

## **ANNEX III**

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The short screening questionnaire (International Questionnaire)

The core questionnaire, containing:

### **Home, Commuting and Work Environment Questionnaire**

- I Home Environment
- II Commuting
- III Work Environment

### **48 Hour Exposure Questionnaire**

- I At Home
- II At Your Workplace
- III Various Activities
- IV Annoyance from Air Pollution
- V Instruments' Case



## INTERNATIONAL QUESTIONNAIRE

Please cross the right answers ( ) or fill in the answers (\_\_\_\_\_). The filled questionnaire can be send back in the addressed envelop.

Date: \_\_\_\_ - \_\_\_\_ 19 \_\_\_\_

1. Sex:            male                                  female                                  2. Birth year: \_\_\_\_\_

3. How many years did you spend on your education (all together)?  
\_\_\_\_\_ years                                  I'm still full time student

4. I work or study presently most of the time:

- in my own house
- in one space in a building (e.g. office, service desk)
- in one building (e.g. school hospital, warehouse)
- outdoors in one place at the time (e.g. construction, garden, market square/street)
- moving in the traffic (bus/lorry/taxi/delivery van driver, traffic police)
- non of the above, where? \_\_\_\_\_

5. The household that I live in consist of (including myself)

- \_\_\_\_\_ adults (18 years or more)
- \_\_\_\_\_ children (less than 18 years)

6. How many hours have you been outdoors yesterday or last night?

\_\_\_\_\_ hours \_\_\_\_\_ minutes

7. Which statement describes best the situation where you are living?

- centre of city or village at road with high traffic volume
- centre of city or village at road with low to moderate traffic volume
- periphery, at road with moderate to high traffic volume
- periphery, at road with low traffic volume
- remote house at country side

8. How often do heavy trucks and/or cars pass on the street in front of your home?

- almost all the time
- often/ several times per day
- rarely/ a few times per day
- never

**Contact information (please fill in, when you participate in EXPOLIS)**  
 (The contact information will be cut off and destroyed when all the participants are selected)

To make an appointment, I can be reached at these telephone numbers:

Tel.(P) \_\_\_\_\_ best chance (day, time): \_\_\_\_\_

Tel (W) \_\_\_\_\_ best chance (day, time): \_\_\_\_\_

This address is correct:  
 yes      no, new address:  
 street \_\_\_\_\_  
 postcode \_\_\_\_\_  
 place \_\_\_\_\_

**9. Most of the time when I go to work or to school/university, I spend roughly the following times for one way by:**

	in summer	in winter
walking or biking	_____ min.	_____ min.
motorbike or scooter	_____ min.	_____ min.
car	_____ min.	_____ min.
bus or tram	_____ min.	_____ min.
train	_____ min.	_____ min.

**10. Have you had wheezing or whistling when you did not have a cold in the last 12 months?**

yes                  no                  don't know

**11. Have you had an attack of asthma in the last 12 months?**

yes                  no                  don't know

**12. Do you have any nasal allergies including hay fever?**

yes                  no                  don't know

**13. Are you a regular smoker (at least one cigarette or cigar per day for the last year)?**

yes                  no

**14. When I'll be selected for participation on EXPOLIS**

I'll be able to participate in sampling program **and** the diary study

I'll be able to participate only in the diary study

I'll have reasons, not to participate:

I don't want to participate

I'm not living/working in Basel between Autumn '96 and Autumn '97

Most of the time I'm not in Basel

*If you want to participate in EXPOLIS, please fill in the contact information on top of this page. Thanks very much for your collaboration!!!*

## OPTIONAL

**15. Marital status**                      married or living together  
single  
divorced/separated  
widowed

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**16. Occupational Status**            employee  
self employed  
unemployed  
housewife/househusband  
student  
retired  
other, please specify \_\_\_\_\_

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**17. Occupation (job title):** \_\_\_\_\_

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**18. I describe myself as someone, who is sensitive for:**  
noise (traffic, refrigerator)  
air pollution (asthma, allergic)  
I'm not sensitive

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Ad long questionnaire:

**9. Most of the time when I go to work or to school/university, I spend roughly the following times for one way by:**

	in summer		in winter	
walking or biking	_____ min.	_____ km	_____ min.	_____ km
motorbike or scooter	_____ min.	_____ km	_____ min.	_____ km
car	_____ min.	_____ km	_____ min.	_____ km
bus	_____ min.	_____ km	_____ min.	_____ km
tram	_____ min.	_____ km	_____ min.	_____ km
train	_____ min.	_____ km	_____ min.	_____ km

**Thanks very much for your collaboration!**

## INSTRUCTIONS

Please read carefully these instructions before filling out the questionnaires:

1) You can fill in the Home, Commuting & Work Environment Questionnaire anytime during the 48 hours of your participation in the study. However, please fill in the 48 Hour Exposure Questionnaire at the end of the study either by yourself or together with the Expolis researcher when he or she visits your home.

