Between 30 minutes and 1 hour
- ☐ More than 1 hour

E.18 Beside your trip home – workplace, do you regularly travel by foot or bicycle, do DIY, gardening or household work, sport or other physical activity?
Please consider only the last 12 months.

- ☐ No ➔ *Go directly to question E.19*
- ☐ Yes, less than 2 hours per week
- ☐ Yes, 2 hours or more per week

If YES, please indicate:

- How many times per week on average: **|__|__|** times
- Since when? ☐ Less than 1 year
  ☐ Several years ➔ *Specify how many:* **|__|__|** *years*

E.19 During a typical working day, how much time do you spend sitting down?
Please do not consider sleeping time at night.

|__|__| h **|__|__|** min.

Sleep habits

E.20 During a typical working day (Sun – Thu), how much time do you sleep at night?
Please do not consider time spent in your bed without sleeping.

|__|__| hours per night on average

E.21 During a typical week-end night (Fri – Sat), how much time do you sleep?
Please do not consider time spent in your bed without sleeping.

|__|__| hours per night on average

E.22 How frequently do you take a nap?

- ☐ Never
- ☐ Less than once a week on average
- ☐ Between 1 and 4 times a week on average
- ☐ Between 5 and 6 times a week on average
- ☐ Every day

E.23 How much time do your naps usually last? **|__|__|__|** minutes on average

Please indicate "0" if you never take a nap.

Food and non-alcoholic beverage consumption

E.24 How often do you consume the following food items and beverages?

	Less than once a month	*1 -3 times per month*	*1 – 6 times per week*	*Every day*
- Vegetables, except starchy product *(Carrots, green vegetables, tomatoes,…)*	☐	☐	☐	☐
- Nuts and seeds *(Nuts, almonds, sunflower seeds,…)*	☐	☐	☐	☐
- Fresh fruits *(Strawberries, apples, mangos,…)*	☐	☐	☐	☐
- Uncooked vegetal oils *(Olive, sunflower, sesame,…)*	☐	☐	☐	☐
- Black chocolate *(Black chocolate, unsweetened cocoa,…)*	☐	☐	☐	☐
- Indian spices *(Curry, curcuma,…)*	☐	☐	☐	☐
- Tea *(Black, green,…)*	☐	☐	☐	☐
- Coffee *(Black coffee, flavored coffee,…)*	☐	☐	☐	☐
- Fresh fruit juices *(Squeezed unsweetened fruit juices)*	☐	☐	☐	☐

E.25 How often do you consume the following food items and beverages?

- Sweets and desserts *(Candies, industrial biscuits, ice cream,…)*	☐	☐	☐	☐
- Savory snacks *(Crisps, salty nuts,…)*	☐	☐	☐	☐
- Fried items *(Fries, burger,…)*	☐	☐	☐	☐
- Sugar-sweetened beverages *(Coca, ice tea, sweetened fruit juices,…)*	☐	☐	☐	☐
- Artificially sweetened beverages *(Coca light, coca zero, ice tea light,…)*	☐	☐	☐	☐

F. YOUR HOME

F.1 When did you move into your current house? **|__|__| / |__|__| / |__|__|__|__|**

F.2 In a radius of 50 meters around your home, are there any:

	Yes	No	*I do not know*
- Metalworking business or industry *(e.g. car body designer,…)*	☐	☐	☐
- Garage or gas station	☐	☐	☐
- Business or industry working with solvents *(e.g. paint shop, dry cleaner's,…)*	☐	☐	☐

F.3 In a radius of 200 meters around your home, are there any:

	Yes	No	*I do not know*
- Waste incinerator	☐	☐	☐
- Landfill site	☐	☐	☐
- Waste recycling center	☐	☐	☐
- Agricultural area *(fields, orchards, greenhouses,…)*	☐	☐	☐
- Railway track	☐	☐	☐
- Heavy traffic road *(ring road, highway, national road,…)*	☐	☐	☐
- Public garden	☐	☐	☐

F.4 At home, is your heating system central (collective) or individual?

☐ No heating system ➔ *Go directly to question F.7*
☐ Central (collective)
☐ Individual
☐ I do not know

F.5 What type of heating system do you use at home?

☐ Flammable heating *(e.g. gas, charcoal, fuel)*
☐ Biomass heating *(e.g. wood)*
☐ Solar heating
☐ Other (please specify: ……)
☐ I do not know

F.6 Is your heating system currently on?

☐ Yes ☐ No ☐ I do not know

F.7 Please indicate where there is carpeting on the floor:

☐ Nowhere
☐ Only in the bedroom(s)
☐ Only in the living room
☐ Only in the bedroom(s) and living room
☐ In all rooms

F.8 In your house, are there any fireplace or stove that you use at least once per year?

☐ No ➔ *Go directly to question F.9*

☐ Yes

If YES, please indicate:

- The type: ☐ Open fireplace ☐ Enclosed fireplace ☐ Stove
- How frequently do you use it during the cold season? *(October 15th – March 15th)* |__|__| times per week
- How frequently do you use it during the hot season? *(March 16th – October 14th)* |__|__| times per week

F.9 When you are cooking, do you regularly use (i.e. more than 3 meals per week):

(Please consider your habits over the last 12 months)

	Yes	*No*	*I do not know*
- A wok or a frying pan	☐	☐	☐
- A grill or a barbecue	☐	☐	☐
- An open fryer	☐	☐	☐

F.10 Whenever you are cooking, do you regularly use a hood or a mechanical ventilation system? ☐ Yes ☐ No

F.11 How often do you ventilate your home during at least 10 minutes?

