



DEMOCOPHES

Basic Questionnaire

ID no. of child	_____
ID no. of mother	_____
Date (of interview)	_____.201__
ID no. of interviewer	____
Signature Interviewer	

A. Residential environment and residence

1.	When was the building constructed you are currently living in?	
	year	-----
	don't know	<input type="radio"/>

2.	How many square metres of living space does your home have?	<i>m² without decimals</i>
	m ²	---

3.	In what area is your flat/house located?	<i>One tick only! The predominant situation around the home.</i>
	city centre	<input type="radio"/>
	near city centre	<input type="radio"/>
	suburb	<input type="radio"/>
	industrial	<input type="radio"/>
	rural /village	<input type="radio"/>
	don't know	<input type="radio"/>

4.	Is there any of the following within a 50 m radius around your home?			<i>Please tick in each row! If the interviewee cannot give an answer, you have to find out this information by walking around after the interview is completed.</i>
		yes	no	
	A. a metalworking business (e.g. a locksmithery, steel constructions)	<input type="radio"/>	<input type="radio"/>	
	B. a scrap yard	<input type="radio"/>	<input type="radio"/>	
	C. a waste incineration plant	<input type="radio"/>	<input type="radio"/>	
	D. a commercial solvent user (e.g. a painting business)	<input type="radio"/>	<input type="radio"/>	
	E. a landfill site	<input type="radio"/>	<input type="radio"/>	

5.	What is the main type of heating in your home?	<i>One tick only!</i>
	A. individual stove/heater in each room B. heating system covering one floor/one flat C. central heating (one boiler in the building) D. district heating (no boiler in the building) E. don't know	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>

6.	What fuel or energy source do you mainly use for cooking? What is the main fuel or energy source for heating?	<i>Please tick in each column!</i>	
		cooking	heating
	A. oil	<input type="radio"/>	<input type="radio"/>
	B. gas	<input type="radio"/>	<input type="radio"/>
	C. coal, charcoal, wood	<input type="radio"/>	<input type="radio"/>
	D. electric power	<input type="radio"/>	<input type="radio"/>
	E. geothermal energy		<input type="radio"/>
	F. solar energy		<input type="radio"/>
	G. other	<input type="radio"/>	<input type="radio"/>
	<i>which one?</i>	
	H. don't know	<input type="radio"/>	<input type="radio"/>

7.	Are there any <u>additional</u> stoves/heaters used in your home that are fired with wood/ coal? This would cover tile stoves, bathing furnaces, multi-fuel burners and open fireplaces.	
	yes	<input type="radio"/>
	no	<input type="radio"/>

8.	Has your flat/house been redecorated within the last year?		<i>Redecoration: inter alia, painting the walls, adding a new floor or new tiles.</i>
	no yes <i>how many months ago?</i>	○ ○ --	

9.	Has your flat/house been renovated within the last two years?		<i>Renovation: inter alia, new windows, separation of a room by a wall, new pipes, convert the attic.</i>
	no yes <i>how many months ago?</i>	○ ○ --	

10.	Do you have PVC flooring in your flat/house? <i>note: we don't mean linoleum!</i>		
	no yes <i>how many m²?</i> don't know	○ ○ --- ○	

11.	Do you have PVC wall paper in your flat/house?		
	no yes <i>how many m²?</i> Don't know	○ ○ --- ○	

B. Nutrition

1.	What is your <u>main</u> source of water for drinking? <i>Please also consider the water used to prepare coffee, tea, juices, etc.</i>	<i>One tick only!</i>
	A. public water supply <input type="radio"/>	
	B. commercial producers (bottle, plastic vat/container, tetra pack, tins) <input type="radio"/>	
	C. own well/ private water supply <input type="radio"/>	
	D. don't know <input type="radio"/>	

2.	What is your <u>main</u> source of water for cooking?	<i>One tick only!</i>
	A. public water supply <input type="radio"/>	
	B. commercial producers (bottle, plastic vat/container, tetra pack, tins) <input type="radio"/>	
	C. own well/private water supply <input type="radio"/>	
	D. don't know <input type="radio"/>	

3.	How often do you drink alcohol? Base your answer on the last year.								<i>A Unit of beer usually contains ½ pint, a glass of wine is 2units and a standard spirits is 2 units.</i> <i>Please tick in each row!</i>
		≥1 Units a day	5-6 Units a week	2-4 Units a week	1 unit a week	1-3 Units a month	<1 unit a month	never	
	A. Beer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	B. Wine, fruit wine, sparkling wine, cider	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	C. Spirits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

