

ENVIRONMENTAL EXPOSURE QUESTIONNAIRE

HOME

1. Have you moved since the last questionnaire?

- 1 Yes
- 2 No

1a. When did you move?..... (Answer question 2 about the home)

2. How old is your home, in years:

- 1 <5
- 2 from 5 to 14
- 3 from 15 to 29
- 4 >29
- 9 Doesn't know/ No answer

3. How would you describe your home?

- 1 Detached single family home
- 2 Single family home (town house, terraced...)
- 3 Flat (building)
- 4 Others (please specify).....

4. If your house is a single family home, do you have your own garage connecting with the inside of the house?

- 1 Yes
- 2 No
- 9 N/A

5. On what floor is your flat? (put 0 if ground floor)

6. No. Of persons who live in your home

7. Are there any children under 12 living in your home?

- 1 Yes
- 2 No

7a Specify number & their ages: years

1 2 3 4

8. Are there any persons living in your home who need special care or attention?

- 1 Yes
- 2 No

8a. Specify number and ages years

1 2 3 4

9. Do you have anyone contracted to do your housework in your home?

- 1 Yes
- 2 No

9a. How often does this person come? hours/week

10. Do you usually do the housework yourself?

- 1 Yes
- 2 No

If the ANSWER IS NO GO ON TO QUESTION 11

10a. Does anyone in your home help with the housework?

- 1 Yes, a lot
- 2 Yes, enough
- 3 Yes, a little
- 4 No

1

1a

2

3

4

5

6

7

7a

7a1

7a2

7a3

7a4

8

8a

8a1

8a2

8a3

8a4

9

9a

10

10a

11. No. of rooms in your home (not counting the kitchen & bathroom(s)):

12. No. of square metres in the home (not counting the garden): 9 Doesn't know/ No answer

13. In your home, the following rooms have windows facing:

- | | | | |
|-----------------------|-----------|------------|-------------|
| a. Living-dining room | 1 outside | 2 internal | 3 no window |
| b. Bedroom | 1 outside | 2 internal | 3 no window |
| c. Kitchen | 1 outside | 2 internal | 3 no window |
| d. Others: (specify) | 1 outside | 2 internal | 3 no window |

14. How often do cars go up and down the street where your home is?

- 1 Constantly
- 2 Quite often
- 3 Not very often
- 4 Almost never

15. How often do heavy vehicles (e.g. trucks/buses) go up and down the street where your home is (except for rubbish collection and the tram)?

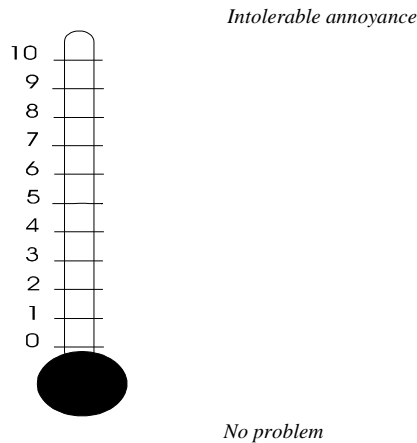
- 1 Constantly
- 2 Quite often
- 3 Not very often
- 4 Almost never

16. Distance from your home to a street where there is constant traffic: metres

17. If you answered less than 50 metres in the previous question, does your flat/house have at least one window that faces a street where there is constant traffic?

- 1 Yes
- 2 No

18. How much does atmospheric pollution outside your home bother you if you leave the window open (we are referring to gas, smoke, dust etc from traffic, industry, etc.)?



11

12

13a

13b

13c

13d

14

15

16

17

18

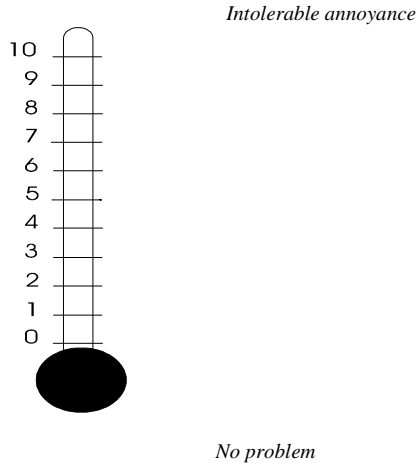
19. What is the normal noise level in your home?