(Please consider your habits over the last 12 months)

- During the cold season *(October 15th – March 15th)*
  - ☐ Never ☐ Yes, but not every day
  - ☐ Yes, once every day ☐ Yes, several times a day
- During the hot season *(March 16th – October 14th)*
  - ☐ Never ☐ Yes, but not every day
  - ☐ Yes, once every day ☐ Yes, several times a day

F.12 To perfume or deodorize your home, do you use:

(Please consider your habits over the last 12 months)

- Candles or incense?
  - ☐ No ☐ Yes, but not every day
  - ☐ Yes, once every day ☐ Yes, several times a day
- Deodorizing sprays or ambience perfumes?
  - ☐ No ☐ Yes, but not every day
  - ☐ Yes, once every day ☐ Yes, several times a day

F.13 In the last 12 months, have you noticed any trace of abnormal humidity in your house? ☐ Yes ☐ No *(e.g. moistures, protruding wallpaper, blistered paintings, condensing, saltpetre, fungi, smells)*

G. YOUR HEALTH

General health

G.1 Please indicate:

- Your weight: |__|__|,|__| [kg]
- Your height: |__|,|__|__| [m]

G.2 How do you rate your health in general?

Very bad ☐ A ☐ B ☐ C ☐ D ☐ E *Very good*

G.3 How physically tired do you feel at the moment?

Very tired ☐ A ☐ B ☐ C ☐ D ☐ E *Not tired at all*

G.4 How mentally tired do you feel at the moment?

Very tired ☐ A ☐ B ☐ C ☐ D ☐ E *Not tired at all*

G.5 Were you vaccinated in the last 3 months?

☐ No

☐ Yes ➔ *Please specify which vaccine: ……*

G.6 Are you used to taking vitamin or mineral supplements?

☐ No ➔ *Go directly to question G.7*

☐ Yes

If YES, please indicate:

- The supplement name: ……
- The frequency: ☐ Occasionally (1 month cure or less per year) ☐ Occasionally (2-3 month therapy) ☐ Regularly: (almost) every day
- Are you currently taking any supplement? ☐ Yes ☐ No

G.7 For women:

- Are you currently pregnant? ☐ Yes ☐ No
- Did you give birth in the last 12 months? ☐ Yes ☐ No
- Are you using any hormonal contraceptive at the moment? ☐ Yes ☐ No

  If YES, please indicate the type: ……

Respiratory health and other symptoms

G.8 Please indicate whether or not the following sentences apply to you:

In the last 12 months, were you or have you had…	Yes	No	I do not know
- Chest whistling, at any moment?	☐	☐	☐
- Shortness of breath with audible (even light) chest whistling?	☐	☐	☐
- Chest whistling in the absence of cold/flu?	☐	☐	☐
- Woken up with a feeling of breathing discomfort?	☐	☐	☐
- Woken up with coughing bits?	☐	☐	☐
- Abnormal shortness of breath at rest during the day?	☐	☐	☐
- Abnormal shortness of breath after an intense physical exercise?	☐	☐	☐
- Woken up at night with a shortness of breath?	☐	☐	☐

In winter, do you usually…	Yes	No	I do not know
- Cough (dry cough) during the day?	☐	☐	☐
- Cough (dry cough) when waking up?	☐	☐	☐
- Cough (dry cough) almost every day during at least 3 months?	☐	☐	☐
- Cough and spit (chest phlegm) during the day or at night?	☐	☐	☐
- Cough and spit (chest phlegm) when waking up?	☐	☐	☐
- Cough and spit (chest phlegm) almost every day during at least 3 months?	☐	☐	☐

G.9 Have you ever had asthma? ☐ Yes ☐ No

If YES, please indicate:

- Was this ever confirmed by a physician? ☐ Yes ☐ No
- How old were you when you had your first asthma attack? |__|__| years old
- How old were you when you had your last asthma attack? |__|__| years old
- Have you had an asthma attack in the last 12 months? ☐ Yes ☐ No
- Are you currently taking any medicine to treat your asthma? ☐ Yes ☐ No

  If YES, please specify the medicine name and dosage: ……

G.10 Do you have nasal allergies? *(including hay fever)* ☐ Yes ☐ No

G.11 Have you ever had sneezing problems, runny or stuffy nose in the absence of any cold or flu? ☐ Yes ☐ No

If YES, please indicate:

- Did your eyes sting or cry when you had these nasal problems? ☐ Yes ☐ No
- Have you had these nasal problems in the last 12 months? ☐ Yes ☐ No
- Are you currently taking any medicine to treat your nasal problems? ☐ Yes ☐ No

If YES, please specify the medicine name and dosage: ……

G.12 In the last 3 months, how many times have you had:

An infectious episode lasting several days counts for 1 episode.

