

# NOSQ-2002/LONG translation master – Nordic Occupational Skin Questionnaire

## Instructions and examples to the respondent

**Framed questions** are to be answered by ALL RESPONDENTS. If you answer "no" to a framed question, proceed directly to the next framed question.

Do not omit any framed questions.

1. Tick the box of the answer that is appropriate for you, for example

no  1

yes  2

2. Tick only one box if not otherwise stated in the question, for example

**When did you first get eczema on your hands, wrists or forearms?**  
(one answer in each column if applicable, make your best estimate)

	Hand eczema	Wrist/Forearm eczema
below 6 years of age	<input type="checkbox"/> 3	<input type="checkbox"/> 3
between 6 and 14 years of age	<input type="checkbox"/> 4	<input checked="" type="checkbox"/> 4
between 15 and 18 years of age	<input checked="" type="checkbox"/> 5	<input type="checkbox"/> 5
above 18 years of age	<input type="checkbox"/> 6	<input type="checkbox"/> 6

3. If there is an additional question after the answer you select, write your answer on the given line, for example

yes  2 **When was the last time? 1997** (year)  
(make your best estimate)

4. Answer the questions in numerical order if not otherwise stated after the answer you selected. If there is an indication (move to question...) you should go directly to the indicated question without answering questions in between, for example

no  1 (move to question S1)

yes  2

5. Do not pay attention to the numbers after the boxes. "No" is always  1, and "yes" is  2. The other boxes are numbered from 3 on.

*Instructions to the respondents are written in Italics.*

**Respondent ID:** \_\_\_\_\_

**G1. Workplace:** \_\_\_\_\_

**Department:** \_\_\_\_\_

**G2. Are you**

a man  1

a woman  2

**G3. Year of birth: 19**\_\_\_\_

**G4. Are you at the moment ...?**

*(only one answer)*

employed  3

self-employed/private contractor  4

full-time homemaker  5 *(move to question A1, page 4)*

unemployed  6

student  7 *(move to question G8, page 3)*

apprentice/trainee  8

on maternity/paternity leave  9

retired/pensioner  10 *(move to question A1, page 4)*

other, **what?** \_\_\_\_\_  11

**G5. What is your present occupation?** \_\_\_\_\_

**Since when?** \_\_\_\_\_ (year)

**G6. What is your major activity at work?** \_\_\_\_\_

**Since when?** \_\_\_\_\_ (*year*)

**G7. How many hours per week do you work in your main job (on average)?** \_\_\_\_\_ (*hours/week*)

**G8. Do you perform any other paid work regularly?**

no  1

yes  2 **What kind of work?** \_\_\_\_\_

**How many hours per week (on average)?** \_\_\_\_\_ (*hours/week*)

**A1. Have you ever had an itchy rash that has been coming and going for at least 6 months, and at some time has affected skin creases?** (*by skin creases we mean folds of elbows, behind the knees, fronts of ankles, under buttocks, around the neck, ears, or eyes*)