- 1 Very noisy
- 2 Quite noisy
- 3 Not very noisy
- 4 Quiet

19

20 How much does noise at home bother you (coming from traffic, industry, etc.) if you leave the window open?

20



21. Of the following sources of noise, indicate which are usual in your home (you can indicate more than one) and the degree of annoyance:

	Are they usual?		Degree of annoyance				
	Yes	No		High	Medium	Low	None
a. Children in the home	1	2	21a1	1	2	3	4
b. People in the street	1	2	21b1	1	2	3	4
c. Traffic in the street	1	2	21c1	1	2	3	4
d. Neighbours	1	2	21d1	1	2	3	4
e. Bars, late-night bars, discos	1	2	21e1	1	2	3	4
f. Workshops, industries	1	2	21f1	1	2	3	4
g. Building/road works (public and/or private)	1	2	21g1	1	2	3	4
h. Others (specify)	1	2	21h1	1	2	3	4
i. None	1	2	21i1	1	2	3	4

21a 21a1

21b 21b1

21c 21c1

21d 21d1

21e 21e1

21f 21f1

21g 21g1

21h 21h1

21i 21i1

22. Have you done any work on your home in the last six months?

- 1 Yes
- 2 No

22

23. Do you have any pets at home?

- 1 Yes
- 2 No

23a. cats: **dogs:** **birds:** **others:** (specify).....

23

23a1 23a2
23a3 23a4

24. Does your home have.....?:

	1. Living-dining room		2. Bedroom		3. Other rooms (say which):.....		1 2 3
	Yes	No	Yes	No	Yes	No	
a. Curtains	1	2	1	2	1	2	24 a <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
b. Damp patches	1	2	1	2	1	2	24 b <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
c. Double glazing	1	2	1	2	1	2	24 c <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
d. Fluffy toys	1	2	1	2	1	2	24 d <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
e. Carpet	1	2	1	2	1	2	24 e <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
f. Rugs	1	2	1	2	1	2	24 f <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
g. If you have rugs, how many months of the year do you have them down?	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>		24 g <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
h. Flooring that is not ceramic/tiled	1	2	1	2	1	2	24 h <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
i. If the answer to the above question is yes, what type of flooring?		24 i <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

BEDROOM

25. How many people sleep in your bedroom (including yourself)?

25

26. What type of mattress do you have?

- 1 Wool
- 2 Sponge
- 3 Sprung
- 4 Latex
- 5 Other.....
- 9 Doesn't know/ No answer

26

27. How old is your mattress? years

27

28. Do any animals sleep in your bedroom?

- 1 Yes
- 2 No

28

28a. cats: **dogs:** **birds:** **others:** (specify)

28a1 28a2
28a3 28a4

KITCHEN

29. Do you have an extractor fan above the stove?

- 1 Yes
- 2 No

29

30. Do you use the extractor fan when you are cooking?

- 1 Always
- 2 Sometimes
- 3 Never

30

31. Type of stove:

- 1 Natural gas
- 2 Butane gas
- 3 Propane gas
- 4 Electric
- 5 Coal, wood
- 6 Other:.....

31

HEATING-AIR CONDITIONING

32. Do you have central heating?

- 1 Yes
- 2 No

32

33. Do you have air conditioning?

- 1 Yes
- 2 No

33

34. Type of heating:

	1. Living-Dining room		2. Bedroom		3. Other rooms (Say which):.....	
	Yes	No	Yes	No	Yes	No
a. Natural gas	1	2	1	2	1	2
b. Butane gas	1	2	1	2	1	2
c. Propane gas	1	2	1	2	1	2
d. Oil	1	2	1	2	1	2
e. Electric	1	2	1	2	1	2
f. Fireplace with chimney to outside	1	2	1	2	1	2
g. Coal or wood burning stove	1	2	1	2	1	2
h. Others.....	1	2	1	2	1	2