	Never	*Once*	*Twice*	*3-4 times*	*5-6 times*	*> 6 times*
- Fever > 38°C	☐	☐	☐	☐	☐	☐
- Headache or migraine	☐	☐	☐	☐	☐	☐
- An infection in the upper respiratory tract? *(Cold, sinusitis, otitis, amygdala infection, laryngitis)*	☐	☐	☐	☐	☐	☐
- An infection in the lower respiratory tract? *(Bronchitis, pneumonia)*	☐	☐	☐	☐	☐	☐
- A gastro-intestinal infection with diarrhea?	☐	☐	☐	☐	☐	☐
- An urinary infection? *(cystitis)*	☐	☐	☐	☐	☐	☐
- Other symptoms? *(Please specify: ……..……..)*	☐	☐	☐	☐	☐	☐

Diseases and medical history

In the next pages, you will find several **disease group charts**. For each disease, please indicate:

- Whether or not you have (had) the **disease**
- Whether you **self-diagnosed** the disease or received a diagnosis by your **physician**
- **When** has this disease been diagnosed *(yyyy)*
- Whether you followed any **treatment** in the **past**, which has ended by now; the name of this treatment and the time span you followed it
- Whether you are **currently** following any **treatment**, the name of this treatment and since when you are taking it

In each chart, you will also find additional space in the last row; please **specify any other disease** you might have (had), which belongs to the same disease group and is not yet specified in the chart.

Pulmonary diseases	Diagnosis			Past treatment			Current treatment		
	*Do you have the **disease**?*	*Has this disease been **self-diagnosed** or diagnosed by a **physician**?*	*In what **year** has this disease been diagnosed?*	*Did you follow any **treatment** for this disease in the **past**?*	*Please specify the treatment (**name**)*	*Please specify the **time***	*Are you **currently** following any **treatment** for this disease?*	*Please specify the treatment (**name**)*	*Please specify the **time***
G.13 Chronic bronchitis	☐ Yes ☐ No ☐ I do not know	☐ Self-diagnosis ☐ Physician ☐ I do not know	|__|__|__|__|	☐ Yes ☐ No ☐ I do not know		From |__|__|__|__| Until |__|__|__|__|	☐ Yes ☐ No ☐ I do not know		Since |__|__|__|__|
G.14 Chronic Obstructive Pulmonary Disease (COPD)	☐ Yes ☐ No ☐ I do not know	☐ Self-diagnosis ☐ Physician ☐ I do not know	|__|__|__|__|	☐ Yes ☐ No ☐ I do not know		From |__|__|__|__| Until |__|__|__|__|	☐ Yes ☐ No ☐ I do not know		Since |__|__|__|__|
G.15 Pulmonary emphysema	☐ Yes ☐ No ☐ I do not know	☐ Self-diagnosis ☐ Physician ☐ I do not know	|__|__|__|__|	☐ Yes ☐ No ☐ I do not know		From |__|__|__|__| Until |__|__|__|__|	☐ Yes ☐ No ☐ I do not know		Since |__|__|__|__|
G.16 Sleep apnea	☐ Yes ☐ No ☐ I do not know	☐ Self-diagnosis ☐ Physician ☐ I do not know	|__|__|__|__|	☐ Yes ☐ No ☐ I do not know		From |__|__|__|__| Until |__|__|__|__|	☐ Yes ☐ No ☐ I do not know		Since |__|__|__|__|
G.17 Pneumonia	☐ Yes ☐ No ☐ I do not know	☐ Self-diagnosis ☐ Physician ☐ I do not know	|__|__|__|__|	☐ Yes ☐ No ☐ I do not know		From |__|__|__|__| Until |__|__|__|__|	☐ Yes ☐ No ☐ I do not know		Since |__|__|__|__|
G.18 Other: …….. …….. ……..	☐ Yes ☐ No ☐ I do not know	☐ Self-diagnosis ☐ Physician ☐ I do not know	|__|__|__|__|	☐ Yes ☐ No ☐ I do not know		From |__|__|__|__| Until |__|__|__|__|	☐ Yes ☐ No ☐ I do not know		Since |__|__|__|__|
G.19 Other: …….. …….. ……..	☐ Yes ☐ No ☐ I do not know	☐ Self-diagnosis ☐ Physician ☐ I do not know	|__|__|__|__|	☐ Yes ☐ No ☐ I do not know		From |__|__|__|__| Until |__|__|__|__|	☐ Yes ☐ No ☐ I do not know		Since |__|__|__|__|

Allergic, skin and immune diseases (1)

