	INDOOR CLIMATE	MM 040 NA	Name (voluntary information)		
	Work environment	Date			
	ENGLISH VERSION	year month day	Company/Institution (important information)		
1-6					
			Department (important information)		
7-11	Occu	pation			
12-21	User     Grou Filled in by invest	1111			

# This questionnaire concerns your indoor climate and possible symptoms you may be experiencing.

## **BACKGROUND FACTORS**

22-23	Year of birth	19	Occupation
24	Sex	Male 1 Female 2	How long have you been at your present
25	Do you smoke?	Yes 1 No 2	place of work?    years 26-27

#### WORK ENVIRONMENT

	Have you been <b>bothered</b> during <b>the last three months</b> by any of the following factors at <b>your work place</b> ? (Answer every question even if you have not been bothered!)	Yes, often (every week)	Yes, sometimes	No, never
28 29 30	Draught Room temperature too high Varying room temperature			
31 32 33	Room temperature too low Stuffy "bad" air Dry air			
34 35 36	Unpleasant odour Static electricity, often causing shocks Passive smoking			
37 38 39	Noise Light that is dim or causes glare and/or reflections Dust and dirt			

# WORK CONDITIONS

		Yes, often	Yes, sometimes	No, seldom	No, never (4)	
40	Do you regard your work as interesting and stimulating?					
41	Do you have too much work to do?					
42	Do you have any opportunity to influence your workin conditions?					
43	Do your fellow-workers help you with problems you may have in your work?					
75-80	Andersson K. Epidemiological approach to indoor air problems. Indoor Air 1998;suppl 4:32-9. Dept of Occup and Environm Med, Örebro University Hospital, Sweden. Fax +46 19 120404. E-mail kjell.andersson@orebroll.se. Version 8910-2 K.Andersson©/IF.					

The questionnaire is free to use in research and non-commercial activities.

#### PAST/PRESENT DISEASES/SYMPTOMS

				If Yes	:
				during the last year?	
		Yes	No	Yes	No
		(1)	(2)	(1)	(2)
1-2	Have you ever had asthmatic problems?				
3-4	Have you ever suffered from hayfever?				
5-6	Have you ever suffered from eczema?				

### PRESENT SYMPTOMS

	During the last three months have you had any of the following symptoms?						
	During the <b>last three months</b> have you had any of the following symptoms? (Answer every question even if you have not had any symptoms!) If YES:						
		do you believe that it is					
			due to your work				
		Yes, often	Yes,	No,	environment?		
		(every week)	sometimes	never	Yes	No	
		(1)	(2)	(3)	(1)	(2)	
7-8	Fatigue						
9-10	Feeling heavy-headed						
11-12	Headache						
					_		
13-14	Nausea/dizziness						
15-16	Difficulties concentrating						
17-18	Itching, burning or irritation of the eye	es 🗌					
19-20	Irritated, stuffy or runny nose						
21-22	Hoarse, dry throat						
23-24	Cough						
25-26	Dry or flushed facial skin						
27-28	Scaling/itching scalp or ears						
29-30	Hands dry, itching, red skin						
31-32	Other						

## FURTHER COMMENTS

# THANK YOU!