

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: _____ G1wp

Department: _____ G1dep

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?** _____ G4txt 11

G5. What is your present occupation? _____ G5txt

Since when? _____ G5y (year)

G6. What is your major activity at work? _____ G6txt

Since when? _____ G6y (*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?** _____ G8txt

How many hours per week (on average)? _____ G8h (*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?

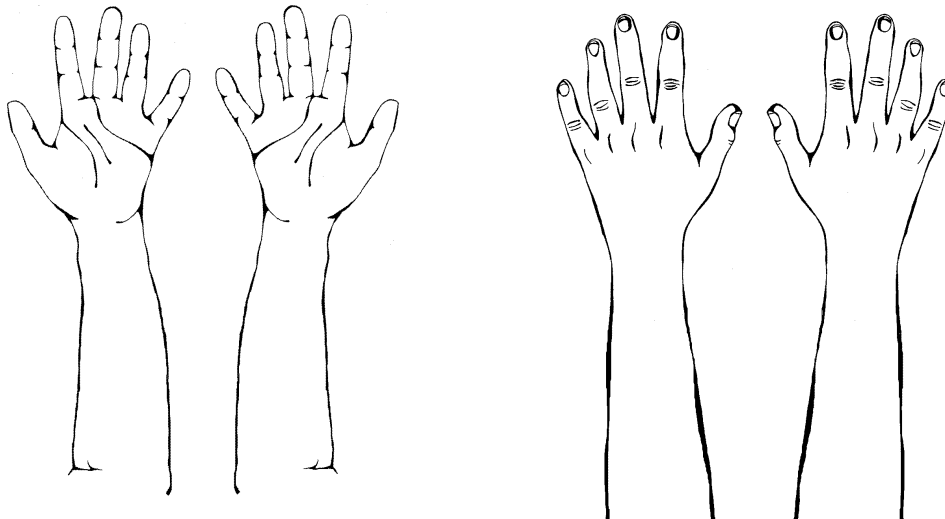
- no 1
 yes 2
 don't know 0

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 A4dg
 yes 2 **when?** _____A4y (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*)

Variable names for coding the respondents' shading in the D3-picture:

fingers	<input type="checkbox"/> 2 D3fi
finger webs	<input type="checkbox"/> 2 D3fw
backs of hands	<input type="checkbox"/> 2 D3bh
palms	<input type="checkbox"/> 2 D3pa
wrists	<input type="checkbox"/> 2 D3wr
forearms	<input type="checkbox"/> 2 D3fo

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

	Hand eczema D4H	Wrist/Forearm eczema D4F
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 D5H	Wrist/Forearm eczema D5F
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? <i>(make your best estimate)</i>	_____ (year) D5Hy	_____ (year) D5Fy

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

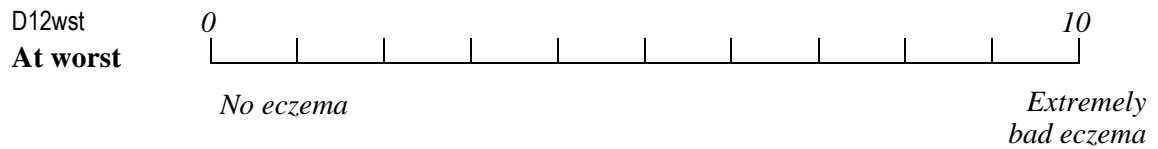
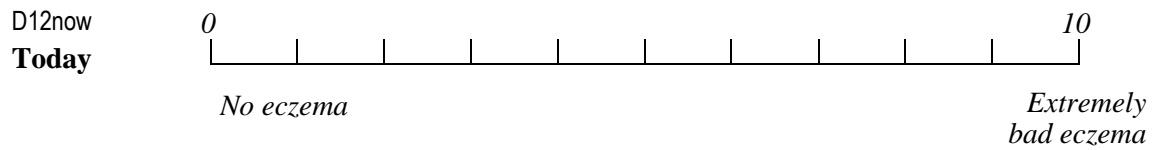
	Hand eczema D6H	Wrist/Forearm eczema D6F
below 6 years of age	<input type="checkbox"/> 3	<input type="checkbox"/> 3
between 6 and 14 years of age	<input type="checkbox"/> 4	<input type="checkbox"/> 4
between 15 and 18 years of age	<input type="checkbox"/> 5	<input type="checkbox"/> 5
above 18 years of age	<input type="checkbox"/> 6	<input type="checkbox"/> 6
In which year did it start? <i>(make your best estimate)</i>	_____ (year) D6Hy	_____ (year) D6Fy