1 2 3

34a

34b

34c

34d

34e

34f

34g

34h

CLEANING

35. Do you use any of the following cleaning products in your home?

	Yes	No	Doesn't know/ No answer
a. Bleach	1	2	9
b. Ammonia	1	2	9
c. Salfumán [Hydrochloric acid]	1	2	9
d. Stain removing solvents	1	2	9
e. Furniture polish	1	2	9
f. Window/glass cleaners	1	2	9
g. Spray for rugs, blankets or curtains	1	2	9
h. Spray for mopping floors	1	2	9
i. Spray for the oven	1	2	9
j. Air fresheners	1	2	9
k. Spray for ironing	1	2	9
l. Perfumed cleaning products	1	2	9
m. Multiuse liquid cleaning products	1	2	9
n. Naphthalene or other mothballs	1	2	9
o. Other cleaning products Which?.....	1	2	9

35a

35b

35c

35d

35e

35f

35g

35h

35i

35j

35k

35l

35m

35n

35o

35a. Do you use any antibacterial cleaning products?

- 1. Yes (specify)
- 2. No

Name	Reason	Frequency

36

36. How often do you clean your home? (cleaning includes the floors, dusting...)

- 1 More than once a week
- 2 Once a week
- 3 Less than once a week

37. Do you have a vacuum/steam cleaner

- 1 Yes
- 2 No

37a. How often do you vacuum your home?

- 1 More than once a week
- 2 Once a week
- 3 Less than once a week

37

37a

38. How long do you have the windows open daily to air the rooms?

	Not at all	<30 minutes	30 minutes-2hours	>2hours	
a. Summer	1	2	3	4	38a <input type="checkbox"/>
b. Winter	1	2	3	4	38b <input type="checkbox"/>
c. Spring-Autumn	1	2	3	4	38c <input type="checkbox"/>

39. Do you use insecticide or mosquito-, cockroach-, ant repellents in your home?

- 1 Yes
- 2 No

IF THE ANSWER IS **NO** GO TO QUESTION 40

39a. Which kind of insecticide do you use (you can indicate more than one) and how often?

	Frequency	1. Master Bedroom	2. Rest of the home
a. Insecticide sprays	1 All year round	1	1
	2 Seasonally	2	2
	3 Infrequently	3	3
	4 Never	4	4
b. Chemical plug-in device (tablet, liquid,...)	1 All year round	1	1
	2 Seasonally	2	2
	3 Infrequently	3	3
	4 Never	4	4
c. Repellent lotion	1 All year round	1	1
	2 Seasonally	2	2
	3 Infrequently	3	3
	4 Never	4	4
d. Others	1 All year round	1	1
	2 Seasonally	2	2
	3 Infrequently	3	3
	4 Never	4	4

39 _____
 39aa1 _____ 39aa2 _____
 39ab1 _____ 39ab2 _____
 39ac1 _____ 39ac2 _____
 39ad1 _____ 39ad2 _____

39b. Do you remember the brand names of the products you use most often?

- 1. Yes
- 2. No

39b1

39b _____
 39b1.....

39c.1. Do you use candles or have you been somewhere where there were some lit?

- 1 Yes
- 2 No
 - 1.1 Frequency \geq Once a week
 - 1.2 Infrequently

39c.2. Do you use incense or have you been somewhere where there was some burning?

- 1 Yes
- 2 No
 - 2.1 Frequency \geq Once a week
 - 2.2 Infrequently

EXTERIOR

40. Do you have a garden/patio/terrace with plants in your home?

- 1 Yes
- 2 No

40 a. How big is it? m²

40 b. Do you fumigate the plants with insecticides or other pesticides?

- 1 Yes
- 2 No

40b.1 How often

- 1 Every month
- 2 Every 2-3 months
- 3 3 times a year
- 4 Occasionally

40b.2 Do you fumigate it yourself?

- 1 Always
- 2 Sometimes
- 3 Never

40b.3 How long does it take you to fumigate your garden or patio?: min

40b.4 Do you keep the pesticides (insecticides, herbicides, etc) in the home?

- 1 Yes
- 2 No

40b.4a Where do you keep them?

- 1 garage/store room
- 2 outside
- 3 other:.....

40b.4b Do you remember the brand names of the products you use most often?

.....
.....
.....

41. Is your home near any greenhouses for agricultural cultivation?

- 1 Yes
- 2 No

IF THE ANSWER IS **NO** GO TO QUESTION **42**

41a. How far away?