	Diagnosis			Past treatment			Current treatment		
	*Do you have the **disease**?*	*Has this disease been **self-diagnosed** or diagnosed by a **physician**?*	*In what **year** has this disease been diagnosed?*	*Did you follow any **treatment** for this disease in the **past**?*	*Please specify the treatment (**name**)*	*Please specify the **time***	*Are you **currently** following any **treatment** for this disease?*	*Please specify the treatment (**name**)*	*Please specify the **time***
G.20 Hay fever	☐ Yes ☐ No ☐ I do not know	☐ Self-diagnosis ☐ Physician ☐ I do not know	|__|__|__|__|	☐ Yes ☐ No ☐ I do not know		From |__|__|__|__| Until |__|__|__|__|	☐ Yes ☐ No ☐ I do not know		Since |__|__|__|__|
G.21 Other nasal allergy	☐ Yes ☐ No ☐ I do not know	☐ Self-diagnosis ☐ Physician ☐ I do not know	|__|__|__|__|	☐ Yes ☐ No ☐ I do not know		From |__|__|__|__| Until |__|__|__|__|	☐ Yes ☐ No ☐ I do not know		Since |__|__|__|__|
G.22 Allergy to insect sting *(e.g. bee, wasp)*	☐ Yes ☐ No ☐ I do not know	☐ Self-diagnosis ☐ Physician ☐ I do not know	|__|__|__|__|	☐ Yes ☐ No ☐ I do not know		From |__|__|__|__| Until |__|__|__|__|	☐ Yes ☐ No ☐ I do not know		Since |__|__|__|__|
G.23 Acarid (dust) allergy	☐ Yes ☐ No ☐ I do not know	☐ Self-diagnosis ☐ Physician ☐ I do not know	|__|__|__|__|	☐ Yes ☐ No ☐ I do not know		From |__|__|__|__| Until |__|__|__|__|	☐ Yes ☐ No ☐ I do not know		Since |__|__|__|__|
G.24 Allergy to animal hair *(e.g. dog, cat)*	☐ Yes ☐ No ☐ I do not know	☐ Self-diagnosis ☐ Physician ☐ I do not know	|__|__|__|__|	☐ Yes ☐ No ☐ I do not know		From |__|__|__|__| Until |__|__|__|__|	☐ Yes ☐ No ☐ I do not know		Since |__|__|__|__|
G.25 Contact allergy *(e.g. latex, nickel, perfumes)*	☐ Yes ☐ No ☐ I do not know	☐ Self-diagnosis ☐ Physician ☐ I do not know	|__|__|__|__|	☐ Yes ☐ No ☐ I do not know		From |__|__|__|__| Until |__|__|__|__|	☐ Yes ☐ No ☐ I do not know		Since |__|__|__|__|
G.26 Chronic sinusitis	☐ Yes ☐ No ☐ I do not know	☐ Self-diagnosis ☐ Physician ☐ I do not know	|__|__|__|__|	☐ Yes ☐ No ☐ I do not know		From |__|__|__|__| Until |__|__|__|__|	☐ Yes ☐ No ☐ I do not know		Since |__|__|__|__|
G.27 Food allergy *(specify:* …….. ……*)*	☐ Yes ☐ No ☐ I do not know	☐ Self-diagnosis ☐ Physician ☐ I do not know	|__|__|__|__|	☐ Yes ☐ No ☐ I do not know		From |__|__|__|__| Until |__|__|__|__|	☐ Yes ☐ No ☐ I do not know		Since |__|__|__|__|

Allergic, skin and immune diseases (2)

	Diagnosis			Past treatment			Current treatment		
	*Do you have the **disease**?*	*Has this disease been **self-diagnosed** or diagnosed by a **physician**?*	*In what **year** has this disease been diagnosed?*	*Did you follow any **treatment** for this disease in the **past**?*	*Please specify the treatment (**name**)*	*Please specify the **time***	*Are you **currently** following any **treatment** for this disease?*	*Please specify the treatment (**name**)*	*Please specify the **time***
G.28 Food intolerance *(specify: …….. …….....)*	☐ Yes ☐ No ☐ I do not know	☐ Self-diagnosis ☐ Physician ☐ I do not know	|__|__|__|__|	☐ Yes ☐ No ☐ I do not know		From |__|__|__|__| Until |__|__|__|__|	☐ Yes ☐ No ☐ I do not know		Since |__|__|__|__|
G.29 Atopic dermatitis or eczema	☐ Yes ☐ No ☐ I do not know	☐ Self-diagnosis ☐ Physician ☐ I do not know	|__|__|__|__|	☐ Yes ☐ No ☐ I do not know		From |__|__|__|__| Until |__|__|__|__|	☐ Yes ☐ No ☐ I do not know		Since |__|__|__|__|
G.30 Psoriasis	☐ Yes ☐ No ☐ I do not know	☐ Self-diagnosis ☐ Physician ☐ I do not know	|__|__|__|__|	☐ Yes ☐ No ☐ I do not know		From |__|__|__|__| Until |__|__|__|__|	☐ Yes ☐ No ☐ I do not know		Since |__|__|__|__|
G.31 Severe acnea	☐ Yes ☐ No ☐ I do not know	☐ Self-diagnosis ☐ Physician ☐ I do not know	|__|__|__|__|	☐ Yes ☐ No ☐ I do not know		From |__|__|__|__| Until |__|__|__|__|	☐ Yes ☐ No ☐ I do not know		Since |__|__|__|__|
G.32 Crohn disease	☐ Yes ☐ No ☐ I do not know	☐ Self-diagnosis ☐ Physician ☐ I do not know	|__|__|__|__|	☐ Yes ☐ No ☐ I do not know		From |__|__|__|__| Until |__|__|__|__|	☐ Yes ☐ No ☐ I do not know		Since |__|__|__|__|
G.33 Rheumatoid (poly)arthritis	☐ Yes ☐ No ☐ I do not know	☐ Self-diagnosis ☐ Physician ☐ I do not know	|__|__|__|__|	☐ Yes ☐ No ☐ I do not know		From |__|__|__|__| Until |__|__|__|__|	☐ Yes ☐ No ☐ I do not know		Since |__|__|__|__|
G.34 Multiple sclerosis	☐ Yes ☐ No ☐ I do not know	☐ Self-diagnosis ☐ Physician ☐ I do not know	|__|__|__|__|	☐ Yes ☐ No ☐ I do not know		From |__|__|__|__| Until |__|__|__|__|	☐ Yes ☐ No ☐ I do not know		Since |__|__|__|__|
G.35 Other: …….. …….. ……..	☐ Yes ☐ No ☐ I do not know	☐ Self-diagnosis ☐ Physician ☐ I do not know	|__|__|__|__|	☐ Yes ☐ No ☐ I do not know		From |__|__|__|__| Until |__|__|__|__|	☐ Yes ☐ No ☐ I do not know		Since |__|__|__|__|