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

	Hand eczema	Wrist/Forearm eczema
D7. What do you think was the <u>cause</u> of the eczema on your hands, wrists or forearms when it started? <i>(cause)</i>	_____	_____
	D7Htxt	D7Ftxt
don't know the cause	<input type="checkbox"/> 1 D7H	<input type="checkbox"/> 1 D7F
 D8. What was your <u>occupation</u> when the eczema started? <i>(occupation)</i>	_____	_____
	D8Htxt	D8Ftxt
 D9. What were your <u>major activities at work</u> when the eczema started? <i>(activity)</i>	_____	_____
	D9Htxt	D9Ftxt
 D10. Have you visited a doctor as an adult for your hand or wrist/forearm eczema?	Hand eczema	Wrist/Forearm eczema
	D10H	D10F
no	<input type="checkbox"/> 1	<input type="checkbox"/> 1
yes	<input type="checkbox"/> 2	<input type="checkbox"/> 2
When was the last time? <i>(make your best estimate)</i>	_____D10Hy (year)	_____D10y (year)
 D11. During which season do you have most problems with hand or wrist/forearm eczema? <i>(one or more answers in each column if applicable)</i>	Hand eczema	Wrist/Forearm eczema
	D11H	D11F
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)



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
	F1H	F1F
no	<input type="checkbox"/> 1	<input type="checkbox"/> 1
yes	<input type="checkbox"/> 2	<input type="checkbox"/> 2
What?	_____	_____
	F1Htxta	F1Ftxta
	_____	_____
	F1Htxtb	F1Ftxtb
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 F2H	Wrist/Forearm eczema F2F
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 F3Hhyg	<input type="checkbox"/> 2 F3Fhyg
detergents and other household cleaning and laundry products	<input type="checkbox"/> 2 F3Hhou	<input type="checkbox"/> 2 F3Fhou
handling of food	<input type="checkbox"/> 2 F3Hfoo	<input type="checkbox"/> 2 F3Ffoo
work with wet hands	<input type="checkbox"/> 2 F3Hwet	<input type="checkbox"/> 2 F3Fwet
frequent hand washing	<input type="checkbox"/> 2 F3Hwas	<input type="checkbox"/> 2 F3Fwas
protective gloves	<input type="checkbox"/> 2 F3Hglo	<input type="checkbox"/> 2 F3Fglo
machine maintenance (e.g. cars), handling oils	<input type="checkbox"/> 2 F3Hmac	<input type="checkbox"/> 2 F3Fmac
construction work, painting, wall-papering, renovation and decoration	<input type="checkbox"/> 2 F3Hcon	<input type="checkbox"/> 2 F3Fcon
gardening, handling plants, soil, vegetables, berries, fruits, etc.	<input type="checkbox"/> 2 F3Hgar	<input type="checkbox"/> 2 F3Fgar
infections (colds, flu or fever)	<input type="checkbox"/> 2 F3Hinf	<input type="checkbox"/> 2 F3Finf
mood, stress	<input type="checkbox"/> 2 F3Hstr	<input type="checkbox"/> 2 F3Fstr
menstrual periods or other hormonal factors	<input type="checkbox"/> 2 F3Hhmf	<input type="checkbox"/> 2 F3Fhmf
other, what? _____ F3otxta	<input type="checkbox"/> 2 F3Hoa	<input type="checkbox"/> 2 F3Foa
_____ F3otxtb	<input type="checkbox"/> 2 F3Hob	<input type="checkbox"/> 2 F3Fob
_____ F3otxtc	<input type="checkbox"/> 2 F3Hoc	<input type="checkbox"/> 2 F3Foc

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 F4H	Wrist/Forearm eczema F4F
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 C1

Because of my eczema ...

... I have to use protective gloves 2 C1glo

... my work tasks have been changed 2 C1cwt

... I have changed jobs 2 C1cop

... I have had difficulties in getting a job 2 C1dif

... my work mates or employer(s) have a negative attitude towards me 2 C1neg

... my choice of job or occupation has been affected 2 C1cho

... my income has decreased 2 C1inc

... I have been sick-listed or otherwise off work 2 C1off

For how long during the past 12 months have you been sick-listed or otherwise off work due to eczema? _____ C1offw (weeks)

... I have lost a job 2 C1los

... I have retired 2 C1ret

other consequences, **what?** _____ C1otxt 2 C1o

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
C2ocw occupational work	<input type="checkbox"/> 1	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 0
C2hda housework, daily activities	<input type="checkbox"/> 1	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 0
C2spa sport and similar activities	<input type="checkbox"/> 1	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 0
C2oha other hobbies or activities	<input type="checkbox"/> 1	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 0
C2sle sleep	<input type="checkbox"/> 1	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 0
C2tra getting about, travel	<input type="checkbox"/> 1	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 0
C2soc social activities	<input type="checkbox"/> 1	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 0
C2rel close personal relations	<input type="checkbox"/> 1	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 0
C2sex sex life	<input type="checkbox"/> 1	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 0
C2moo 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?** _____ U2txta

_____ U2txtb

_____ U2txtc

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? _____ U4y (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 3between 6 and 14 years of age 4between 15 and 18 years of age 5above 18 years of age 6

In which year did it start? _____ (year)
(make your best estimate) U5y

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 _____ U6txt

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

major activity _____
 _____ U7txt

U8. Have you visited a doctor as an adult because of the itchy wheals (urticaria)?no 1

yes 2 **When was the last time?** _____ U8y (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)*