2) Most questions are multiple choice, with a number next to each answer. Fill in the number of the correct answer in the small square provided next to the question.

e.g.:

When was your home built? \_\_\_\_\_ 1-After 1989 \_\_\_\_\_  2  
2-1980-1989  
3-1970-1979  
4-Before 1970  
5-I do not know

3) Some questions have the option "*Other (please specify)*" as an answer. In such a case, fill in the number next to "*Other*" and write in the blank space a short explanation.

e.g.:

How would you describe the \_\_\_\_\_ 1-A single family house \_\_\_\_\_  3  
building where you live? 2-An office/ apartment building  
3-Other  A mobile home  
(please specify)

4) Some other questions ask to "*please check everything that applies*". Simply mark with an x or a ✓ the small square provided next to each answer.

e.g.:

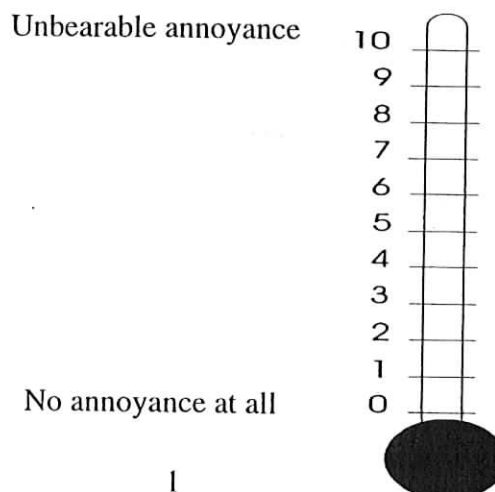
Does your bedroom have: \_\_\_\_\_ - Wall to wall carpet \_\_\_\_\_   
(please check everything that applies) - Other carpets/ rugs \_\_\_\_\_   
- Curtains \_\_\_\_\_

5) In the questions that ask you to provide a number as an answer, please fill in one digit of the number in each of the squares provided.

e.g.:

What is the floor area (in square metres) of your home? \_\_\_\_\_  1  1  0

6) Finally, in the "thermometre" questions, simply circle the number of your answer. Suppose that this is a measure of how much you are annoyed by air pollution. Zero means you are not annoyed at all and ten that you are annoyed unbearably. e.g.:



# HOME, COMMUTING & WORK ENVIRONMENT QUESTIONNAIRE

## I: HOME ENVIRONMENT

- 1) Where is your home located in? \_\_\_\_\_
- 1-City/suburb centre or commercial district
  - 2-Neighborhood/suburb with mainly densely built apartment buildings
  - 3- Neighborhood/suburb with mainly single family homes or apartment buildings with gardens
  - 4- Industrial zone
  - 5-Other (please specify)
- 2) How would you describe the building where you live? \_\_\_\_\_
- 1-A single family house, detached from any other house.
  - 2-A single family house, attached to one or more houses.
  - 3-An office/ apartment building
  - 4-A factory/industrial building
  - 5-Other (please specify)
- 3) What floor is your home on? \_\_\_\_\_ (mark 0 for ground floor)
- 4) When was your home built? \_\_\_\_\_
- 1-After 1989
  - 2-1980-1989
  - 3-1970-1979
  - 4-Before 1970
  - 5-I do not know
- 5) What is the floor area (in square metres) of your home? (all rooms) \_\_\_\_\_
- 6) What is the height (in metres) of the rooms in your home? \_\_\_\_\_
- 7) What is the traffic volume on the street in front of your home during weekdays? \_\_\_\_\_
- 1-Heavy/ a continuous flow of traffic
  - 2-Medium/ many cars passing by
  - 3-Light/ a few cars every now and then
- 8) How often do heavy trucks and/ or buses (except trolley buses) pass on the street in front of your home during weekdays? \_\_\_\_\_
- 1-Almost all the time
  - 2-Often/ several times per day
  - 3-Rarely/ a few times per day
  - 4-Never
- 9) Does your home have a garage attached to it, leading directly inside the house? \_\_\_\_\_
- 1-Yes
  - 2-No
  - 3-I do not know

