

# WORK EXPOSURE QUESTIONNAIRE

**1. What is your present employment status?**

- 1 Worker
  - 2 Unemployed
  - 3 Student
  - 4 Leave
  - 5 Housewife
  - 6 Others (specify):.....
  - 9. Doesn't know / Doesn't answer
- Why?: .....

IF THE ANSWER IS 1 OR 4 GO TO QUESTION 3

1

**2. Have you worked at any time since a month before getting pregnant up to now?**

- 1 Yes
- 2 No
- 9 N.A.

IF THE ANSWER IS **NO** OR **N.A.**  
THIS IS THE END OF MOTHER'S  
LABOUR HISTORY

2

**3. Regarding your present job or jobs done since a month before getting pregnant up to now, could you give us the following information?**

- Term of the contract:** Time worked in the firm (starting date, stopping date)  
**Activity of the firm:** What does the firm do?  
**Post:** What is the worker's position in the firm?  
**Tasks:** What sort of tasks does the worker do in his job?

**WORK HISTORY TABLE**

Term of the contract	Activity of the firm	Post	Tasks
JOB 1 From ..... / ..... To ..... / ..... <small>Month Year</small>			
JOB 2 From ..... / ..... To ..... / ..... <small>Month Year</small>			
JOB 3 From ..... / ..... To ..... / ..... <small>Month Year</small>			
JOB 4 From ..... / ..... To ..... / ..... <small>Month Year</small>			
JOB 5 From ..... / ..... To ..... / ..... <small>Month Year</small>			
JOB 6 From ..... / ..... To ..... / ..... <small>Month Year</small>			
JOB 7 From ..... / ..... To ..... / ..... <small>Month Year</small>			
JOB 8 From ..... / ..... To ..... / ..... <small>Month Year</small>			
JOB 9 From ..... / ..... To ..... / ..... <small>Month Year</small>			
JOB 10 From ..... / ..... To ..... / ..... <small>Month Year</small>			
JOB 11 From ..... / ..... To ..... / ..... <small>Month Year</small>			

**FOR EVERY JOB DONE SINCE A MONTH BEFORE GETTING PREGNANT TO THE MOMENT OF THE INTERVIEW (WORK HISTORY TABLE) REPEAT ALL THE QUESTIONS BELOW (FROM QUESTION 5 TO QUESTION 20) INDICATING THE JOB REFERRED TO IN EACH SET OF QUESTIONS ACCORDING TO THE NUMBERS IN THE TABLE.**

**JOB NO. |\_\_|\_\_| (ORDER NUMBER ON THE WORK HISTORY TABLE):**

**4. For the job done from** ..... / ..... **to** ..... / .....  
Month Year Month Year

4 |\_\_| |\_\_| |\_\_| |\_\_| |\_\_| |\_\_|

|\_\_| |\_\_| |\_\_| |\_\_| |\_\_| |\_\_|

**5. In the firm:**

**6. As a/an:**

5 |\_\_| |\_\_| |\_\_| |\_\_| 6 |\_\_| |\_\_| |\_\_| |\_\_|

*(Could you tell us...?)*

**7a. Type of contract:**

7a |\_\_| |\_\_| |\_\_| |\_\_|

- 1 Civil servant
- 2 Substitute Civil Servant
- 3 Indefinite
- 4 Temporary < 1 year
- 5 Temporary 1-3 years
- 6 Temporary ≥ 3 years
- 7 Self-employed
- 8 Training / research
- 9 Worker without a contract
  - 9 a. Family firm
  - 9 b. Illegal
  - 9 c. Others
- 10 Others (specify): .....
- 99 Doesn't know / Doesn't answer

**7b. Working day:**

7b |\_\_| |\_\_| |\_\_| |\_\_|

- 1 Part-time
- 2 Full time
- 9 Doesn't know / Doesn't answer

**8. Working hours:**

8 |\_\_| |\_\_| |\_\_| |\_\_|

- 1 Fixed day shift
- 2 Fixed night shift
- 3 Rotating shift without night work
- 4 Rotating shift with night work
- 5 Others (specify): .....
- 9 Doesn't know / Doesn't answer

**9. Do/Did you work standing?**

9 |\_\_| |\_\_| |\_\_| |\_\_|

- 1 Yes
- 2 No
- 9 Doesn't know / Doesn't answer

IF THE ANSWER IS **NO** or **N.A.** GO TO QUESTION 10

**9a. How long for?**

9a |\_\_| |\_\_| |\_\_| |\_\_|

- 1 < 2 hours per working day
- 2 2-4 hours per working day
- 3 > 4 hours per working day

**10. Do/did you have to lift weights or objects of more than 5 kg?**

- 1 Yes
- 2 No
- 9 N.A.

