

Cyprus Public Perception of Environmental Health Risks

Fields marked with * are mandatory.

1 Introduction



Cyprus
University of
Technology

Cyprus International
Institute for Environmental
and Public Health

Water and Health Laboratory

[Μπορείτε να αλλάξετε την γλώσσα σε ελληνικά στην πάνω δεξιά πλευρά της οθόνης.](#)

Dear Respondent,

Thank you for your interest in our study!

The rapid climate change is one of the most important phenomena that are expected to affect our lives and our health.

For example, Cyprus the past few years experiences more frequent heatwaves during the summer and lengthy periods without rain in the winter that threaten water availability.

These phenomena are the result of the overall changes in the climate and affect our health.

With this study we aim to collect the **opinions of people living in Cyprus about how their health might be influenced by climate change and environmental factors.**

Environmental factors refer to everything that exists in our surroundings and is not a genetic or biological process in our bodies.

Your answers to a short anonymous questionnaire (takes approximately 10 mins to be filled in) will help us understand how people living in Cyprus perceive the effects of climate change.

With the results will be able to develop research and communication initiatives that will include the community and the citizens.

This study is conducted by the Cyprus International Institute for Environmental and Public Health in collaboration with the MSc in Global Health of Maastricht University, The Netherlands.

No personal data will be collected and no personally identifiable information will be requested from you.

If you agree to participate, please check the statement at the end of this page.

If you need additional information about the study or about our other research activities, please feel free

to contact us at the email address: waterandhealthlab@cut.ac.cy.

Thank you!

Eva Maloan van Bergen Henegouw

MSc Global Health

Maastricht University, the Netherlands

Konstantinos C. Makris, PhD

Associate Professor of Environmental Health

Water and Health Laboratory

Cyprus International Institute for Environmental and Public Health

Cyprus University of Technology

* I have read and understand all given information and I would like to proceed to the questionnaire.

2 General information

*** 1. Age**

Only values of at least 18 are allowed

*** 2. How would you describe your place of birth?**

- Large city
- Suburb near large city
- Small city
- Rural

*** 3. Sex**

- Female
- Male

*** 4. Which is the highest level of education which you have successfully completed? Please include any training that you received within your work.**

- I have never been to school
- I have not completed primary school
- Primary School
- Middle School (3 years)
- High School/Vocational High School (diploma)
- Higher (after high school) non-tertiary Education
- Higher Tertiary Education (non-University)
- University (Bachelor degree)
- University-Postgraduate (only Master's degree)
- PhD

*** 5. Professional Status**

- Employed / self-employed
- Retired
- Student
- Unemployed / Out of employment
- Housekeeping

*** 6. Where do you currently live?**

- Paphos district
- Limassol district
- Nicosia district
- Famagusta district
- Larnaca district
- Other district
- Not living in Cyprus

*** 7. How would you describe your place of residence?**

- Large city
- Suburb near large city
- Small city
- Rural

*** 8. How would you rate your community as a place to live?**

- Very good
- Somewhat good
- Somewhat bad
- Very bad
- Don't know

*** 9. What is your marital status?**

- Unmarried
- Married
- Divorced
- Widowed

*** 10. Do you have children?**

- Yes
- No

3 Self-assessed health

*** 1. In general would you say your health is:**

- Excellent
- Very good
- Good

- Average
- Poor

*** 2. How is your health now compared to one year ago?**

- Much better now than one year ago
- Somewhat better now than one year ago
- About the same
- Somewhat worse than one year ago
- Much worse than one year ago

3. The following items are about activities you might do during a typical day. Does your health now limit you in these activities?

If so, how much?

(Click on one answer on each line)

	Yes, limited a lot	Yes, limited a little	No, not limited at all
* Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
* Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
* Lifting or carrying groceries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
* Climbing several flights of stairs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
* Climbing one flight of stairs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
* Bending, kneeling, or stooping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
* Walking more than a kilometer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
* Walking several blocks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
* Walking one block	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
* Bathing or dressing yourself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health?