10) Does your home have: \_\_\_\_\_ - Wall to wall carpet \_\_\_\_\_  
 (please check everything that applies) - Other carpets/ rugs \_\_\_\_\_  
 - Curtains \_\_\_\_\_  
 - Upholstered or soft furnishings \_\_\_\_\_  
 - Double glazing \_\_\_\_\_  
 - Linoleum floor \_\_\_\_\_  
 - PVC (plastic) floor \_\_\_\_\_  
 - Wood floor \_\_\_\_\_  
 - Wood paneling on walls and/ or ceiling \_\_\_\_\_  
 - Plasterboard walls and/ or ceiling \_\_\_\_\_  
 - Chipboard walls \_\_\_\_\_  
 - Wallpaper (any kind) \_\_\_\_\_  
 - None of the above \_\_\_\_\_


11) Has there been any of the following \_\_\_\_\_ - Wall painting/ new wallpaper \_\_\_\_\_  
 renovation/ repair in your home - Floor repair/ polishing/ varnishing \_\_\_\_\_  
 in the last year? - Water/ sewage system repair \_\_\_\_\_  
 (please check everything that applies) - Window or door repair/ replacement \_\_\_\_\_  
 - Insulation repair/ replacement \_\_\_\_\_  
 - Wall construction/ removing \_\_\_\_\_  
 - None of the above/ I do not know \_\_\_\_\_


12) Have any of these renovations been \_\_\_\_\_ 1-Yes \_\_\_\_\_  
 caused by a water damage ? 2-No \_\_\_\_\_  
 3-I do not know \_\_\_\_\_

13) Is there any water damage in your \_\_\_\_\_ 1-Yes \_\_\_\_\_  
 home that has not been fixed ? 2-No \_\_\_\_\_  
 (signs such as scaled off paint, 3-I do not know \_\_\_\_\_  
 swollen panels, wet spots etc.)

14) How many pets do you have at home? - Cats \_\_\_\_\_  
 - Dogs \_\_\_\_\_  
 - Birds \_\_\_\_\_  
 - Other \_\_\_\_\_  
 (please specify) \_\_\_\_\_


15) Including yourself, how many people in \_\_\_\_\_  
 your household smoke inside your home? \_\_\_\_\_

16) How much in total do the people \_\_\_\_\_ - Cigarettes per day \_\_\_\_\_  
 in the previous question smoke - Cigarillos per day \_\_\_\_\_  
 inside the home? - Cigars per week \_\_\_\_\_  
 - Pipe tobacco (pipefulls per week) \_\_\_\_\_




17) What kind of heating does \_\_\_\_\_ your home have?  
 (please check everything that applies)

- District heating \_\_\_\_\_
- Central heating (inside your building) \_\_\_\_\_
- Single stoves/ heaters:
  - with electricity \_\_\_\_\_
  - with gas \_\_\_\_\_
  - with coal \_\_\_\_\_
  - with wood \_\_\_\_\_
  - with kerosene/ paraffin \_\_\_\_\_
  - with fuel/ heating oil \_\_\_\_\_
- Fire place \_\_\_\_\_
- There is no heating \_\_\_\_\_
- Other \_\_\_\_\_  
 (please specify)

18) Does your home have? \_\_\_\_\_  
 (please check everything that applies)

- Air conditioning \_\_\_\_\_
- A humidifier (including any humidifier built into your heating system or air-conditioning) \_\_\_\_\_
- An electric air cleaner, ionizer or air filter \_\_\_\_\_
- None of the above \_\_\_\_\_

19) What do you use for cooking? \_\_\_\_\_  
 (please check everything that applies)

- Electricity (stove or microwave) \_\_\_\_\_
- Gas \_\_\_\_\_
- Solid fuel (coal, coke, wood etc.) \_\_\_\_\_
- Other \_\_\_\_\_  
 (please specify)
- I do not use anything for cooking at home \_\_\_\_\_