Cardiovascular / metabolic diseases (1)

	Diagnosis			Past treatment			Current treatment		
	*Do you have the **disease**?*	*Has this disease been **self-diagnosed** or diagnosed by a **physician**?*	*In what **year** has this disease been diagnosed?*	*Did you follow any **treatment** for this disease in the **past**?*	*Please specify the treatment (**name**)*	*Please specify the **time***	*Are you **currently** following any **treatment** for this disease?*	*Please specify the treatment (**name**)*	*Please specify the **time***
G.36 Myocardial infarctus	☐ Yes ☐ No ☐ I do not know	☐ Self-diagnosis ☐ Physician ☐ I do not know	|__|__|__|__|	☐ Yes ☐ No ☐ I do not know		From |__|__|__|__| Until |__|__|__|__|	☐ Yes ☐ No ☐ I do not know		Since |__|__|__|__|
G.37 Angor (coronary disease)	☐ Yes ☐ No ☐ I do not know	☐ Self-diagnosis ☐ Physician ☐ I do not know	|__|__|__|__|	☐ Yes ☐ No ☐ I do not know		From |__|__|__|__| Until |__|__|__|__|	☐ Yes ☐ No ☐ I do not know		Since |__|__|__|__|
G.38 Heart failure	☐ Yes ☐ No ☐ I do not know	☐ Self-diagnosis ☐ Physician ☐ I do not know	|__|__|__|__|	☐ Yes ☐ No ☐ I do not know		From |__|__|__|__| Until |__|__|__|__|	☐ Yes ☐ No ☐ I do not know		Since |__|__|__|__|
G.39 Cardiac arrhythmia	☐ Yes ☐ No ☐ I do not know	☐ Self-diagnosis ☐ Physician ☐ I do not know	|__|__|__|__|	☐ Yes ☐ No ☐ I do not know		From |__|__|__|__| Until |__|__|__|__|	☐ Yes ☐ No ☐ I do not know		Since |__|__|__|__|
G.40 Lower member arteritis	☐ Yes ☐ No ☐ I do not know	☐ Self-diagnosis ☐ Physician ☐ I do not know	|__|__|__|__|	☐ Yes ☐ No ☐ I do not know		From |__|__|__|__| Until |__|__|__|__|	☐ Yes ☐ No ☐ I do not know		Since |__|__|__|__|
G.41 High blood pressure	☐ Yes ☐ No ☐ I do not know	☐ Self-diagnosis ☐ Physician ☐ I do not know	|__|__|__|__|	☐ Yes ☐ No ☐ I do not know		From |__|__|__|__| Until |__|__|__|__|	☐ Yes ☐ No ☐ I do not know		Since |__|__|__|__|
G.42 High cholesterol	☐ Yes ☐ No ☐ I do not know	☐ Self-diagnosis ☐ Physician ☐ I do not know	|__|__|__|__|	☐ Yes ☐ No ☐ I do not know		From |__|__|__|__| Until |__|__|__|__|	☐ Yes ☐ No ☐ I do not know		Since |__|__|__|__|
G.43 Dislipidemia	☐ Yes ☐ No ☐ I do not know	☐ Self-diagnosis ☐ Physician ☐ I do not know	|__|__|__|__|	☐ Yes ☐ No ☐ I do not know		From |__|__|__|__| Until |__|__|__|__|	☐ Yes ☐ No ☐ I do not know		Since |__|__|__|__|