no  1

yes  2

don't know  0

**A2. Have you ever had "hay fever" or other symptoms of nasal allergy, e.g. from pollens or animals?**

no  1

yes  2

don't know  0

**A3. Have your eyes ever shown allergic symptoms, e.g. from pollens or animals?**

no  1

yes  2

don't know  0

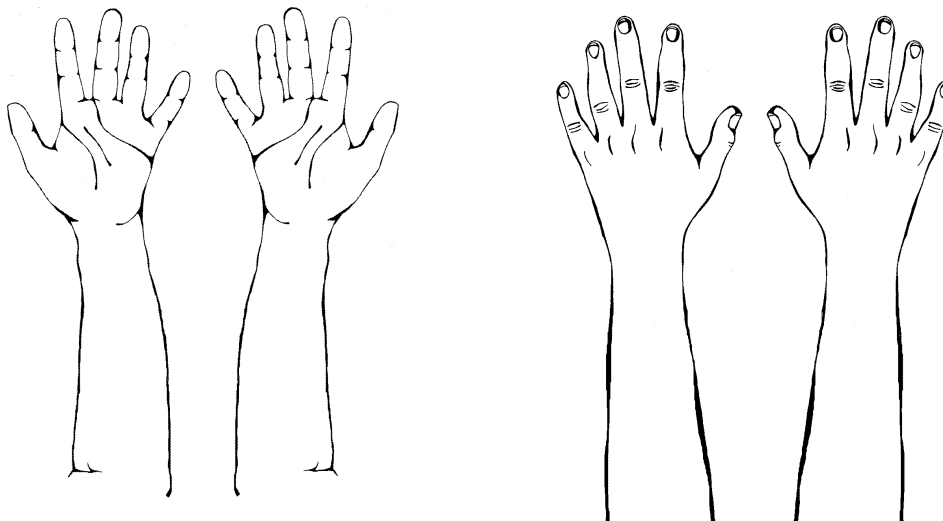
**A4. Have you ever had asthma?**

no  1

yes  2 **Has it been diagnosed by a doctor?** no  1

yes  2 **when?** \_\_\_\_\_ (year)

don't know  0

**D1. Have you ever had hand eczema?**no  1yes  2**D2. Have you ever had eczema on your wrists or forearms (excluding fronts of elbows)?**no  1 (*if you also answered "no" to question D1 move to question U1, page 12*)yes  2**D3. Shade areas on the hands or forearms where you commonly have eczema**  
(*one or more areas*)

**D4. How often have you had eczema on your hands, wrists or forearms?***(one answer in each column if applicable)*

	Hand eczema	Wrist/Forearm eczema
only once and for <u>less</u> than two weeks	<input type="checkbox"/> 3	<input type="checkbox"/> 3
only once but for two weeks or <u>more</u>	<input type="checkbox"/> 4	<input type="checkbox"/> 4
more than once	<input type="checkbox"/> 5	<input type="checkbox"/> 5
(nearly) all the time	<input type="checkbox"/> 6	<input type="checkbox"/> 6

**D5. When did you last have eczema on your hands, wrists or forearms?***(one answer in each column if applicable)*

	Hand eczema	Wrist/Forearm eczema
I have it just now	<input type="checkbox"/> 3	<input type="checkbox"/> 3
not just now but within the past 3 months	<input type="checkbox"/> 4	<input type="checkbox"/> 4
between 3-12 months ago	<input type="checkbox"/> 5	<input type="checkbox"/> 5
more than 12 months ago	<input type="checkbox"/> 6	<input type="checkbox"/> 6

**In which year was the last time?***(make your best estimate)*

\_\_\_\_\_ (year)

\_\_\_\_\_ (year)

**D6. When did you first get eczema on your hands, wrists or forearms?***(one answer in each column if applicable, make your best estimate)*

	Hand eczema	Wrist/Forearm eczema
below 6 years of age	<input type="checkbox"/> 3	<input type="checkbox"/> 3
between 6 and 14 years of age	<input type="checkbox"/> 4	<input type="checkbox"/> 4
between 15 and 18 years of age	<input type="checkbox"/> 5	<input type="checkbox"/> 5
above 18 years of age	<input type="checkbox"/> 6	<input type="checkbox"/> 6

**In which year did it start?***(make your best estimate)*

\_\_\_\_\_ (year)

\_\_\_\_\_ (year)

***If the hand/forearm eczema started before 18 years of age move to question D10, page 7***

	Hand eczema	Wrist/Forearm eczema
<b>D7. What do you think was the <u>cause</u> of the eczema on your hands, wrists or forearms when it started?</b> <span style="float: right;"><i>(cause)</i></span>	_____	_____
	_____	_____
don't know the cause	<input type="checkbox"/> 1	<input type="checkbox"/> 1

<b>D8. What was your <u>occupation</u> when the eczema started?</b> <span style="float: right;"><i>(occupation)</i></span>	_____	_____
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<b>D9. What were your <u>major activities at work</u> when the eczema started?</b> <span style="float: right;"><i>(activity)</i></span>	_____	_____
	_____	_____