4.	Ms. [name], how often did you eat the following foods in the last 4 weeks?								Please tick in each row!
		several times a day	daily	several times a week	1x a week	2-3x a month	1x a month	almost never	
	A. rice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	B. meat/ cold meat (<i>ham, cut</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	C. offal (<i>liver, kidneys, sweetbread etc.</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	D. game	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	E. wild mushrooms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	F. hazelnut spread	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	G. convenience food/ fast food (<i>frozen pizza, other already prepared meals</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	H. milk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	I. cheese	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	J. cereals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	K. chocolate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	L. ice cream	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	M. local food (<i>home-grown fruit/ vegetables (incl. potatoes) from your own/ relative's/ friend's garden or from a farm nearby</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	N. dishes served in a canteen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	O. chewing gum	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

5.	How often did your child <i>[name]</i> eat the following foods in the last 4 weeks?								Please tick in each row!
		several times a day	daily	several times a week	1x a week	2-3x a month	1x a month	almost never	
	A. rice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	B. meat/ cold meat (<i>ham, cut</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	C. offal (<i>liver, kidneys, sweetbread etc.</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	D. game	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	E. wild mushrooms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	F. hazelnut spread	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	G. convenience food/ fast food (<i>frozen pizza, other already prepared meals</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	H. milk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	I. cheese	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	J. cereals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	K. chocolate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	L. ice cream	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	M. local food (<i>home-grown fruit/ vegetables (incl. potatoes) from your own/ relative's/ friend's garden or from a farm nearby</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	N. dishes served in a canteen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	O. chewing gum	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

6.	Ms. [name], how often did you eat fish/fish products in the last 4 weeks?								
		several times a day	daily	several times a week	1x a week	2-3x a month	1x a month	almost never	
	A. fish/shellfish (this includes tuna in a salad or on a sandwich/ pizza, prawn cocktail, sea weed etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

7.	Ms. [name], how often did you eat the following <u>fish products</u> in the last 4 weeks?								<i>Please tick in each row!</i>
		several times a day	daily	several times a week	1x a week	2-3x a month	1x a month	almost never	
	B. sea fish	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	C. shellfish	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	D. freshwater fish	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	E. other sea products (e.g. sea weed)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

8.	How often did your child [name] eat fish/fish products in the last 4 weeks?								
		several times a day	daily	several times a week	1x a week	2-3x a month	1x a month	almost never	
	A. fish/shellfish (this includes tuna in a salad or on a sandwich/ pizza, prawn cocktail, sea weed etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

9.	How often did your child [name] eat the following <u>fish products</u> in the last 4 weeks?								<i>Please tick in each row!</i>
		several times a day	daily	several times a week	1x a week	2-3x a month	1x a month	almost never	
	B. sea fish	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	C. shellfish	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	D. freshwater fish	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	E. other sea products (e.g. sea weed)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

C. Smoking behaviour

1.	Does anyone smoke in your flat/house indoors?		<i>Please go to question 4!</i>
	yes	<input type="radio"/>	
	no	<input type="radio"/>	
2.	How many people usually smoke in your flat/house indoors?		
	number of people	--	
3.	And how many cigarettes/cigars/pipes per day are usually smoked in your flat/house indoors? Please give an estimate if you don't know exactly		
	cigarettes/cigars/pipes per day	---	
4.	Do you smoke, Ms. [name]?		<i>Please go to question 6!</i>
	yes, daily	<input type="radio"/>	
	yes, occasionally	<input type="radio"/>	
	no, I gave up smoking...	<input type="radio"/>	
	years ago	--	
	months ago	--	
	no, I have never smoked	<input type="radio"/>	
5.	How much do you currently smoke per day on average?		<i>Multiple answers possible</i>
	Number of		
	A. cigarettes	--	
	B. cigars/ cigarillos (small cigars)	--	
	C. pipes	--	
6.	Does your child [name] smoke?		
	yes, daily	<input type="radio"/>	
	yes, occasionally	<input type="radio"/>	
	no, he/she gave up smoking...	<input type="radio"/>	
	months ago	--	
	no, he/she has never smoked	<input type="radio"/>	
	don't know	<input type="radio"/>	

7.	How often do visitors smoke in your home? For instance, when you host parties and other special occasions		
	daily	<input type="radio"/>	
	4-6 times a week	<input type="radio"/>	
	2-3 times a week	<input type="radio"/>	
	once a week	<input type="radio"/>	
	less often	<input type="radio"/>	
	never	<input type="radio"/>	
	don't know	<input type="radio"/>	