Cardiovascular / metabolic diseases (2)	Diagnosis			Past treatment			Current treatment		
	*Do you have the **disease**?*	*Has this disease been **self-diagnosed** or diagnosed by a **physician**?*	*In what **year** has this disease been diagnosed?*	*Did you follow any **treatment** for this disease in the **past**?*	*Please specify the treatment (**name**)*	*Please specify the **time***	*Are you **currently** following any **treatment** for this disease?*	*Please specify the treatment (**name**)*	*Please specify the **time***
G.44 Type I diabetes	☐ Yes ☐ No ☐ I do not know	☐ Self-diagnosis ☐ Physician ☐ I do not know	|__|__|__|__|	☐ Yes ☐ No ☐ I do not know		From |__|__|__|__| Until |__|__|__|__|	☐ Yes ☐ No ☐ I do not know		Since |__|__|__|__|
G.45 Type II diabetes	☐ Yes ☐ No ☐ I do not know	☐ Self-diagnosis ☐ Physician ☐ I do not know	|__|__|__|__|	☐ Yes ☐ No ☐ I do not know		From |__|__|__|__| Until |__|__|__|__|	☐ Yes ☐ No ☐ I do not know		Since |__|__|__|__|
G.46 Other: …….. …….. ……..	☐ Yes ☐ No ☐ I do not know	☐ Self-diagnosis ☐ Physician ☐ I do not know	|__|__|__|__|	☐ Yes ☐ No ☐ I do not know		From |__|__|__|__| Until |__|__|__|__|	☐ Yes ☐ No ☐ I do not know		Since |__|__|__|__|
G.47 Other: …….. …….. ……..	☐ Yes ☐ No ☐ I do not know	☐ Self-diagnosis ☐ Physician ☐ I do not know	|__|__|__|__|	☐ Yes ☐ No ☐ I do not know		From |__|__|__|__| Until |__|__|__|__|	☐ Yes ☐ No ☐ I do not know		Since |__|__|__|__|

G.48 If you ever had a myocardial infarctus, please indicate:

- How many myocardial infarctus you had: |__|__|
- How old were you when you had your <u>first</u> myocardial infarctus? |__|__| years old
- How old were you when you had your <u>last</u> myocardial infarctus? |__|__| years old
- Did your father or any brother have a myocardial infarctus before being 55 years old? ☐ Yes ☐ No
- Did your mother or any sister have a myocardial infarctus before being 65 years old? ☐ Yes ☐ No

G.49 If you have diabetes, how are you currently treated?
(Please indicate only one answer)

- ☐ Only with insulin
- ☐ Only with pills
- ☐ With pills and insulin
- ☐ Only with a specific diet
- ☐ Other treatment *(specify: ……)*
- ☐ I do not take any treatment
- ☐ I do not know

G.50 If you are currently treating your diabetes with insulin, how long have you followed this treatment? |__|__| years

G.51 Do you suffer from any of the following complications due to diabetes?
(Several answers possible)

- ☐ Retinopathy, cornea lesion
- ☐ Blindness
- ☐ Proteins in urine
- ☐ Kidney insufficiency or failure
- ☐ Dialysis or kidney transplant
- ☐ Diabetic foot (healing failure)
- ☐ Amputation (toe, foot, leg)
- ☐ I do not know
- ☐ None of these complications

Other diseases	Diagnosis			Past treatment			Current treatment		
	*Do you have the **disease**?*	*Has this disease been **self-diagnosed** or diagnosed by a **physician**?*	*In what **year** has this disease been diagnosed?*	*Did you follow any **treatment** for this disease in the **past**?*	*Please specify the treatment (**name**)*	*Please specify the **time***	*Are you **currently** following any **treatment** for this disease?*	*Please specify the treatment (**name**)*	*Please specify the **time***
G.52 Muskulo-skeletal disease: …… ……	☐ Yes ☐ No ☐ I do not know	☐ Self-diagnosis ☐ Physician ☐ I do not know	|__|__|__|__|	☐ Yes ☐ No ☐ I do not know		From |__|__|__|__| Until |__|__|__|__|	☐ Yes ☐ No ☐ I do not know		Since |__|__|__|__|
G.53 Infectious disease: …… …… ……	☐ Yes ☐ No ☐ I do not know	☐ Self-diagnosis ☐ Physician ☐ I do not know	|__|__|__|__|	☐ Yes ☐ No ☐ I do not know		From |__|__|__|__| Until |__|__|__|__|	☐ Yes ☐ No ☐ I do not know		Since |__|__|__|__|
G.54 Digestive disorder: …….. …… ……	☐ Yes ☐ No ☐ I do not know	☐ Self-diagnosis ☐ Physician ☐ I do not know	|__|__|__|__|	☐ Yes ☐ No ☐ I do not know		From |__|__|__|__| Until |__|__|__|__|	☐ Yes ☐ No ☐ I do not know		Since |__|__|__|__|
G.55 Neurological disorder: ……..… …… ……	☐ Yes ☐ No ☐ I do not know	☐ Self-diagnosis ☐ Physician ☐ I do not know	|__|__|__|__|	☐ Yes ☐ No ☐ I do not know		From |__|__|__|__| Until |__|__|__|__|	☐ Yes ☐ No ☐ I do not know		Since |__|__|__|__|
G.56 Psychiatric disorder: ……..… …… ……	☐ Yes ☐ No ☐ I do not know	☐ Self-diagnosis ☐ Physician ☐ I do not know	|__|__|__|__|	☐ Yes ☐ No ☐ I do not know		From |__|__|__|__| Until |__|__|__|__|	☐ Yes ☐ No ☐ I do not know		Since |__|__|__|__|
G.57 Gynecological disease: …… …… ……	☐ Yes ☐ No ☐ I do not know	☐ Self-diagnosis ☐ Physician ☐ I do not know	|__|__|__|__|	☐ Yes ☐ No ☐ I do not know		From |__|__|__|__| Until |__|__|__|__|	☐ Yes ☐ No ☐ I do not know		Since |__|__|__|__|
G.58 Eye or ear disease: …… …… ……	☐ Yes ☐ No ☐ I do not know	☐ Self-diagnosis ☐ Physician ☐ I do not know	|__|__|__|__|	☐ Yes ☐ No ☐ I do not know		From |__|__|__|__| Until |__|__|__|__|	☐ Yes ☐ No ☐ I do not know		Since |__|__|__|__|