**D10. Have you visited a doctor as an adult for your hand or wrist/forearm eczema?**

	Hand eczema	Wrist/Forearm eczema
no	<input type="checkbox"/> 1	<input type="checkbox"/> 1
yes	<input type="checkbox"/> 2	<input type="checkbox"/> 2
<b>When was the last time?</b> <i>(make your best estimate)</i>	_____ <i>(year)</i>	_____ <i>(year)</i>

**D11. During which season do you have most problems with hand or wrist/forearm eczema?**  
*(one or more answers in each column if applicable)*

	Hand eczema	Wrist/Forearm eczema
no seasonal differences	<input type="checkbox"/> 1	<input type="checkbox"/> 1
winter	<input type="checkbox"/> 3	<input type="checkbox"/> 3
spring	<input type="checkbox"/> 4	<input type="checkbox"/> 4
summer	<input type="checkbox"/> 5	<input type="checkbox"/> 5
autumn	<input type="checkbox"/> 6	<input type="checkbox"/> 6

**D12. How do you grade your eczema on a scale from 0-10?**

*(put a mark on the line corresponding to the severity of the eczema)*

<b>Today</b>	0										10
	-----										
	<i>No eczema</i>										<i>Extremely bad eczema</i>
<b>At worst</b>	0										10
	-----										
	<i>No eczema</i>										<i>Extremely bad eczema</i>

**F1. Have you noticed that contact with certain materials, chemicals or anything else in your work makes your eczema worse? *(one answer in each column if applicable)***

	Hand eczema	Wrist/Forearm eczema
no	<input type="checkbox"/> 1	<input type="checkbox"/> 1
yes	<input type="checkbox"/> 2	<input type="checkbox"/> 2
<b>What?</b>	_____	_____
	_____	_____
don't know	<input type="checkbox"/> 0	<input type="checkbox"/> 0



**F2. Have you noticed that contact with certain materials, chemicals or anything else outside your work makes your eczema worse?** (one answer in each column if applicable)

	Hand eczema	Wrist/Forearm eczema
no	<input type="checkbox"/> 1	<input type="checkbox"/> 1
yes	<input type="checkbox"/> 2	<input type="checkbox"/> 2
don't know	<input type="checkbox"/> 0	<input type="checkbox"/> 0

***If you answered “no” or “don't know” in both columns move to question F4, page 10***

**F3. What do you consider as the most important things outside the workplace that worsen your eczema?** (mark no more than 5 things in each column)

	Hand eczema	Wrist/Forearm eczema
soap, liquid soap, shampoo, and other personal hygiene products	<input type="checkbox"/> 2	<input type="checkbox"/> 2
detergents and other household cleaning and laundry products	<input type="checkbox"/> 2	<input type="checkbox"/> 2
handling of food	<input type="checkbox"/> 2	<input type="checkbox"/> 2
work with wet hands	<input type="checkbox"/> 2	<input type="checkbox"/> 2
frequent hand washing	<input type="checkbox"/> 2	<input type="checkbox"/> 2
protective gloves	<input type="checkbox"/> 2	<input type="checkbox"/> 2
machine maintenance (e.g. cars), handling oils	<input type="checkbox"/> 2	<input type="checkbox"/> 2
construction work, painting, wall-papering, renovation and decoration	<input type="checkbox"/> 2	<input type="checkbox"/> 2
gardening, handling plants, soil, vegetables, berries, fruits, etc.	<input type="checkbox"/> 2	<input type="checkbox"/> 2
infections (colds, flu or fever)	<input type="checkbox"/> 2	<input type="checkbox"/> 2
mood, stress	<input type="checkbox"/> 2	<input type="checkbox"/> 2
menstrual periods or other hormonal factors	<input type="checkbox"/> 2	<input type="checkbox"/> 2
other, <b>what?</b> _____	<input type="checkbox"/> 2	<input type="checkbox"/> 2
_____	<input type="checkbox"/> 2	<input type="checkbox"/> 2
_____	<input type="checkbox"/> 2	<input type="checkbox"/> 2

**F4. Does your eczema improve when you are away from your normal work (for example weekends or longer periods)?** *(one answer in each column if applicable)*