20) Do you have a kitchen fan/ vent ? \_\_\_\_\_

- 1- Yes, a fan that filters the air and blows it back into the kitchen \_\_\_\_\_
- 2- Yes, an extractor fan that I can turn on/off \_\_\_\_\_
- 3- Yes, an exhaust vent connected to the building ventilation system \_\_\_\_\_
- 4- No \_\_\_\_\_
- 5- I do not know \_\_\_\_\_

21) Do you use any naphthalene or other anti-moth products in your home? \_\_\_\_\_

- 1-Yes \_\_\_\_\_
- 2-No \_\_\_\_\_
- 3-I do not know \_\_\_\_\_

22) Do you use any air fresheners, such as "local brand names" in your home? \_\_\_\_\_

- 1-Yes \_\_\_\_\_
- 2-No \_\_\_\_\_
- 3-I do not know \_\_\_\_\_

23) If you do use air fresheners, please give their brand names. \_\_\_\_\_

## II: COMMUTING

- 1) In the winter, when commuting to \_\_\_\_\_ - Walking/ biking \_\_\_\_\_  
 work/ school/ university, how much - On a motorcycle/ scooter/ moped \_\_\_\_\_  
 time (in minutes) do you spend on - In a car/ taxi \_\_\_\_\_  
 average? (for going one way) - In a bus/ tram \_\_\_\_\_  
 (please check everything that applies) - In a train/ metro \_\_\_\_\_


## III: WORK ENVIRONMENT

Do you presently work or study most of the time: \_\_\_\_\_

- 1- In one room/space within a building (e.g. office, service desk etc.)

**Please go on to question 1 below**

- 2- Moving around inside a building (e.g. school, hospital etc.)

**Please go on to question 6 on the next page**

- 3- At home

- 4- Outdoors, in one place (e.g. construction worker, gardener etc.)

- 5- Moving in the traffic (e.g. bus driver, delivery person etc.)

- 6- Presently I am not employed/I do not study

**If you answered 3, 4, 5 or 6, you have finished this questionnaire.**

**Do not forget to complete the 48 hour exposure questionnaire at the end of the study !**

- 1) How many people, including yourself, \_\_\_\_\_  
 work normally in the same room/ space?

- 2) How many of the people in question 1, \_\_\_\_\_  
 including yourself, smoke inside this  
 room during working hours?

- 3) How much in total do the people \_\_\_\_\_ - Cigarettes per day \_\_\_\_\_  
 in question 1 smoke inside this - Cigarillos per day \_\_\_\_\_  
 room during working hours? - Cigars per week \_\_\_\_\_  
 - Pipe tobacco (in pipefulls per week) \_\_\_\_\_

- 4) What floor is your work space on? \_\_\_\_\_  
 (mark 0 for ground floor)

5) Does the room/ space \_\_\_\_\_ where you work have:  
(please check everything that applies)

- Wall to wall carpet \_\_\_\_\_
- Other carpets/ rugs \_\_\_\_\_
- Curtains \_\_\_\_\_
- Upholstered or soft furnishings \_\_\_\_\_
- Double glazing \_\_\_\_\_
- Linoleum floor \_\_\_\_\_
- PVC (plastic) floor \_\_\_\_\_
- Wood floor \_\_\_\_\_
- Wood paneling on walls and/ or ceiling \_\_\_\_\_
- Plasterboard walls and/ or ceiling \_\_\_\_\_
- Chipboard walls \_\_\_\_\_
- Wallpaper (any kind) \_\_\_\_\_
- None of the above \_\_\_\_\_

6) Where is your workplace located in? \_\_\_\_\_

1- City/suburb centre or commercial district

2- Neighborhood/suburb with mainly densely built apartment buildings

3- Neighborhood/suburb with mainly single homes, or apartment buildings with gardens

4- Industrial zone

5-Other (please specify)

7) How would you describe the building where you work ? \_\_\_\_\_

1-A single family house, detached from any other house.

2-A single family house, attached to one or more houses.