- 1 Long way >200metros)
- 2 Quite close (100-200m)
- 3 Close (50-100m)
- 4 Very close (<50m)

42. Is your home near an area where there is agricultural activity (growing fields)?

- 1 Yes
- 2 No

42a. How far away?

- 1 Distant >200metros)
- 2 Quite close (100-200m)
- 3 Close (50-100m)
- 4 Very close (<50m)

43. Is your home near an area where there is any industrial activity?

- 1 Yes
- 2 No

43a.1 Industrial estate or area? Give the name:.....

43a.2 How far away? metres

43b. Other kind of industrial activity? (garage, workshop, factory?,...)

- 1. Yes
- 2. No

43b.1 Indicate which kind of activity:

43b.2 How far away? metres

40

40a

40b

40b.1

40b.2

40b.3

40b.4

40b.4a

40b.4b

41

41a

42

42a

43

43a.1

43a.2

43b

43b.1

43b.2

TOBACCO

44. Have you been a smoker during your life?

- 1 Yes
- 2 No

IF THE ANSWER IS **NO** GO TO QUESTION 46

44b. Which of the following best describes your consumption of tobacco?

- 1 Daily smoker
- 2 Smoker but not daily
- 3 Non-smoker, but previously smoked daily
- 4 Non-smoker, but previously smoked although not daily

GO TO QUESTION 45a

GO TO QUESTION 45d

Currently a smoker:

45a. Number of cigarettes normally smoked **cigarettes/week**

45b. At what age did you start to smoke? **years**

45c. Have you changed your smoking habits due to pregnancy?

- 1 Yes
- 2 No

IF THE ANSWER IS **NO** GO TO QUESTION 46

45c.1 When did you change?

- 1 Before getting pregnant
- 2 During pregnancy. Indicate the month of pregnancy when you changed:

45c.2 How much did you smoke before? **cigarettes/week**

Currently a non-smoker, but previously a smoker:

45d. At what age did you start smoking? **years**

45e. At what age did you stop smoking? **years**

45f. Did you stop smoking because of pregnancy?

- 1 Yes
- 2 No

45f.1 When did you stop smoking?

- 1 Before getting pregnant
- 2 During your pregnancy. Indicate month of pregnancy when you stopped:

45f.2 How many did you normally smoke? **cigarettes/week**

46. Does anyone in your home smoke?

- 1 Yes
- 2 No

IF THE ANSWER IS **NO** GO TO QUESTION 47

	Partner		Other (1):		Other (2):		Other (3):	
		
a. How many cigarettes per week in total?								
b. How many cigarettes per week at home?								
c. Has he/she changed the habit during your pregnancy?	Yes	No	Yes	No	Yes	No	Yes	No
d. In which month of your pregnancy did he/she change?								
e. How many did he/she smoke before?								

44

44b

45a

45b

45c

45c.1

45c.2

45d

45e

45f

45f.1

45f.1.2

45f.2

46

46a

46b

46c

46d

46e

47. What is the level of smoke you are exposed to at work?

- 1 A lot
- 2 Quite a lot
- 3 Low
- 4 None
- 5 Don't work

47

48. Do you eat out in places where people are smoking?

- 1 Yes
 - 2 No
- IF THE ANSWER IS **NO** GO TO QUESTION 49

48

48a Do you sometimes have breakfast/lunch away from home in places where there is usually tobacco smoke?

- 1 Yes
- 2 No

48a

48a.1 How many times per week?

- 1 < 1
- 2 2-3
- 3 > more than 3

48a.1

48b Do you sometimes eat out in places where there is tobacco smoke?

- 1 Yes
- 2 No

48b

48b.1 How many times per week?

- 1 < 1
- 2 2-3
- 3 > more than 3

48b.1

48c Do you sometimes have dinner away from home in places where there is usually tobacco smoke?

- 1 Yes
- 2 No

48c

48c.1 How many times per week?

- 1 < 1
- 2 2-3
- 3 > more than 3

48c.1

49. Do you sometimes go to leisure venues (bar, late-night bar, disco...)?

- 1 Yes
- 2 No

49

49a How many times per week?