	Hand eczema	Wrist/Forearm eczema
no	<input type="checkbox"/> 1	<input type="checkbox"/> 1
yes, sometimes	<input type="checkbox"/> 2	<input type="checkbox"/> 2
yes, usually	<input type="checkbox"/> 3	<input type="checkbox"/> 3
don't know	<input type="checkbox"/> 0	<input type="checkbox"/> 0

**C1. Has eczema on your hands, wrists or forearms affected your daily activities in your occupation in any way? Which of the following statements are true?** *(mark any that are applicable)*

not at all  1

**Because of my eczema ...**

... I have to use protective gloves  2

... my work tasks have been changed  2

... I have changed jobs  2

... I have had difficulties in getting a job  2

... my work mates or employer(s) have a negative attitude towards me  2

... my choice of job or occupation has been affected  2

... my income has decreased  2

... I have been sick-listed or otherwise off work  2

**For how long during the past 12 months have you been sick-listed or otherwise off work due to eczema? \_\_\_\_\_ (weeks)**

... I have lost a job  2

... I have retired  2

other consequences, **what?** \_\_\_\_\_  2

**C2. How has your eczema affected your life during the past 12 months?** *(one answer in each line)*

	No effect	Slight effect	Moderate effect	Large effect	Not relevant
occupational work	<input type="checkbox"/> 1	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 0
housework, daily activities	<input type="checkbox"/> 1	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 0
sport and similar activities	<input type="checkbox"/> 1	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 0
other hobbies or activities	<input type="checkbox"/> 1	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 0
sleep	<input type="checkbox"/> 1	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 0
getting about, travel	<input type="checkbox"/> 1	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 0
social activities	<input type="checkbox"/> 1	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 0
close personal relations	<input type="checkbox"/> 1	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 0
sex life	<input type="checkbox"/> 1	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 0
mood	<input type="checkbox"/> 1	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 0

**C3. Has your eczema had a negative influence on your financial situation (medical and other linked expenses, lost workdays, work capacity and/or change of job)?** *(only one answer)*

- no negative financial effects (no expenses or I have full compensation)  0
- there are effects or expenses but they have not changed my financial situation (insignificant effects)  2
- some financial loss  3
- substantial financial loss  4

**U1. Have you ever had itchy wheals appearing and disappearing rapidly (within hours) on your hands, wrists or forearms (urticaria or nettle rash)?**

no  1 (move to question S1, page 14)

yes  2

**U2. Have these itchy wheals (urticaria) on your hands, wrists or forearms been caused by skin contact with fruits, vegetables, rubber gloves, animals, etc.?**

(wheals appearing in minutes after contact)

no  1 (move to question S1, page 14)

yes  2 after skin contact with **what?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

don't know  0 (move to question S1, page 14)

**U3. How often have you had these itchy wheals (urticaria) on your hands, wrists or forearms?**  
(only one answer)

once  3

2-5 times  4

more than 5 times  5

**U4. When did you last have these itchy wheals (urticaria) on your hands, wrists or forearms?**  
(only one answer)

during the past 7 days  3

7 days to 3 months ago  4

3-12 months ago  5

over a year ago  6

**In which year?** \_\_\_\_\_ (year)  
(make your best estimate)

**U5. When did you first get these itchy wheals (urticaria) on your hands, wrists or forearms?**

*(only one answer)*

- below 6 years of age  3
- between 6 and 14 years of age  4
- between 15 and 18 years of age  5
- above 18 years of age  6

**In which year did it start?** \_\_\_\_\_ (year)  
*(make your best estimate)*

*If you started having these itchy wheals (urticaria) before 18 years of age move to question U8*