8.	How often are you exposed to tobacco smoke in indoor settings?							<i>Please tick in each row!</i>
		daily	4-6x a week	2-3x a week	1x a week	less often	never	
	A. at home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	B. at friends/ relatives/ neighbours	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	C. in restaurants, ice-cream parlours, pubs, discotheques, sports clubs, at events	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	D. at work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	E. in car, bus, train and other means of transport	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	F. elsewhere: (where?)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

9.	How often is your child [name] exposed to tobacco smoke in indoor settings?							<i>Please tick in each row!</i>
		daily	4-6x a week	2-3x a week	1x a week	less often	never	
	A. at home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	B. at friends/ relatives/ neighbours	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	C. in restaurants, ice-cream parlours, pubs, discotheques, sports clubs, at events	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	D. at the parents' work place	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	E. in car, bus, train and other means of transport	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	F. elsewhere: (where?)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

D. Exposure-relevant behaviour

1.	Ms. [name], how often do you use...?					Please tick in each row!
		(almost) every day	about every second day	about 1 x a week	less often/never	
	A. make up	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	B. eye make up	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	C. shampoo	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	D. hair styling products	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	E. body lotion, creams (e.g. hand creams, lip balsam etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	F. fragrances (perfume, eau de toilette etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	G. deodorants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	H. massage oil	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	I. nail polish	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

2.	How often does your child [name] use ...?					Please tick in each row!
		(almost) every day	about every second day	about 1 x a week	less often/never	
	A. make up	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	B. eye make up	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	C. shampoo	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	D. hair styling products	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	E. body lotion, creams (e.g. hand creams, lip balsam etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	F. fragrances (perfume, eau de toilette etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	G. deodorants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	H. massage oil	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	I. nail polish	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

3.	Have you ever used treatments for skin bleaching?		Please enter the number of years or months that passed since the last treatment.
	no	<input type="radio"/>	
	yes	<input type="radio"/>	
	How long ago?		
	years ago	--	
	months ago	--	
	name of product (if known):	

4.	Has your child [name] ever used treatments for skin bleaching?		Please enter the number of years or months that passed since the last treatment.
	no	<input type="radio"/>	
	yes	<input type="radio"/>	
	How long ago?		
	years ago	--	
	months ago	--	
	name of product (if known):	

5.	Do you have teeth with amalgam fillings, Ms. [name]?		
	yes	<input type="radio"/>	
	how many?	--	
	no amalgam fillings	<input type="radio"/>	
	don't know	<input type="radio"/>	

6.	Does your child [name] have teeth with amalgam fillings?		
	yes	<input type="radio"/>	
	how many?	--	
	no amalgam fillings	<input type="radio"/>	
	don't know	<input type="radio"/>	

7.	How much time do you, Ms. [name], spend in a car per day on average? <i>This refers to all cars you use privately and/or in your job at workdays and at the weekend.</i>		<i>if < 1 hour please fill in zero=0 and specify minutes</i>
	__ hours	__ minutes	

8.	How much time does your child [name] spend in a car per day on average? <i>This refers to all cars you use privately and/or in your job at workdays and at the weekend.</i>		<i>if < 1 hour please fill in zero=0 and specify minutes</i>
	__ hours	__ minutes	

9.	How old is the car which you use mainly, Ms. [name]?		
	years	__	
	months	__	

10.	How old is the car your child [name] spends the most time in?		
	years	__	
	months	__	

11.	Has a clinical thermometer containing mercury (silver-coloured fluid) ever been broken in your home?		
	yes	<input type="radio"/>	
	<i>How long ago?</i>	__ years __ months __ days	
	no	<input type="radio"/>	
	don't know	<input type="radio"/>	

12.	Has an energy-saving lamp ever been broken in your home?		
	yes	<input type="radio"/>	
	<i>How long ago?</i>	__ years __ months __ days	
	no	<input type="radio"/>	
	don't know	<input type="radio"/>	

13.	Does anybody work with a soldering metal in your home? <i>This might be as part of DIY and hobby activities, for instance.</i>		
	yes	<input type="radio"/>	
	no	<input type="radio"/>	

14.	Did anybody work regularly with the following materials in your home in the last four weeks? This might be as part of do it yourself (DIY) and hobby activities, for instance.		<i>Please tick in each row!</i>	
		yes		No
	A. metals	<input type="radio"/>		<input type="radio"/>
	B. paints/ coatings	<input type="radio"/>		<input type="radio"/>
	C. lubricants	<input type="radio"/>		<input type="radio"/>