(Click on one answer on each line)

	Yes	No
* Cut down the amount of time you spent on work or other activities	<input type="radio"/>	<input type="radio"/>
* Accomplished less than you would like	<input type="radio"/>	<input type="radio"/>
* Were limited in the kind of work or other activities	<input type="radio"/>	<input type="radio"/>

* Had difficulty performing the work or other activities (for example, it took extra effort)	<input type="radio"/>	<input type="radio"/>
--	-----------------------	-----------------------

5. During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?

(Click on one answer on each line)

	Yes	No
* Cut down the amount of time you spent on work or other activities	<input type="radio"/>	<input type="radio"/>
* Accomplished less than you would like	<input type="radio"/>	<input type="radio"/>
* Didn't do work or other activities as carefully as usual	<input type="radio"/>	<input type="radio"/>

*** 6. During the past 4 weeks, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbors, or groups?**

- Not at all
- Slightly
- Moderately
- Quite a bit
- Extremely

7. These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling.

(Click on one answer on each line)

How much of the time during the past 4 weeks . . .

	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time
* Did you feel full of life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
* Have you been a very nervous person?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
* Have you felt so down in the dumps that nothing could cheer you up?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
* Have you felt calm and peaceful?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* Did you have a lot of energy?	<input type="radio"/>					
* Have you felt downhearted and blue?	<input type="radio"/>					
* Did you feel worn out?	<input type="radio"/>					
* Have you been a happy person?	<input type="radio"/>					
* Did you feel tired?	<input type="radio"/>					

*** 8. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)?**

- All of the time
- Most of the time
- Some of the time
- A little of the time
- None of the time

9. How TRUE or FALSE is each of the following statements for you.

(Click on one answer on each line)

	Definitely true	Mostly true	Don't know	Mostly false	Definitely false
* I seem to get sick a little easier than other people	<input type="radio"/>				
* I am as healthy as anybody I know	<input type="radio"/>				
* I expect my health to get worse	<input type="radio"/>				
* My health is excellent	<input type="radio"/>				

4 Environmental health risks

*** 10. Do you see evidence of climate change on the planet?**

- Not at all
- Slightly
- Moderately
- Quite a bit
- Extremely

11. With environmental factors in mind, such as climate change, pollution and (toxic) waste, how often do you think will the following health issues occur in 2028 (in 10 years) compared to now, in Cyprus?

	Much more	Somewhat more	About the same	Somewhat less	Much less
*The amount of people with an injury	<input type="radio"/>				
*The amount of people with asthma	<input type="radio"/>				
*The amount of people with cancer	<input type="radio"/>				
*The amount of people with obesity	<input type="radio"/>				
*The amount of people with diabetes type II	<input type="radio"/>				
*The amount of people with high blood pressure	<input type="radio"/>				

12. To what degree do you think that the following factors are being influenced by climate change?

	Extremely influenced	Quite a bit influenced	Moderately influenced	Slightly influenced	Not at all influenced
* Temperature rise (global warming)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
* Extreme weather events	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
* Contamination of air	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
* Contamination of water	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
* Contamination of food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
* Contamination of land	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
* Radiation level	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*** 13. Choose 5 of the following factors that, in your opinion, have the worse effect on your health.**

between 5 and 5 choices

- | | |
|--|--|
| <input type="checkbox"/> Air pollution | <input type="checkbox"/> Water scarcity |
| <input type="checkbox"/> Chemicals in water and food | <input type="checkbox"/> (Toxic) waste |
| <input type="checkbox"/> Agricultural pollution | <input type="checkbox"/> Exhaustion of natural resources |
| <input type="checkbox"/> Noise pollution | <input type="checkbox"/> Biodiversity loss |
| <input type="checkbox"/> Consumption habits | <input type="checkbox"/> Soil degradation |
| <input type="checkbox"/> Invasive species | <input type="checkbox"/> Flooding |
| <input type="checkbox"/> Water pollution | |

*** 14. How important do you think environmental factors are in causing diseases?**

- Very important
- Somewhat important
- Not too important
- Not important at all
- Don't know

15. How dangerous do you think the following environmental exposures are for your health?

	Very serious danger	Somewhat serious danger	Somewhat minor danger	No danger at all	Don't know
* air pollution	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
* water pollution	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
* chemicals in water and food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
* (toxic) waste	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
* heatwave	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
* flooding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
* water scarcity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
* agricultural pollution	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
* noise pollution	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
* consumption habits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
* invasive species	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
* exhaustion of natural resources	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
* biodiversity loss	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
* soil degradation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

16. Now thinking of some specific illnesses, do you think environmental factors play a major role, minor role or no role at all in causing the following illnesses?