3-An office/ apartment building

4-A factory/industrial building

5-Other (please specify)

8) What is the traffic volume on the street in front of your workplace during working hours? \_\_\_\_\_

1-Heavy/ a continuous flow of traffic

2-Medium/ many cars passing by

3-Light/ a few cars every now and then

9) How often do heavy trucks and/ or buses (except trolley buses) pass on the street in front of your workplace during working hours? \_\_\_\_\_

1-Almost all the time

2-Often/ several times per day

3-Rarely/ a few times per day

4-Never

10) When was the building where you work in built? \_\_\_\_\_

1-After 1989 \_\_\_\_\_

2-1980-1989 \_\_\_\_\_

3-1970-1979 \_\_\_\_\_

4-Before 1970 \_\_\_\_\_

5-I do not know \_\_\_\_\_

11) Has there been any of the following renovation/ repair in your workplace in the last year? \_\_\_\_\_  
(please check everything that applies)

- Wall painting/ new wallpaper \_\_\_\_\_

- Floor repair/ polishing/ varnishing \_\_\_\_\_

- Water/ sewage system \_\_\_\_\_

- Window or door repair/ replacement \_\_\_\_\_

- Insulation repair/ replacement \_\_\_\_\_

- Wall construction/ removing \_\_\_\_\_

- None of the above/ I do not know \_\_\_\_\_

12) Have any of these renovations been caused by a water damage ? \_\_\_\_\_

1-Yes \_\_\_\_\_

2-No \_\_\_\_\_

3-I do not know \_\_\_\_\_

13) Is there any water damage in your workplace that has not been fixed ? \_\_\_\_\_  
(signs such as scaled off paint, swollen panels, wet spots etc.)

1-Yes \_\_\_\_\_

2-No \_\_\_\_\_

3-I do not know \_\_\_\_\_

14) What kind of heating does your workplace have? \_\_\_\_\_  
(please check everything that applies)

- District heating \_\_\_\_\_

- Central heating (inside your building) \_\_\_\_\_

- Single stoves/ heaters:

    with electricity \_\_\_\_\_

    with gas \_\_\_\_\_

    with coal \_\_\_\_\_

    with wood \_\_\_\_\_

    with kerosene/ paraffin \_\_\_\_\_

    with fuel/ heating oil \_\_\_\_\_

- Fire place \_\_\_\_\_

- There is no heating \_\_\_\_\_

- Other \_\_\_\_\_

    (please specify)

15) Does your workplace have? \_\_\_\_\_  
(please check everything that applies)

- Air conditioning \_\_\_\_\_

- A humidifier (including any humidifier built into the heating system or air-conditioning) \_\_\_\_\_

- An electric air cleaner, ionizer or air filter \_\_\_\_\_

- None of the above \_\_\_\_\_

# 48 HOUR EXPOSURE QUESTIONNAIRE

TO BE COMPLETED AT THE END OF THE 48 HOURS OF YOUR PARTICIPATION IN THE STUDY

## I: AT HOME

During the 48 hours that you participated in the study, and while you were at home:

- 1) For how many hours and minutes were the following devices used ?  
 (please answer 0 if you do not have such a device or it was not used at all):

	Hours	Minutes
- A single stove with gas _____	<input type="text"/>	<input type="text"/>
- A single stove with coal _____	<input type="text"/>	<input type="text"/>
- A single stove with wood _____	<input type="text"/>	<input type="text"/>
- A single stove with kerosene/ paraffin _____	<input type="text"/>	<input type="text"/>
- A single stove with fuel/ heating oil _____	<input type="text"/>	<input type="text"/>
- A fire place _____	<input type="text"/>	<input type="text"/>
- The kitchen fan/ vent while cooking _____	<input type="text"/>	<input type="text"/>
- The air conditioning _____	<input type="text"/>	<input type="text"/>
- A humidifier (including any humidifier built into the heating system or air-conditioning)	<input type="text"/>	<input type="text"/>
- An electric air cleaner, ionizer or air filter	<input type="text"/>	<input type="text"/>
- An unvented gas fired water heater _____	<input type="text"/>	<input type="text"/>
- An electric clothes dryer _____	<input type="text"/>	<input type="text"/>
- An unvented gas fired clothes dryer _____	<input type="text"/>	<input type="text"/>
- A wood heated sauna _____	<input type="text"/>	<input type="text"/>
- An electric cooking stove/ microwave _____	<input type="text"/>	<input type="text"/>
- A cooking stove with gas _____	<input type="text"/>	<input type="text"/>
- A cooking stove with solid fuel _____ (wood, coke, coal etc.)	<input type="text"/>	<input type="text"/>

- 2) Did you or someone else \_\_\_\_\_ vacuum clean your home?
- 1-Myself \_\_\_\_\_  
 2-Someone else \_\_\_\_\_  
 3-Nobody did \_\_\_\_\_

3) Were there any cleaning/ polishing chemicals used in your home ?  
 (please give brand names)

- 4) For how many hours and minutes were the windows open?