IF THE ANSWER IS **NO** or **N.A.** GO TO QUESTION 12

**10b. How often?**

- 1 Occasionally (not every day)
- 2 Often (every day, in some occasions)
- 3 Very often (every day, many times)

**11. Do/did you have to lift weights or objects of more than 20 kg?**

- 1 Yes
- 2 No
- 9 N.A.

IF THE ANSWER IS **NO** or **N.A.** GO TO QUESTION 12

**10b. How often?**

- 1 Occasionally (not every day)
- 2 Often (every day, in some occasions)
- 3 Very often (every day, many times)

10

10b

11

11b

	Always	Very often	Someti mes	Never	Don't know	Not applicable	
<b>12. Does/did your job demand working very quickly?</b>	1	2	3	4	5	6	12 <input type="checkbox"/>
<b>13. Do/did you have time to keep up to date with your work?</b>	1	2	3	4	5	6	13 <input type="checkbox"/>
<b>14. Can/could you take decisions about how to do your work?</b>	1	2	3	4	5	6	14 <input type="checkbox"/>
<b>15. Does/did your job demand constant attention?</b>	1	2	3	4	5	6	15 <input type="checkbox"/>
<b>16. Does/did your job have important consequences for your colleagues, clients, installations?</b>	1	2	3	4	5	6	16 <input type="checkbox"/>
<b>17. Is /was your job monotonous and repetitive?</b>	1	2	3	4	5	6	17 <input type="checkbox"/>
<b>18. Do/did you receive help/support from your colleagues?</b>	1	2	3	4	5	6	18 <input type="checkbox"/>
<b>19. Do/did you receive help/support from your superiors?</b>	1	2	3	4	5	6	19 <input type="checkbox"/>

**20. At work, do you use/have you used or are you/have you been exposed to any of the chemicals below? (if the answer is Yes describe the nature and frequency of the exposure)**

**a. Solvent / glue / adhesive substances**

[examples: paint, cleaning or degreasing parts, shoemaking, plastic or rubber industry, wood industry, cosmetic or pharmaceutical industry, dry cleaning, laboratories]

- 1 Yes
- 2 No
- 9 N.A.

Describe the nature of the exposure:

.....

Indicate frequency of exposure:

- 1 Occasionally (<2h/day)
- 2 Often (2-4 h/day)
- 3 Very often (>4h/day)

20a  21a1

17a2

**b. Benzene**

[examples: oil treatment, chemical industry, laboratories, degreasing metal parts, aerography, petrol stations]

- 1 Yes
- 2 No
- 9 N.A.

Describe the nature of the exposure:

.....

Indicate frequency of exposure:

- 1 Occasionally (<2h/day)
- 2 Often (2-4 h/day)
- 3 Very often (>4h/day)

20b  20b1

20b2

**c. Lead**

[examples: casting lead, pellet making, paint, glaze for ceramics, car industry, treatment of scrap, making batteries, welding]

- 1 Yes
- 2 No
- 9 N.A.

Describe the nature of the exposure:

.....

Indicate frequency of exposure:

- 1 Occasionally (<2h/day)
- 2 Often (2-4 h/day)
- 3 Very often (>4h/day)

20c  20c1

20c2

**d. Nickel**

[examples: nickel treatment and refineries, metallurgy, chemical industry, nickel-plating industry]

- 1 Yes
- 2 No
- 9 N.A.

Describe the nature of the exposure:

.....