- 1 < 1
- 2 2-3
- 3 > more than 3

49a

50a. Do you sometimes go to other places where people smoke (friends & families homes, holiday home etc)?

- 1 Yes
- 2 No

50a

50a.1 How many times per week?

- 1 < 1
- 2 2-3
- 3 > more than 3

50a.1

50b. Do you sometimes have visitors who smoke in your home (friends, family, neighbours etc)?

- 1 Yes
- 2 No

50b

50b.1 How many times per week?

- 1 < 1
- 2 2-3
- 3 > more than 3

50b.1

50b.1. Have you used any kind of drugs during pregnancy? (I assure you that your answer will be completely confidential)

- 1. Yes
- 2. No
- 9. Doesn't know/ No Answer

IF THE ANSWER IS **NO** GO TO QUESTION 51

(If the answer is Yes)
 Could you please tell me which kind of drugs and how often you have taken them?

a. Name (trade or generic)	b. Frequency (times per week)	c. Term of pregnancy when you took it
1.		1 2 3
2.		1 2 3
3.		1 2 3

51

51a.1 51b.1

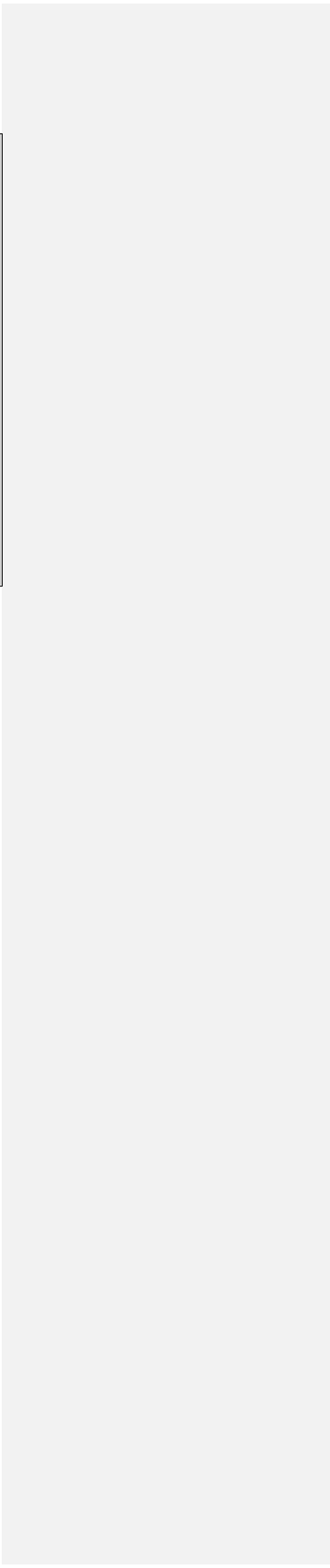
51c.1

51a.1 51b.1

51c.1

51a.1 51b.1

51c.1



LIFE STYLES

A) COSMÉTICS AND OTHERS

51. Have you used any cosmetics during your pregnancy (question does not include make-up)?

- 1 Yes
- 2 No

IF THE ANSWER IS **NO** GO TO QUESTION **54**

51

52. If Yes, Which kind of cosmetic have you used? (may choose various options from the list below and mark the appropriate box/es)

- 1 Cream
- 2 Lotion
- 3 Ointment
- 4 Oil
- 5 Powders
- 6 Others.....