**U6. What was your occupation when you started having the itchy wheals (urticaria)?**

*occupation* \_\_\_\_\_

**U7. What was your major activity at work when you started having the itchy wheals (urticaria)?**

*major activity* \_\_\_\_\_  
 \_\_\_\_\_

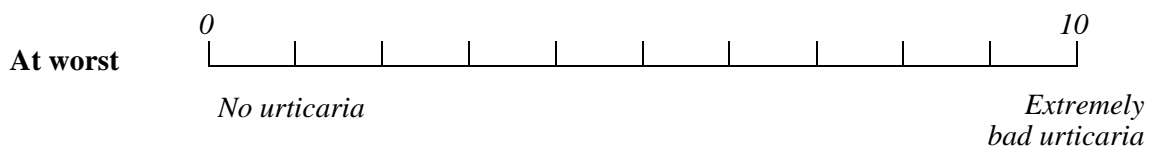
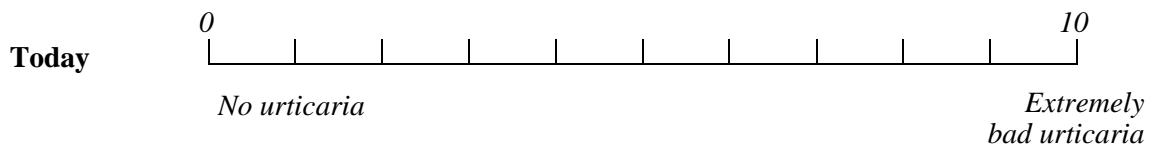
**U8. Have you visited a doctor as an adult because of the itchy wheals (urticaria)?**

no  1

yes  2 **When was the last time?** \_\_\_\_\_ (year)  
*(make your best estimate)*

**U9. How do you grade the itchy wheals (urticaria) on a scale from 0-10?**

*(put a mark on the line corresponding to the severity of the urticaria)*



**S1. Have you had any of the following symptoms on your hands or wrist/forearms during the past 12 months?** (mark in each column any that are applicable)

	Hands	Forearms
no symptoms during the past 12 months	<input type="checkbox"/> 1	<input type="checkbox"/> 1
redness	<input type="checkbox"/> 2	<input type="checkbox"/> 2
dry skin with scaling/flaking	<input type="checkbox"/> 2	<input type="checkbox"/> 2
fissures or cracks,	<input type="checkbox"/> 2	<input type="checkbox"/> 2
weeping or crusts	<input type="checkbox"/> 2	<input type="checkbox"/> 2
tiny water blisters (vesicles)	<input type="checkbox"/> 2	<input type="checkbox"/> 2
papules	<input type="checkbox"/> 2	<input type="checkbox"/> 2
rapidly appearing itchy wheals/welts (urticaria)	<input type="checkbox"/> 2	<input type="checkbox"/> 2
itching	<input type="checkbox"/> 2	<input type="checkbox"/> 2
burning, prickling, or stinging	<input type="checkbox"/> 2	<input type="checkbox"/> 2
tenderness	<input type="checkbox"/> 2	<input type="checkbox"/> 2
aching or pain	<input type="checkbox"/> 2	<input type="checkbox"/> 2
something else, <b>what?</b> _____	<input type="checkbox"/> 2	<input type="checkbox"/> 2

**S2. Do you get a rash from metal buttons, metal fasteners, metal costume jewelry (for example earrings) or other metal objects next to your skin?** (apart from under rings)

- no  1
- yes  2

**S3. Do you have dry skin?**

- no  1
- yes  2

**S4. Does your skin itch when you sweat?**

- no  1
- yes  2

**T1. Has a doctor ever diagnosed you with an allergy?**

- no  1 (move to question E1, page 16)
- yes  2
- don't know  0 (move to question E1, page 16)

**T2. What allergies have you been diagnosed with?**

*Specify allergies, only one in each line. Make your best estimate of the year*

_____	<b>When?</b> _____ (year)
_____	<b>When?</b> _____ (year)
_____	<b>When?</b> _____ (year)
_____	<b>When?</b> _____ (year)
_____	<b>When?</b> _____ (year)
_____	<b>When?</b> _____ (year)
_____	<b>When?</b> _____ (year)

don't know  0

**T3. Was the allergy/were the allergies diagnosed with ...**

*(mark any that are applicable)*

**patch-tests** (tests are normally taped onto the upper back and removed after 1-2 days)  2

**skin-prick-tests** (test drops are normally placed on the forearm and pricked through with lancets or needles. The results are read after 15-30 minutes)  2