Indicate frequency of exposure:

- 1 Occasionally (<2h/day)
- 2 Often (2-4 h/day)
- 3 Very often (>4h/day)

20d  20d1

20d2

20a  21a1

17a2

20b  20b1

20b2

20c  20c1

20c2

20d  20d1

20d2

<b>e. Mercury</b> [examples: bathroom fittings, silver and gold mineral treatment, amalgams, radium valve making, battery making, leather tanning and treatment, taxidermy, photography, felt making]	1	Yes	Describe the nature of the exposure:	20e	20e1		
	2	No	.....				
	9	N.A.	.....				
				Indicate frequency of exposure:	20e2		
				1 Occasionally (<2h/day)			
				2 Often (2-4 h/day)			
				3 Very often (>4h/day)			
				.....			
				.....			
<b>f. Cadmium</b> [examples: welding, car industry, paint, leather industry, glass industry, printing ink]	1	Yes	Describe the nature of the exposure:	20f	20f1		
	2	No	.....				
	9	N.A.	.....				
				Indicate frequency of exposure:	20f2		
				1 Occasionally (<2h/day)			
				2 Often (2-4 h/day)			
				3 Very often (>4h/day)			
				.....			
				.....			
<b>g. Arsenic</b> [examples: refinery of lead, gold, copper, zinc and tin, glass industry, pest-control substance making]	1	Yes	Describe the nature of the exposure:	20g	20g1		
	2	No	.....				
	9	N.A.	.....				
				Indicate frequency of exposure:	20g2		
				1 Occasionally (<2h/day)			
				2 Often (2-4 h/day)			
				3 Very often (>4h/day)			
				.....			
				.....			
<b>h. Pest-control substances (insecticides, weed killers, etc.)</b> [examples: agriculture, gardening, health treatment of public buildings or spaces]	1	Yes	Describe the nature of the exposure:	20h	20h1		
	2	No	.....				
	9	N.A.	.....				
				Indicate frequency of exposure:	20h2		
				1 Occasionally (<2h/day)			
				2 Often (2-4 h/day)			
				3 Very often (>4h/day)			
				.....			
				.....			
<b>i. Formaldehyde</b> [examples: producing formol and formol products, dissection theatres, disinfection tasks, laboratories]	1	Yes	Describe the nature of the exposure:	20i	20i1		
	2	No	.....				
	9	N.A.	.....				
				Indicate frequency of exposure:	20i2		
				1 Occasionally (<2h/day)			
				2 Often (2-4 h/day)			
				3 Very often (>4h/day)			
				.....			
				.....			
<b>j. Nitrous oxide</b> [example: bathroom fittings]	1	Yes	Describe the nature of the exposure:	20j	20j1		
	2	No	.....				
	9	N.A.	.....				
				Indicate frequency of exposure:	20j2		
				1 Occasionally (<2h/day)			
				2 Often (2-4 h/day)			
				3 Very often (>4h/day)			
				.....			
				.....			
<b>k. Ethylene oxide</b> [examples: bathroom fittings]	1	Yes	Describe the nature of the exposure:	20k	20k1		
	2	No	.....				
	9	N.A.	.....				
				Indicate frequency of exposure:	20k2		
				1 Occasionally (<2h/day)			
				2 Often (2-4 h/day)			
				3 Very often (>4h/day)			
				.....			
				.....			
<b>l. Antineoplastics</b> [examples: bathroom fittings]	1	Yes	Describe the nature of the exposure:	20l	20l1		
	2	No	.....				
	9	N.A.	.....				
				Indicate frequency of exposure:	20l2		
				1 Occasionally (<2h/day)			
				2 Often (2-4 h/day)			
				3 Very often (>4h/day)			
				.....			
				.....			

**21. Any other chemical substance?**

- 1 Yes (describe on the table)
- 2 No
- 9 N.A.