52

53. If any option from the question above is chosen, complete the following table for each of the answers given

Cosmetic/trade name	Body area	Frequency of use
e.g. cream (nutraderm®)	1 Whole body 2 Arms and/ or legs 3 Upper part of the body 4 Lower part of the body 5 Only the stomach 6 Various.....	1 Daily 2 More than once a week 3 More than once a month 4 Less than once a month/rarely
53a.1	53b.1 1 Whole body 2 Arms and/ or legs 3 Upper part of the body 4 Lower part of the body 5 Only the stomach 6 Various.....	53c.1 1 Daily 2 More than once a week 3 More than once a month 4 Less than once a month/rarely
53a.2	53b.2 1 Whole body 2 Arms and/ or legs 3 Upper part of the body 4 Lower part of the body 5 Only the stomach 6 Various.....	53c.2 1 Daily 2 More than once a week 3 More than once a month 4 Less than once a month/rarely
53a.3	53b.3 1 Whole body 2 Arms and/ or legs 3 Upper part of the body 4 Lower part of the body 5 Only the stomach 6 Various.....	53c.3 1 Daily 2 More than once a week 3 More than once a month 4 Less than once a month/rarely
53a.4	53b.4 1 Whole body 2 Arms and/ or legs 3 Upper part of the body 4 Lower part of the body 5 Only the stomach 6 Various.....	53c.4 1 Daily 2 More than once a week 3 More than once a month 4 Less than once a month/rarely
53a.5	53b.5 1 Whole body 2 Arms and/ or legs 3 Upper part of the body 4 Lower part of the body 5 Only the stomach 6 Various.....	53c.5 1 Daily 2 More than once a week 3 More than once a month 4 Less than once a month/rarely

53a.1 53b.1 53c.1

53a.2 53b.2 53c.2

53a.3 53b.3 53c.3

53a.4 53b.4 53c.4

53a.5 53b.5 53c.5

54. Have you had your hair tinted, waved, permed or highlights put in during your pregnancy? This question does not include colour shampoos (May choose more than one option from the list below and mark the box/es)

- 1 No
- 2 Yes, highlights
- 3 Yes, tinted
- 4 Yes, had a permanent wave

55. If Yes, during which week of your pregnancy and how many times? (may mark more than one of the appropriate boxes)

- Times
- 1 Week 0-13
 - 2 Week 14-26
 - 3 Week 27 on

55a. Have you used any personal hygiene products, such as soap, containing antibacterial agents?

- 1. Yes (specify)
- 2. No

Name	Use (body area)	Frequency

B) USE AND CONSUMPTION OF WATER. VARIOUS

56. How many glasses of water have you normally drunk per day during pregnancy? (in total, counting with and without meals)

- 1 None
- 2 1 glass per day
- 3 2 glasses per day
- 4 3-4 glasses per day
- 5 5-6 glasses per day
- 6 More than 6 glasses per day
- 9 Doesn't know

57. What has been the main source of water that you have drunk at home during pregnancy? (indicate only once source, which you think is the most frequent)

- 1 Water from the local water company
- 2 Private well
- 3 Bottled water
- 4 Other source (specify) _____
- 9 Doesn't know

57a. If the water you have been drinking is from the local water company, do you use some kind of filter?

- 1 Yes → Indicate brand: _____
- 2 No

58. What is the main source of water that you have used for cooking in your home during your pregnancy? (indicate only once source, which you think is the most frequent)

- 1 Water from the local water company
- 2 Private well
- 3 Bottled water
- 4 Other source (specify) _____
- 9 Doesn't know

58a. If the water you have been using for cooking is from the local water company, have you used some kind of filter?

- 1 Yes → Indicate brand: _____
- 2 No

54

55-1

55-2

55-3

56

57

57a

58

58a

59. Have you changed the type of water you consume since you got pregnant?

- 1 Yes, drinking water
- 2 Yes, to cook with
- 3 No change

59

60 What is the main source of water you have consumed outside the home (at work, homes of members of the family) during your pregnancy? (indicate only one source which you think is the most frequent)

- 1 Water from the local water company
- 2 Private well
- 3 Bottled water
- 4 Other source (specify) _____
- 9 Doesn't know

60

61. How have you normally washed during your pregnancy?

- 1 Shower
- 2 Bath
- 3 Both
- 4 Other (specify) _____

61

62. How often have you usually showered and/or bathed during your pregnancy?

	1. Shower	2. Bath
a. No. of times a week	□□	□□
b. If less than once a week, indicate no. of times a month	□□	□□

62a.1 □□ 62a.2 □□
62b.1 □□ 62b.2 □□

63. How long on average have you spent in the shower and/or bath?

	1. Shower	2. Bath
Number of minutes	□□	□□

63-1 □□
63-2 □□

64. Have you usually showered and/or bathed in hot or cold water?

	Hot	Cold	Both
a. Shower	1	2	3
b. Bath	1	2	3

64a □

64b □

65. Have you often gone swimming in a pool during your pregnancy?

- 1 Yes
2 No

65a. Is it a public swimming pool?