U9now
Today

0 _____ 10

No urticaria *Extremely bad urticaria*

U9wst
At worst

0 _____ 10

No urticaria *Extremely bad 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 S1H	<input type="checkbox"/> 1 S1F
redness	<input type="checkbox"/> 2 S1Hre	<input type="checkbox"/> 2 S1Fre
dry skin with scaling/flaking	<input type="checkbox"/> 2 S1Hdr	<input type="checkbox"/> 2 S1Fdr
fissures or cracks, weeping or crusts	<input type="checkbox"/> 2 S1Hfi	<input type="checkbox"/> 2 S1Ffi
tiny water blisters (vesicles)	<input type="checkbox"/> 2 S1Hve	<input type="checkbox"/> 2 S1Fve
papules	<input type="checkbox"/> 2 S1Hpa	<input type="checkbox"/> 2 S1Fpa
rapidly appearing itchy wheals/welts (urticaria)	<input type="checkbox"/> 2 S1Hur	<input type="checkbox"/> 2 S1Fur
itching	<input type="checkbox"/> 2 S1Hit	<input type="checkbox"/> 2 S1Fit
burning, prickling, or stinging	<input type="checkbox"/> 2 S1Hbu	<input type="checkbox"/> 2 S1Fbu
tenderness	<input type="checkbox"/> 2 S1Hte	<input type="checkbox"/> 2 S1Fte
aching or pain	<input type="checkbox"/> 2 S1Hap	<input type="checkbox"/> 2 S1Fap
something else, what? _____ S1otxt	<input type="checkbox"/> 2 S1Ho	<input type="checkbox"/> 2 S1Fo

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

- _____ T2txta **When?** _____ T2ya (year)
- _____ T2txtb **When?** _____ T2yb (year)
- _____ T2txtc **When?** _____ T2yc (year)
- _____ T2txtd **When?** _____ T2yd (year)
- _____ T2txte **When?** _____ T2ye (year)
- _____ T2txtf **When?** _____ T2yf (year)
- _____ T2txtg **When?** _____ T2yg (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 T3pa
- 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 T3pr
- blood tests** (e.g., RAST tests) 2 T3bl
- other, **what?** _____ T3otxt 2 T3o
- 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?** _____ E1h (*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	E2rl
synthetic rubber (e.g. nitrile, neoprene etc.)	<input type="checkbox"/> 2	<input type="checkbox"/> 3	E2sr
plastic (e.g. vinyl, PVC, polyethene)	<input type="checkbox"/> 2	<input type="checkbox"/> 3	E2pl
cotton gloves underneath rubber or plastic gloves	<input type="checkbox"/> 2	<input type="checkbox"/> 3	E2ug
leather	<input type="checkbox"/> 2	<input type="checkbox"/> 3	E2le
cloth	<input type="checkbox"/> 2	<input type="checkbox"/> 3	E2cl
other, what? _____ E2otxt	<input type="checkbox"/> 2	<input type="checkbox"/> 3	E2o
don't know	<input type="checkbox"/> 2	<input type="checkbox"/> 3	E2nk

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 2 E3rl
- synthetic rubber 2 E3sr
- plastic 2 E3pl
- leather 2 E3le
- other, **what?** _____ E3otxt 2 E3o
- any gloves 2 E3ag
- don't know 2 E3nk

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

no 1

yes 2 **when?** _____ E4y (*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
E5ww	wet work	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
E5fo	preparing food / handling food	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
E5pl	plants	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
E5an	animals	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
E5cl	cleaning agents	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
E5so	solvents	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
E5cf	oils, cutting fluids etc.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
E5pa	paints, lacquers, coatings, etc.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
E5gl	glues, adhesives, etc.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
E5se	sealants, putty, plaster, flooring agents, cement etc.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
E5du	dust (wood dust, grinding dust, paper dust etc.)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
E5sw	soil, waste or other dirt	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
other				
E5oa	what? _____ E5otxta	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
E5ob	_____ E5otxtb	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
E5oc	_____ E5otxtc	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
E5od	_____ E5otxtd	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
E5oe	_____ E5otxte	<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
E6fo	prepare food	<input type="checkbox"/> 1	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
E6cl	cleaning or washing	<input type="checkbox"/> 1	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
E6in	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	E7gar
car or motor repair	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	E7car
building or renovation	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	E7bui
other activities with exposures to chemicals						
what? _____ E7chatxt	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	E7cha
_____ E7chbtxt	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	E7chb
sports						
what? _____ E7spatxt	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	E7spa
_____ E7spbtxt	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	E7spb
hobbies						
what? _____ E7hoatxt	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	E7hoa
_____ E7hobtxt	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	E7hob
_____ E7hocxt	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	E7hoc

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? _____H2tot (number of persons)

How many of these are children younger than 4 years of age? _____H2inf (number of persons)