Other diseases	Diagnosis			Past treatment			Current treatment		
	*Do you have the **disease**?*	*Has this disease been **self-diagnosed** or diagnosed by a **physician**?*	*In what **year** has this disease been diagnosed?*	*Did you follow any **treatment** for this disease in the **past**?*	*Please specify the treatment (**name**)*	*Please specify the **time***	*Are you **currently** following any **treatment** for this disease?*	*Please specify the treatment (**name**)*	*Please specify the **time***
G.59 Cancer #1: …….. …….. ……..	☐ Yes ☐ No ☐ I do not know	☐ Self-diagnosis ☐ Physician ☐ I do not know	|__|__|__|__|	☐ Yes ☐ No ☐ I do not know		From |__|__|__|__| Until |__|__|__|__|	☐ Yes ☐ No ☐ I do not know		Since |__|__|__|__|
G.60 Cancer #2: …….. …….. ……..	☐ Yes ☐ No ☐ I do not know	☐ Self-diagnosis ☐ Physician ☐ I do not know	|__|__|__|__|	☐ Yes ☐ No ☐ I do not know		From |__|__|__|__| Until |__|__|__|__|	☐ Yes ☐ No ☐ I do not know		Since |__|__|__|__|
G.61 Other: …….. …….. ……..	☐ Yes ☐ No ☐ I do not know	☐ Self-diagnosis ☐ Physician ☐ I do not know	|__|__|__|__|	☐ Yes ☐ No ☐ I do not know		From |__|__|__|__| Until |__|__|__|__|	☐ Yes ☐ No ☐ I do not know		Since |__|__|__|__|
G.62 Other: …….. …….. ……..	☐ Yes ☐ No ☐ I do not know	☐ Self-diagnosis ☐ Physician ☐ I do not know	|__|__|__|__|	☐ Yes ☐ No ☐ I do not know		From |__|__|__|__| Until |__|__|__|__|	☐ Yes ☐ No ☐ I do not know		Since |__|__|__|__|
G.63 Other: …….. …….. ……..	☐ Yes ☐ No ☐ I do not know	☐ Self-diagnosis ☐ Physician ☐ I do not know	|__|__|__|__|	☐ Yes ☐ No ☐ I do not know		From |__|__|__|__| Until |__|__|__|__|	☐ Yes ☐ No ☐ I do not know		Since |__|__|__|__|
G.64 Other: …….. …….. ……..	☐ Yes ☐ No ☐ I do not know	☐ Self-diagnosis ☐ Physician ☐ I do not know	|__|__|__|__|	☐ Yes ☐ No ☐ I do not know		From |__|__|__|__| Until |__|__|__|__|	☐ Yes ☐ No ☐ I do not know		Since |__|__|__|__|
G.65 Other: …….. …….. ……..	☐ Yes ☐ No ☐ I do not know	☐ Self-diagnosis ☐ Physician ☐ I do not know	|__|__|__|__|	☐ Yes ☐ No ☐ I do not know		From |__|__|__|__| Until |__|__|__|__|	☐ Yes ☐ No ☐ I do not know		Since |__|__|__|__|

G.66 In addition to treatments specified in the previous charts, please indicate **any additional medicines or treatment** that you take regularly (at least once a week during at least one month), and specify the frequency for each one of them

*Please **consider <u>all</u> medicines**, including painkillers, sedatives, sleeping pills, and natural treatments such as nasal spray, syrup, eye drops, injections, ointments, suppositories,…*

Name of the medicine / treatment	*Several times per day*	*Once per day*	*Several times per week*	*Once per week*
1) ……	☐	☐	☐	☐
2) ……	☐	☐	☐	☐
3) ……	☐	☐	☐	☐
4) ……	☐	☐	☐	☐
5) ……	☐	☐	☐	☐
6) ……	☐	☐	☐	☐
7) ……	☐	☐	☐	☐
8) ……	☐	☐	☐	☐
9) ……	☐	☐	☐	☐
10) ……	☐	☐	☐	☐

This questionnaire is now over.

Please indicate the time you finished filling it in: |__|__| h |__|__| min.

THANK YOU !

INFORMATION FOLDER

NACE classification for economic sectors

The following chart indicates codes (one letter; two digits) for all **economic sectors** in the European countries.

Please find the adequate sector code defining the company you worked for, and report it in questions D1-41, on pp.16-21.

Source: Eurostat (https://ec.europa.eu/eurostat/); RAMON – Reference And Management Of Nomenclatures; Metadata; Statistical Classification of Economic Activities in the European Community, Rev. 2 (2008).