**blood tests** (e.g., RAST tests)  2

other, **what?** \_\_\_\_\_  2

don't know  0

**E1. Have you ever used protective gloves in your work?**

- no, never  1 (move to question E5, page 17)
- yes, at present  2 **How many hours per day on average?** \_\_\_\_\_ (hours)
- yes, but not at present  3

**E2. What type of gloves do you (or did you) use in your work?**

(mark any that are applicable in each column)

	At present	Only previously
natural rubber/latex	<input type="checkbox"/> 2	<input type="checkbox"/> 3
synthetic rubber (e.g. nitrile, neoprene etc.)	<input type="checkbox"/> 2	<input type="checkbox"/> 3
plastic (e.g. vinyl, PVC, polyethene)	<input type="checkbox"/> 2	<input type="checkbox"/> 3
cotton gloves underneath rubber or plastic gloves	<input type="checkbox"/> 2	<input type="checkbox"/> 3
leather	<input type="checkbox"/> 2	<input type="checkbox"/> 3
cloth	<input type="checkbox"/> 2	<input type="checkbox"/> 3
other, <b>what?</b> _____	<input type="checkbox"/> 2	<input type="checkbox"/> 3
don't know	<input type="checkbox"/> 2	<input type="checkbox"/> 3

**E3. Have you had skin symptoms as a result of wearing protective gloves?**

- no  1 (move to question E5, page 17)
- yes  2 **from what type of gloves?** (mark any that are applicable)
- |                           |                            |
|---------------------------|----------------------------|
| natural rubber/latex      | <input type="checkbox"/> 2 |
| synthetic rubber          | <input type="checkbox"/> 2 |
| plastic                   | <input type="checkbox"/> 2 |
| leather                   | <input type="checkbox"/> 2 |
| other, <b>what?</b> _____ | <input type="checkbox"/> 2 |
| any gloves                | <input type="checkbox"/> 2 |
| don't know                | <input type="checkbox"/> 2 |

**E4. Have you changed glove type or stopped using gloves because of skin symptoms?**

- no  1
- yes  2 **when?** \_\_\_\_\_ (year)



**E5. What are you doing or handling in your work at present?** *(one or more answers)*

Hours per day *(on average)*

	less than ½	½ to 2	more than 2
wet work	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
preparing food / handling food	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
plants	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
animals	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
cleaning agents	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
solvents	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
oils, cutting fluids etc.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
paints, lacquers, coatings, etc.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
glues, adhesives, etc.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
sealants, putty, plaster, flooring agents, cement etc.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
dust (wood dust, grinding dust, paper dust etc.)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
soil, waste or other dirt	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
other			
<b>what?</b> _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
_____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
_____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
_____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
_____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
None of the above	<input type="checkbox"/> 1		

**E6. How many hours per day do you currently do the following activities outside of your work?** *(mark any that are applicable, make your best estimate)*

Hours per day *(on average)*

	0	less than ½	½ to 2	more than 2
prepare food	<input type="checkbox"/> 1	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
cleaning or washing	<input type="checkbox"/> 1	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
care for children under 4 years	<input type="checkbox"/> 1	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

**E7. How often did you do the following activities outside of your work during the past 12 months? (mark any that are applicable, make your best estimate)**

	Daily	At least once a week	At least once a month	Less than once a month	Only periodically
gardening (in the season)	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2
car or motor repair	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2
building or renovation	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2
other activities with exposures to chemicals					
<b>what?</b> _____	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2
_____	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2
sports					
<b>what?</b> _____	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2
_____	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2
hobbies					
<b>what?</b> _____	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2
_____	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2
_____	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2

**E8. How many times do you wash your hands during a usual working day? (include hand washing during your work and at home/outside work)**

0-5 times per day	<input type="checkbox"/> 3
6-10 times per day	<input type="checkbox"/> 4
11-20 times per day	<input type="checkbox"/> 5
more than 20 times per day	<input type="checkbox"/> 6

**H1. Would you say your overall health, as compared to others of your own age, is ...**  
(only one answer)

excellent  3

very good  4

good  5

fair  6

poor  7

**H2. How many people live in your household including yourself? \_\_\_\_\_** (number of persons)

How many of these are children younger than 4 years of age? \_\_\_\_\_ (number of persons)