NAME: DATE:

QUESTIONNAIRE: POSSIBLE EXPOSURE TO TOXIC CHEMICALS

Please answer the following questions pertaining to possible effects on your body from indoor and outdoor pollution

YOUR HOME:

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-Where do you live?
        in a town?
                       in a village?
                                        in the country?
                          on the outskirts?
        in the centre?
        south from the centre?
                                  north?
       east'?
                 or west?
- Is there <u>much traffic</u> past your home?
       cars?
                 trucks?
                            buses?
- Do you live on <u>a corner</u> or near a corner?
- Is there <u>in the neighbourhood of your home</u>:
       a bus stop?
       traffic lights?
       a main road?
                        .how far ?
      public works?
      a railway?
      trams?
      an airfield?
      a school?
      a petrol station?
      a garage?
                     coach works?
                                       with a spray booth?
      an electricity substation?
      high-tension cables?
                                how far?
      a stream or a river?
          does it smell bad?
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an industrial estate?
            a factory (ies)?
                                          which one(s)?
                                         how far ?
                                         do they pollute?
    - Are you troubled by someone in your neighbourhood who burns
           his waste material, wood, plastics, garden rubbish ...?
           What about a barbecue?
    - Is the road past your house made with paving-stones
           or with asphalt?
    - Are there near your home pastures?
                              fields?
                               greenhouses?
                              orchards?
                               cultivation of flowers?
                                            vegetables?
        do they spray with pesticides?
                                           often?
                                                  isolated?
 Do you live:
                                   in a house?
                                                  in a row?
                                  in an apartment?
                                                      which floor?
    is your home old or new?
    how long have you lived there? and where before that?
Do you have much wood work in your home?
    where?
               walls?
                        floors?
                                  ceilings?
    Has the wood been treated with preservatives?
    Sadolin?
                Linitop?
                            Xylamon (Xyladecor)?
if yes, when?
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- Has painting been carried out in your home-during the last few years? with oil paint? water soluble paint? Latex, Stellatex? acrylic paint? did you suffer from it? - Do you often use; white spirit? thinners? turpentine? Sadolin (the old or the new one)? - The floor coverings in your home, what are they and where? parquet or wood strip? vinyl? Novilon? linoleum? Atone? fitted carpet? Synthetic or wool? - Are the walls a covered with vinyl wallpaper? Where ? - Do you have ply or solid wood furniture? - What do you have on your bedroom floor ? on the walls? Are your blankets or quilts synthetic? Mattress? pillows; foam or down? do you have plastic lampshades? Are the curtains and hangings in the bedroom and dining room synthetic? cotton? velvet? - Is your bedroom immediately under the roof? or is there an attic above? is the roof: flat or pitched? Insulated? With what? Has the woodwork of the roof been treated with preservatives? Which ones?

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- Is your garage included in house?
                                      or separated?
       la the garage sufficiently separated from the dining room ?
- I tow is your home heated?
       * Central heating?
                                 is it oil-fired?
                                                       gas?
             is the boiler in a separate place?
       * electric heating?
       * gas radiators?
                                   how many?
       *coal stoves?
       * wood stoves?
       * open fireplace ?
- Do you cook by gas?
                         Or electricity?
       Can you ventilate your kitchen well?
- For drinking water, do you use bottles?
       plastic?
                  Or glass?
       what do you know about the tap-water?
                        Does it contain chlorine?
 is it rich in calcium?
       Do you use it for tea, coffee, soup, boiling potatoes...?
- Do you smoke?
                    How many?
       Your husband, wife?
       Your children?
       Others around you?
- What do you think about your food?
       is it well balanced?
       do you eat little or much?
       do you drink little water or much?
      at irregular hours?
      many milk products?
      do you cook your food at high temperature?
      do you often eat in restaurants?
      do you drink much beer, wine, alcoholic drinks?
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Are you sensitive to:		
Perfume?	Ammonia?	
Cleaning products ?	Bleach?	
Bee wax?	Others?	
Do you suffer or have you suffered	Skin allergies?	
	Food allergies?	
Do you have <u>animals</u> at home?		
cat (3) ? Dog ? Bird	? Others ?	
Do you have a second residence?	Where?	
a chalet ? Wood construc	etion?	
Caravan? A country hous	se?	
How do you feel by the sea? in the mountains? How many miles do you drive a year?		
Do you ride a bicycle?		
Do you use <u>cosmetics</u> ? Which one(a)?		
Do you use <u>hair lacquer</u> or dye? Which or Do you know the composition?	one(s)?	
Do you wear - many synthetic <u>garments</u> ? - Rubber <u>shoes</u> or shoes w - a digital <u>watch</u> ?	vith synthetic soles?	
Do you often have your clothes <u>dry-cleaned</u>	?	

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Do you have any dental fillings?
                                               how many ?
    Amalgams?
Have you orthopaedic or other prostheses?
    Which one(s)?
YOUR PROFESSION:
    Which is or was your profession?
 - Where do or did you work?
        at home?
        in industry?
        in a factory?
        in a company?
        somewhere else?
- Since how long do (did) you work there?
        and before?
    Do (did) you work in a town or in the country?
- Do (did) you do manual work?
                         Administrative work ?
                                                                Others ?
- Is there near your work:
        Heavy traffic?
        a garage?
                     Coach works?
                                      With a spray booth?
       a main road ?
       a petrol station?
       a factory (ies)?
       an industrial estate?
       a river or a stream?
- Do (did) you work with a <u>computer</u>?
                                         a photocopy machine?
     or did other people working near you?
     - Do (did) you work in a <u>large</u> or a <u>small</u> room?
     Is (was) there a sufficient ventilation:
     natura1?
    air-conditioning?
         do(did) you suffer from it?
   - The floor coverings in your office/work place, what are they and where ?
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parquet or wood strip?

Vinyl?	Novilon?	
linoleum?	atone?	
Fitted carpet ?	Synthetic or wool ?	
- Are the <u>walls</u> a covered with viii Where ?		
- Do you have ply or solid wood	furniture ?	
- Do (did) you work with dangerou	s products?	
Do you use thinners? white spirit? turpentine? others?		
- Do (did) you smoke at work or did people smoke near you?		
- Do you think you suffer from toxics in your environment ?		
	At home?	
	At work?	
- Would you think pollution is an important threat to your health?		
- Are you well aware of problems o	f pollution?	
Remarks:		