	Major role	Minor role	No role at all	Don't know
* Cancer in children, such as leukemia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
* Infertility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
* Asthma in children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
* Sinus and allergy problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
* Birth defects	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* Breast cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
* High blood pressure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
* Colds and flues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
* Prostate cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
* Brain tumors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
* Asthma in adults	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
* Obesity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
* Diabetes type 2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
* Thyroid cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
* Vector borne diseases, such as malaria and dengue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
* Infectious diseases, such as measles, tuberculosis or hepatitis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

17. In your opinion, how much can people like you do to protect yourself from the following?

	A great deal	Moderate amount	A little	Nothing at all	Don't know
* Infectious diseases such as measles, tuberculosis and hepatitis	<input type="radio"/>				
* Health problems caused by environmental problems such as climate change, pollution or (toxic)waste	<input type="radio"/>				

5 Information sources

*** 18. Choose up to 5 sources of information where you get information about environmental health risks from.**

between 1 and 5 choices

- | | |
|---|---|
| <input type="checkbox"/> Social media and the Internet | <input type="checkbox"/> Publications, brochures or information materials |
| <input type="checkbox"/> Television news | <input type="checkbox"/> The radio |
| <input type="checkbox"/> Films and documentaries on television | <input type="checkbox"/> Magazines |
| <input type="checkbox"/> Conversations with relatives, family, friends, neighbors, etc. | <input type="checkbox"/> Books |
| <input type="checkbox"/> Newspapers | <input type="checkbox"/> Events (conferences, fairs exhibitions, festivals, etc.) |
| <input type="checkbox"/> Medical doctors | <input type="checkbox"/> Politicians |
| <input type="checkbox"/> Education / Lectures / Courses | <input type="checkbox"/> Other |

19. How reliable do you consider the following information sources to be?

	Extremely reliable	Quite a bit reliable	Moderately reliable	Slightly reliable	Not at all reliable
* Social media and the Internet	<input type="radio"/>				
* Television news	<input type="radio"/>				
* Films and documentaries on television	<input type="radio"/>				
* Conversations with relatives, family, friends, neighbours, etc.	<input type="radio"/>				
* Newspapers	<input type="radio"/>				
* Medical doctors	<input type="radio"/>				
* Education/ Lectures/ Courses	<input type="radio"/>				
* Publications, brochures or information materials	<input type="radio"/>				
* The radio	<input type="radio"/>				
* Magazines	<input type="radio"/>				
* Books	<input type="radio"/>				
* Events (conferences, fairs, exhibitions, festivals, etc.)	<input type="radio"/>				
* Politicians	<input type="radio"/>				

20. Some people say they do not have enough information about the discussed topics. How about you? Do you have enough information about this or would you like more information?

	Yes, I have enough information	No, I would like more information	No, and I don't like to have the information	Don't know
* the state of the environment in your community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
* the impact of climate change on the Cypriot population	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
* What they can do to protect themselves and their family from <u>environmental health problems</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
* What they can do to protect themselves and their family from consequences of <u>climate change</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*** 21. Choose up to 5 ways of how you would like to receive information regarding environmental health risks?**

between 1 and 5 choices

- | | |
|--|---|
| <input type="checkbox"/> Social media and the Internet | <input type="checkbox"/> Publications, brochures or information materials |
| <input type="checkbox"/> Television news | <input type="checkbox"/> The radio |
| <input type="checkbox"/> Films and documentaries on television | <input type="checkbox"/> Magazines |
| <input type="checkbox"/> Conversations with relatives, family, friends, neighbours, etc. | <input type="checkbox"/> Books |
| <input type="checkbox"/> Newspapers | <input type="checkbox"/> Events (conferences, fairs exhibitions, festivals, etc.) |
| <input type="checkbox"/> Medical doctors | <input type="checkbox"/> Politicians |
| <input type="checkbox"/> Education / Lectures / Courses | <input type="checkbox"/> Other |

6 Thank you!



Cyprus
University of
Technology

Cyprus International
Institute for Environmental
and Public Health

Water and Health Laboratory

Please click on the 'submit' button to send your answers.