Section A: Agriculture, forestry and fishing		CODE
01	Crop and animal production, hunting and related service activities	**A01**
02	Forestry and logging and related service activities	**A02**
03	Fishing and aquaculture	**A03**
Section B: Mining and quarrying		
05	Mining of coal and lignite	**B05**
06	Extraction of crude petroleum and natural gas	**B06**
07	Mining of metal ores	**B07**
08	Other mining and quarrying	**B08**
09	Mining support service activities	**B09**
Section C: Manufacturing		
10	Manufacture of food products	**C10**
11	Manufacture of beverages	**C11**
12	Manufacture of tobacco products	**C12**
13	Manufacture of textiles	**C13**
14	Manufacture of wearing apparel	**C14**
15	Manufacture of leather and related products	**C15**
16	Manufacture of wood and of products of wood and cork, except furniture; manufacture of articles of straw and plaiting material	**C16**
17	Manufacture of paper and paper products	**C17**
18	Printing and reproduction of recorded media	**C18**
19	Manufacture of coke and refined petroleum products	**C19**
20	Manufacture of chemicals and chemical products	**C20**
21	Manufacture of basic pharmaceurical products and pharmaceutical preparations	**C21**
22	Manufacture of rubber and plastic products	**C22**
23	Manufacture of other non-metallic mineral products	**C23**
24	Manufacture of basic metals	**C24**
25	Manufacture of fabricated metal products, except machinery and equipment	**C25**
26	Manufacture of computer, electrical and optical products	**C26**
27	Manufacture of electrical equipment	**C27**
28	Manufacture of machinery and equipment	**C28**
29	Manufacture of motor vehicles, trailers and semi-trailers	**C29**
30	Manufacture of other transport equipment	**C30**
31	Manufacture of furniture	**C31**
32	Other manufacturing	**C32**
33	Repair and installation of machinery and equipment	**C33**
Section D: Electricity, gas, steam and air conditioning supply		
35	Electricity, gas, steam and air conditioning supply	**D35**

Section E: Water supply; sewerage, waste management and remediation activities		
36	Water collection, treatment and supply	**E36**
37	Sewerage	**E37**
38	Waste collection, treatment and disposal activities; materials recovery	**E38**
39	Remediation activities and other waste management services	**E39**
Section F: Construction		
41	Construction of buildings	**F41**
42	Civil engineering	**F42**
43	Specialised construction activities	**F43**
Section G: Wholesale and retail trade; repair of motor vehicles and motorcycles		
45	Wholesale and retail trade and repair of motor vehicles and motorcycles	**G45**
46	Wholesale trade, except of motor vehicles and motorcycles	**G46**
47	Retail trade, except of motor vehicles and motorcycles	**G47**
Section H: Transportation and storage		
49	Land transport and transport via pipelines	**H40**
50	Water transport	**H50**
51	Air transport	**H51**
52	Warehousing and support activities for transportation	**H52**
53	Postal and courier activities	**H53**
Section I: Accommodation and food service activities		
55	Accommodation	**I55**
56	Food and beverage service activities	**I56**
Section J: Information and communication		
58	Publishing activities	**J58**
59	Motion picture, video and television programme production, sound recording and music publishing activities	**J59**
60	Programming and broadcasting activities	**J60**
61	Telecommunications	**J61**
62	Computer programming, consultancy and related activities	**J62**
63	Information service activities	**J63**
Section K: Financial and insurance activities		
64	Financial service activities, except insurance and pension funding	**K64**
65	Insurance, reinsurance and pension funding, except compulsory social security	**K65**
66	Activities auxiliary to financial services and insurance activities	**K66**

Section L: Real estate activities		
68	Real estate activities	**L68**
Section M: Professional, scientific and technical activities		
69	Legal and accounting activities	**M69**
70	Activities of head offices; management consultancy activities	**M70**
71	Architectural and engineering activities; technical testing and analysis	**M71**
72	Scientific research and development	**M72**
73	Advertising and market research	**M73**
74	Other professional, scientific and technical activities	**M74**
75	Veterinary activities	**M75**
Section N: Administrative and support service activities		
77	Rental and leasing activities	**N77**
78	Employment activities	**N78**
79	Travel agency, tour operator and other reservation service and related activities	**N79**
80	Security and investigation activities	**N80**
81	Services to buildings and landscape activities	**N81**
82	Office administrative, office support and other business support activities	**N82**
Section O: Public administration and defence; compulsory social security		
84	Public administration and defence; compulsory social security	**O84**
Section P: Education		
85	Education	**P85**
Section Q: Human health and social work activities		
86	Human health activities	**Q86**
87	Residential care activities	**Q87**
88	Socia work activities without accommodation	**Q88**
Section R: Arts, entertainment and recreation		
90	Creative, arts and entertainment activities	**R90**
91	Libraries, archives, museums and other cultural activities	**R91**
92	Gambling and betting activities	**R92**
93	Sports activities and amusement and recreation activities	**R93**
Section S: Other service activities		
94	Activities of membership organisations	**S94**

95	Repair of computers and personal and household goods	**S95**
96	Other personal service activities	**S96**
Section T: Activities of households as employers; undifferentiated goods- and services-producing activities of households for own use		
97	Activities of households as employers of domestic personnel	**T97**
98	Undifferentiated goods- and services-producing activities of private households for own use	**T98**
Section U: Activities of extra-territorial organisations and bodies		
99	Activities of extra-territorial organisations and bodies	**U99**