## II: AT YOUR WORKPLACE

During the 48 hours that you participated in the study, and while you were at your workplace:

1) For how many hours and minutes were the following devices used ?

(please answer 0 if you do not have such a device or it was not used at all):

	Hours	Minutes																
- A single stove with gas _____	<table border="1" style="display: inline-table; width: 30px; height: 30px;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									<table border="1" style="display: inline-table; width: 30px; height: 30px;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>								
- A single stove with coal _____	<table border="1" style="display: inline-table; width: 30px; height: 30px;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									<table border="1" style="display: inline-table; width: 30px; height: 30px;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>								
- A single stove with wood _____	<table border="1" style="display: inline-table; width: 30px; height: 30px;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									<table border="1" style="display: inline-table; width: 30px; height: 30px;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>								
- A single stove with kerosene/ paraffin _____	<table border="1" style="display: inline-table; width: 30px; height: 30px;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									<table border="1" style="display: inline-table; width: 30px; height: 30px;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>								
- A single stove with fuel/ heating oil _____	<table border="1" style="display: inline-table; width: 30px; height: 30px;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									<table border="1" style="display: inline-table; width: 30px; height: 30px;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>								
- A fire place _____	<table border="1" style="display: inline-table; width: 30px; height: 30px;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									<table border="1" style="display: inline-table; width: 30px; height: 30px;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>								
- The air conditioning _____	<table border="1" style="display: inline-table; width: 30px; height: 30px;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									<table border="1" style="display: inline-table; width: 30px; height: 30px;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>								
- A humidifier (including any humidifier built into the heating system or air-conditioning)	<table border="1" style="display: inline-table; width: 30px; height: 30px;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									<table border="1" style="display: inline-table; width: 30px; height: 30px;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>								
- An electric air cleaner, ionizer or air filter	<table border="1" style="display: inline-table; width: 30px; height: 30px;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>					<table border="1" style="display: inline-table; width: 30px; height: 30px;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>												
2) For how many hours and minutes were the windows open? _____	<table border="1" style="display: inline-table; width: 30px; height: 30px;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>					<table border="1" style="display: inline-table; width: 30px; height: 30px;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>												
3) For how many hours and minutes did you _____ or someone else use a photocopy machine or a printer inside the same room?	<table border="1" style="display: inline-table; width: 30px; height: 30px;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>					<table border="1" style="display: inline-table; width: 30px; height: 30px;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>												

## III: VARIOUS ACTIVITIES

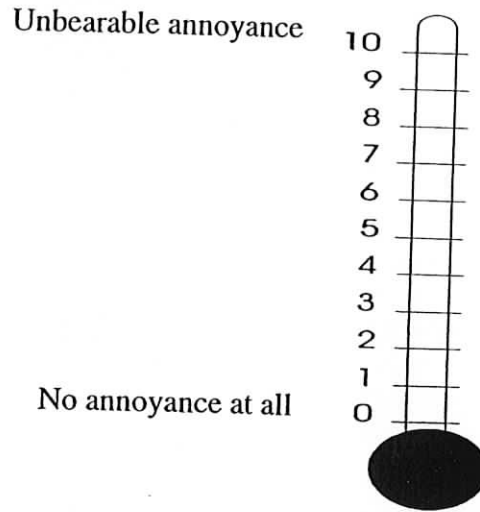
During the 48 hours that you participated in the study:

1) For how many hours and minutes were you engaged in any of the following activities, at home, work or elsewhere ?