IF THE ANSWER IS **NO** or **N.A.** GO TO QUESTION 22

**Name of substance:**

**Frequency of use:**

	Describe the nature of the exposure: ..... Indicate frequency of exposure: 1 Occasionally (<2h/day) 2 Often (2-4 h/day) 3 Very often (>4h/day)	21a <input type="text"/> 21a1 <input type="text"/> <input type="text"/> <input type="text"/> 21a2 <input type="text"/> <input type="text"/>
	Describe the nature of the exposure: ..... Indicate frequency of exposure: 1 Occasionally (<2h/day) 2 Often (2-4 h/day) 3 Very often (>4h/day)	21b <input type="text"/> 21b1 <input type="text"/> <input type="text"/> <input type="text"/> 21b2 <input type="text"/> <input type="text"/>
	Describe the nature of the exposure: ..... Indicate frequency of exposure: 1 Occasionally (<2h/day) 2 Often (2-4 h/day) 3 Very often (>4h/day)	21c <input type="text"/> 21c1 <input type="text"/> <input type="text"/> <input type="text"/> 21c2 <input type="text"/> <input type="text"/>
	Describe the nature of the exposure: ..... Indicate frequency of exposure: 1 Occasionally (<2h/day) 2 Often (2-4 h/day) 3 Very often (>4h/day)	21d <input type="text"/> 21d1 <input type="text"/> <input type="text"/> <input type="text"/> 21d2 <input type="text"/> <input type="text"/>

**22. At work, have you been exposed to any of the following situations? (If the answer is Yes describe the nature and frequency of the exposure)**

<p><b>a. Very high noise level, which makes you speak up to communicate with another person</b></p>	<p>1 2 9</p>	<p>Yes No N.A.</p>	<p style="text-align: center;"><b>Frequency:</b></p> Describe the nature of the exposure: ..... Indicate frequency of exposure: 1 Occasionally (<2h/day) 2 Often (2-4 h/day) 3 Very often (>4h/day)	22a <input type="text"/> 22a1 <input type="text"/> <input type="text"/> <input type="text"/> 22a2 <input type="text"/> <input type="text"/>
<p><b>b. Hand tools or machines that produce vibration</b></p>	<p>1 2 9</p>	<p>Yes No N.A.</p>	Describe the nature of the exposure: ..... Indicate frequency of exposure: 1 Occasionally (<2h/day) 2 Often (2-4 h/day) 3 Very often (>4h/day)	22b <input type="text"/> 22b1 <input type="text"/> <input type="text"/> <input type="text"/> 22b2 <input type="text"/> <input type="text"/>
<p><b>c. Extreme temperature or humidity (very hot or very cold)</b></p>	<p>1 2 9</p>	<p>Yes No N.A.</p>	Describe the nature of the exposure: ..... Indicate frequency of exposure: 1 Occasionally (<2h/day) 2 Often (2-4 h/day) 3 Very often (>4h/day)	22c <input type="text"/> 22c1 <input type="text"/> <input type="text"/> <input type="text"/> 22c2 <input type="text"/> <input type="text"/>
<p><b>d. Electromagnetic fields or non-ionizing radiations</b>                  [examples: data display screens, mobile telephones, microwave ovens, telecommunications, UV rays, laser,]</p>	<p>1 2 9</p>	<p>Yes No N.A.</p>	Describe the nature of the exposure: ..... Indicate frequency of exposure: 1 Occasionally (<2h/day) 2 Often (2-4 h/day) 3 Very often (>4h/day)	22c <input type="text"/> 22c1 <input type="text"/> <input type="text"/> <input type="text"/> 22c2 <input type="text"/> <input type="text"/>
<p><b>e. Ionizing radiation (x-rays, α-rays, β-particles)</b>                  [examples: x-ray services, nuclear power stations]</p>	<p>1 2 9</p>	<p>Yes No N.A.</p>	Describe the nature of the exposure: ..... Indicate frequency of exposure: 1 Occasionally (<2h/day) 2 Often (2-4 h/day) 3 Very often (>4h/day)	22e <input type="text"/> 22e1 <input type="text"/> <input type="text"/> <input type="text"/> 22e2 <input type="text"/> <input type="text"/>
<p><b>f. Infectious agents or biological pollution</b>                  [examples: looking after sick people, treatments for animals and related products, slaughterhouses]</p>	<p>1 2 9</p>	<p>Yes No N.A.</p>	Describe the nature of the exposure: ..... Indicate frequency of exposure: 1 Occasionally (<2h/day) 2 Often (2-4 h/day) 3 Very often (>4h/day)	22f <input type="text"/> 22f1 <input type="text"/> <input type="text"/> <input type="text"/> 22f2 <input type="text"/> <input type="text"/>