

Investigation of health factors outside the workplace –

Questionnaire S1

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<p>Dear employee,</p> <p>In addition to conditions at the workplace, individuals' health is generally also influenced by factors outside the workplace. This questionnaire is intended to help narrow down the causes of your health complaints. The information you provide will of course be treated in the strictest confidence and only used by the occupational physician, who is bound by a duty of confidentiality. Please provide as much detail as possible.</p>	
<p>Place of work (name, address):</p> <p>Dept.:</p> <p>Specific workplace:</p> <p>Questionnaire completed by: _____ Date completed: _____</p>	
<p>1 Your home environment</p> <p>1.1 Which sort of area do you live in? (You may select more than one response)</p> <p><input type="checkbox"/> Rural</p> <p><input type="checkbox"/> Urban</p> <p><input type="checkbox"/> Residential area</p> <p><input type="checkbox"/> Industrial/commercial area</p> <p><input type="checkbox"/> Mixed-use area</p> <p>1.2 Are there any buildings (e.g. businesses, factories or chimneys) close to your home that produce emissions (e.g. smoke or odours)?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes (please specify)</p>	
<p>2 The building you live in</p> <p>2.1 Which type of home do you live in?</p> <p><input type="checkbox"/> House</p> <p><input type="checkbox"/> Flat</p> <p><input type="checkbox"/> Other (please specify)</p> <p>2.2 In which year was the building erected?</p> <p>2.3 Have there been any changes to your home as a result of</p> <p><input type="checkbox"/> Decoration work (e.g. painting or carpeting),</p> <p><input type="checkbox"/> Pesticide use (e.g. pest control or wood preservatives),</p> <p><input type="checkbox"/> New furnishings or</p> <p><input type="checkbox"/> Other (please specify)?</p>	

3 Exposure to harmful substances/allergens

3.1 How often is your home cleaned?

- Rarely
 Once a week
 Several times per month

Do you come into contact with cleaning products during the cleaning?

- No Yes (please specify which products)

3.2 How often do you pursue hobbies that involve, for example, adhesives, solvents or paints or that generate dust?

- Never
 Rarely (please specify)
 Once a week (please specify)
 Several times per month (please specify)

Have you been tested for an allergy to solvents?

- No Yes (please state the result)

3.3 Can you think of any other situations in which you are exposed to harmful or allergenic substances in your home environment (e.g. gardening or repair work)?

3.4 Do you use cosmetic products?

- No Yes (please specify)

Have you been tested for an allergy to cosmetics?

- No Yes (please state the result)

3.5 Do you have any contact with pets?

- No Yes (please specify)

Have you been tested for pet allergies (e.g. to animal hair or fluids)?

- No Yes (please state the result)

3.5 Are you aware of any other allergies you have (e.g. to jewellery)?

- No Yes (please specify)