15.	How often did you wear rubber-like plastic gloves (not latex) in the last week?		
	daily	<input type="radio"/>	
	less than daily	<input type="radio"/>	
	never	<input type="radio"/>	

16.	How often did your child [name] play with toys consisting of or containing rubber-like plastic in the last week? Please also think of toys your child plays with outside your home.		
	daily	<input type="radio"/>	
	less than daily	<input type="radio"/>	
	never	<input type="radio"/>	
	don't know	<input type="radio"/>	

17.	How much time per day does your child spend outdoors? Please think of a normal school day during the last 12 months.		
	in summertime	__ hours __ minutes	
	in wintertime	__ hours __ minutes	

E. Occupation

1.	What kind of professional/vocational training do you have?	
	

2.	Which is your main occupation at present?		
	<i>If answer A: please go to section F!</i> <i>If answer B: please proceed with question 3.</i>	
	A. unemployed/ housewife/ out of work/ student		<input type="radio"/>
	B. in training		<input type="radio"/>

3.	To which industrial sector does this occupation belong?		
	A. Agriculture, forestry and fishing	<input type="radio"/>	<i>Don't read out the possible options, only tick them if named!</i> <i>If the interviewee cannot answer properly, give support according to the present occupation.</i>
	B. Mining and quarrying	<input type="radio"/>	
	C. Manufacturing	<input type="radio"/>	
	D. Electricity, gas, steam and air conditioning supply	<input type="radio"/>	
	E. Water supply, sewerage, waste management and remediation activities	<input type="radio"/>	
	F. Construction	<input type="radio"/>	
	G. Wholesale and retail trade, repair of motor vehicles, motorcycles	<input type="radio"/>	
	H. Transportation and storage	<input type="radio"/>	
	I. Accommodation and food service activities	<input type="radio"/>	
	J. Information and communication	<input type="radio"/>	
	K. Financial and insurance activities	<input type="radio"/>	
	L. Real estate activities	<input type="radio"/>	
	M. Professional, scientific and technical activities	<input type="radio"/>	
	N. Administrative and support service	<input type="radio"/>	
	O. Public administration and defence, compulsory social security	<input type="radio"/>	
	P. Education	<input type="radio"/>	
	Q. Human health and social work activities	<input type="radio"/>	
	R. RTS, entertainment and recreation	<input type="radio"/>	
	S. Other service activities	<input type="radio"/>	

4.	Please specify this sector!	
	
	

5.	When did you start this job?		
	year	_____	

6.	What is your work environment in this job most of the time?		
	A. offices, schools, kindergartens, libraries, etc.	<input type="radio"/>	
	B. factory buildings, warehouses etc.	<input type="radio"/>	
	C. shops, canteens, restaurants, etc.	<input type="radio"/>	
	D. hospitals, doctor's surgery, labs	<input type="radio"/>	
	E. indoor construction sites	<input type="radio"/>	
	F. outdoor construction sites	<input type="radio"/>	
	G. traffic (car, train, pedestrian)	<input type="radio"/>	
	H. forests, parks, fields, barns etc.	<input type="radio"/>	

7.	Do you come into contact with the following substances on this job:		Please tick in each row.	
		yes		No
	A. metallic dust	<input type="radio"/>		<input type="radio"/>
	B. oil	<input type="radio"/>		<input type="radio"/>
	C. pharmaceuticals	<input type="radio"/>		<input type="radio"/>
	D. paints/ coatings	<input type="radio"/>		<input type="radio"/>
	E. solvents	<input type="radio"/>		<input type="radio"/>
	F. plasticiser	<input type="radio"/>		<input type="radio"/>
	G. mercury	<input type="radio"/>		<input type="radio"/>
	H. cadmium	<input type="radio"/>		<input type="radio"/>
	I. other metals	<input type="radio"/>	<input type="radio"/>	
	Which ones?			

8.	Do you come into contact with hazardous materials, hazardous waste or other special chemicals?		
	no	<input type="radio"/>	
	don't know	<input type="radio"/>	
	yes	<input type="radio"/>	
	which ones?		

F. Socio-Demography

1.	Are you living alone with your child / children, Ms. [name]?		
	yes	<input type="radio"/>	
	no	<input type="radio"/>	

2.	Where were you born? Please answer for you and father/spouse/partner if possible!				
		child surveyed	mother	father/spouse/partner	
	in [member state]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	in another country	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	which one?	