	Hours	Minutes																
- Developing/ printing photographs _____	<table border="1" style="display: inline-table; width: 30px; height: 30px;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									<table border="1" style="display: inline-table; width: 30px; height: 30px;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>								
- Painting/ drawing _____	<table border="1" style="display: inline-table; width: 30px; height: 30px;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									<table border="1" style="display: inline-table; width: 30px; height: 30px;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>								
- Using some kind of glue _____	<table border="1" style="display: inline-table; width: 30px; height: 30px;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									<table border="1" style="display: inline-table; width: 30px; height: 30px;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>								
- Home workshop/ "do it your self" _____	<table border="1" style="display: inline-table; width: 30px; height: 30px;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									<table border="1" style="display: inline-table; width: 30px; height: 30px;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>								
- Washing your car _____	<table border="1" style="display: inline-table; width: 30px; height: 30px;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									<table border="1" style="display: inline-table; width: 30px; height: 30px;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>								
- Staying at a gas station _____	<table border="1" style="display: inline-table; width: 30px; height: 30px;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									<table border="1" style="display: inline-table; width: 30px; height: 30px;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>								
- Grilling _____	<table border="1" style="display: inline-table; width: 30px; height: 30px;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									<table border="1" style="display: inline-table; width: 30px; height: 30px;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>								
- Staying inside a garage _____	<table border="1" style="display: inline-table; width: 30px; height: 30px;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									<table border="1" style="display: inline-table; width: 30px; height: 30px;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>								
- Heavy outdoor work/ exercise _____ (e.g. jogging, working in garden)	<table border="1" style="display: inline-table; width: 30px; height: 30px;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									<table border="1" style="display: inline-table; width: 30px; height: 30px;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>								
- Heavy indoor work/ exercise _____ (e.g. being in the gym)	<table border="1" style="display: inline-table; width: 30px; height: 30px;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>					<table border="1" style="display: inline-table; width: 30px; height: 30px;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>												
- Staying inside an indoor ice hockey ring	<table border="1" style="display: inline-table; width: 30px; height: 30px;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>					<table border="1" style="display: inline-table; width: 30px; height: 30px;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>												
2) Did you use any deodorant, perfume, hair spray or after shave? _____	1-Yes _____	<input type="checkbox"/>																
	2-No																	
	3-I do not remember																	
3) Did you use any clothes that have been cleaned by dry cleaning? _____	1-Yes _____	<input type="checkbox"/>																
	2-No																	
	3-I do not remember																	

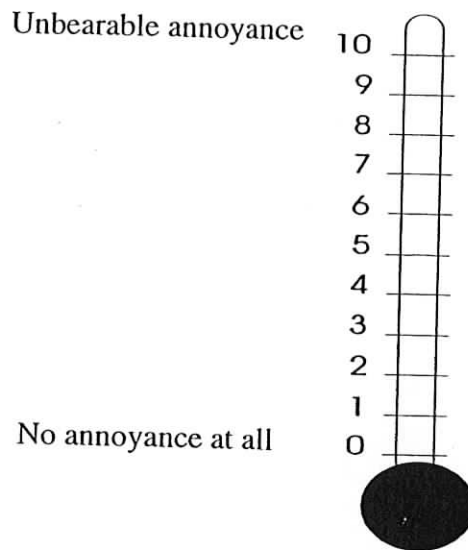
**IV: ANNOYANCE FROM AIR POLLUTION**

1) Please mark on the thermometer scale to what degree did you feel annoyed from air pollution at home during the 48 hours that you participated in the study.



2) This annoyance consisted mostly of: \_\_\_\_\_ 1-Dust \_\_\_\_\_   
2-Exhaust gases  
3-Chemicals  
4-Other   
(please specify)

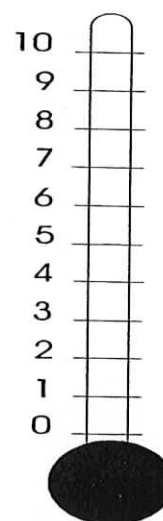
3) Please mark on the thermometer scale to what degree did you feel annoyed from air pollution at work during the 48 hours that you participated in the study.



4) This annoyance consisted mostly of: \_\_\_\_\_ 1-Dust \_\_\_\_\_   
2-Exhaust gases  
3-Chemicals  
4-Other   
(please specify)

5) Please mark on the thermometer scale to what degree did you feel annoyed from air pollution when commuting/ in the streets during the 48 hours that you participated in the study.

Unbearable annoyance



No annoyance at all

6) This annoyance consisted mostly of: \_\_\_\_\_ 1-Dust \_\_\_\_\_   
 2-Exhaust gases  
 3-Chemicals  
 4-Other   
 (please specify)

**V: INSTRUMENTS' CASE**

1) Was there any time during the 48 hours \_\_\_\_\_ 1-No, it was with me at all times \_\_\_\_\_   
 48 hours of the measurements that the instruments' case was not with you? 2-Yes  
 From:  
   
 (date) (time)  
 To:  
   
 (date) (time)



Thank you for your participation to the Expolis study