3.	Since when have you lived in [member state]? Please answer for you and father/spouse/partner if possible!				
		child surveyed	mother	father/spouse/partner	
	since birth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	since [year] -----	-----	-----	-----	

4.	Which languages do you speak at home?		
	language of member state	<input type="radio"/>	
	other language(s)	<input type="radio"/>	
	which one(s)?	

5.	Please tell us for ALL of your household members: gender, age and smoking status.				
	gender		age	smoker	
	m	f		yes	no
	mother		--	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	--	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	--	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	--	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	--	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	--	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	--	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	--	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	--	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	--	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	--	<input type="radio"/>	<input type="radio"/>

6.	What education do you have, Ms. [name]? Please answer for you and father/spouse/partner if possible!		Please tick in each column but only once per column!	
		mother father/spouse/partner		
	A. no formal education	<input type="radio"/>	<input type="radio"/>	Categories should be adapted according to member state.
	B. primary education	<input type="radio"/>	<input type="radio"/>	
	C. lower secondary education, Up to Junior/Inter Cert	<input type="radio"/>	<input type="radio"/>	
	D. (upper) secondary education Up to Leaving Cert	<input type="radio"/>	<input type="radio"/>	
	E. Post Leaving Cert Courses, FAS, FETAC, etc	<input type="radio"/>	<input type="radio"/>	
	F. Third Level, University/college, Diploma, Batchelors degree	<input type="radio"/>	<input type="radio"/>	
	G. Masters, Phd, Research	<input type="radio"/>	<input type="radio"/>	
	H. don't know		<input type="radio"/>	

7.	What is your current labour status? Please answer for you and father/spouse/partner if possible!			<i>Please tick in each column!</i>
		mother	father/spouse/partner	
	A. Carrying out a job or profession, including unpaid work for a family business or holding, including an apprenticeship or paid traineeship, etc.	<input type="radio"/>	<input type="radio"/>	
	<i>Full time</i>	<input type="radio"/>	<input type="radio"/>	
	<i>Part time</i>	<input type="radio"/>	<input type="radio"/>	
	B. Unemployed	<input type="radio"/>	<input type="radio"/>	
	C. Pupil, student, further training, unpaid work experience	<input type="radio"/>	<input type="radio"/>	
	D. in retirement or early retirement or has given up business	<input type="radio"/>	<input type="radio"/>	
	E. permanently disabled	<input type="radio"/>	<input type="radio"/>	
	F. in compulsory military or community service	<input type="radio"/>	<input type="radio"/>	
	G. fulfilling domestic tasks	<input type="radio"/>	<input type="radio"/>	
	H. other inactive person	<input type="radio"/>	<input type="radio"/>	

8.	Which position do you presently hold? Please answer for you and father/spouse/partner if possible!			<i>Please tick in each column!</i>
		mother	father/spouse/partner	
	A. Manager	<input type="radio"/>	<input type="radio"/>	
	B. Professional	<input type="radio"/>	<input type="radio"/>	
	C. Technician or associate professional	<input type="radio"/>	<input type="radio"/>	
	D. Clerical support worker	<input type="radio"/>	<input type="radio"/>	
	E. Service or sales worker	<input type="radio"/>	<input type="radio"/>	
	F. Skilled agricultural, forestry or fishery worker	<input type="radio"/>	<input type="radio"/>	
	G. Craft and related trade worker	<input type="radio"/>	<input type="radio"/>	
	H. Plant or machine operator or assembler	<input type="radio"/>	<input type="radio"/>	
	I. Elementary occupation	<input type="radio"/>	<input type="radio"/>	
	J. Armed forces occupation	<input type="radio"/>	<input type="radio"/>	

9.	Perhaps you can indicate the category your household's <u>MONTHLY DISPOSABLE NET INCOME</u> belongs to. That is the gross income of all household members <u>minus</u> regular taxes on wealth, inter-household cash transfers paid, tax on income and social insurance contributions?		
	< 50 % of the MS mean net income	<2000	<input type="radio"/>
	50 % - < 60 % of the MS mean net income	2000- <2250	<input type="radio"/>
	60 % - < 75 % of the MS mean net income	2250- <2750	<input type="radio"/>
	75 % - < 90 % of the MS mean net income	2750 - <3500	<input type="radio"/>
	90 % - < 115% of the MS mean net income	3500 - <4500	<input type="radio"/>
	115 % - < 150 % of the MS mean net income	4500 - <5500	<input type="radio"/>
	150 % - < 200 % of the MS mean net income	5500 - <7500	<input type="radio"/>
	> 200 % of the MS mean net income	> 7500	<input type="radio"/>

Note: The average monthly disposable household income is 3830 (Cental Statistics Office – Ireland) 2009