- 1 Yes (give the name) _____
2 No

65b. How often have you swum in the pool during your pregnancy?

65 □

	Summer		Rest of the year	
	No. of times a month	Time (minutes)	No. of times a month	Time (minutes)
1. Open-air pool		□□□		□□□
2. Indoor pool		□□□		□□□

65a1v □□□□

65a1r □□□□

65a2v □□□□

65a2r □□□□

C) OTHERS

66. Do you eat BIOLOGICAL, ECOLOGICAL OR ORGANIC PRODUCTS?

- 1 Yes
2 No

IF THE ANSWER IS NO GO TO QUESTION 68

66a How often?

- 1 Never to < Once a month
2 1-3 times a month
3 Once a week
4 Several times per week
5 Daily

66 □

66a □

66.a1 What percentage of your diet is ecological? Answer the groups indicated below, write down from 0 to 100. 0 = not eaten ecological food of this kind and 100 = only eats ecological food

	%
1 Fruit & vegetables	□□□
2 Bread	□□□
3 Meat	□□□
4 Eggs	□□□
5 Milk & derivatives	□□□
6 Rice & pasta	□□□
7 Others, specify	□□□

66a1 □□□

66a2 □□□

66a3 □□□

66a4 □□□

66a5 □□□

66a6 □□□

66a7 □□□

67. Do you use plastic containers in the microwave for heating food?

- 1 Yes
- 2 No

67a How often?

- 1 Several times a week
- 2 Several times a month
- 3 Less than once a month

67

67a

68. Do you use a mobile phone?

- 1 Yes
- 2 No

68a How many conversations a day?

68

68a

TIME-ACTIVITY AND TRAVEL

69. Since you got pregnant, how long have you spent in the following places per day?

	1. During the week (hours:minutes/day)	2. Weekend (hours:minutes/day)	
At work:			
a. Indoors			69a.1 <input type="text"/> : <input type="text"/> 69a.2 <input type="text"/> : <input type="text"/>
b. Outdoors			69b.1 <input type="text"/> : <input type="text"/> 69b.2 <input type="text"/> : <input type="text"/>
c. In other buildings (Shopping centres, public places)			69c.1 <input type="text"/> : <input type="text"/> 69c.2 <input type="text"/> : <input type="text"/>
d. Means of transport			69d.1 <input type="text"/> : <input type="text"/> 69d.2 <input type="text"/> : <input type="text"/>
e. Outside (on the street, walking, in a park...)			69e.1 <input type="text"/> : <input type="text"/> 69e.2 <input type="text"/> : <input type="text"/>
At your home:			
f. Indoors			69f.1 <input type="text"/> : <input type="text"/> 69f.2 <input type="text"/> : <input type="text"/>
g. Outdoors			69g.1 <input type="text"/> : <input type="text"/> 69g.2 <input type="text"/> : <input type="text"/>
h. Inside other homes			69h.1 <input type="text"/> : <input type="text"/> 69h.2 <input type="text"/> : <input type="text"/>
Total			69i.1 <input type="text"/> : <input type="text"/> 69i.2 <input type="text"/> : <input type="text"/>

Con formato

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70. How long have you spent each day travelling (to work, to go shopping, with the children, other family members...)?

	1. During the week (hours:minutes/day)	2. Weekends (hours:minutes/day)	
a. Walking			70a.1 <input type="text"/> : <input type="text"/> 70a.2 <input type="text"/> : <input type="text"/>
b. Bicycle			70b.1 <input type="text"/> : <input type="text"/> 70b.2 <input type="text"/> : <input type="text"/>
c. Motor cycle or moped			70c.1 <input type="text"/> : <input type="text"/> 70c.2 <input type="text"/> : <input type="text"/>
d. Car or taxi			70d.1 <input type="text"/> : <input type="text"/> 70d.2 <input type="text"/> : <input type="text"/>
e. Bus or tram			70e.1 <input type="text"/> : <input type="text"/> 70e.2 <input type="text"/> : <input type="text"/>
f. Train or tube			70f.1 <input type="text"/> : <input type="text"/> 70f.2 <input type="text"/> : <input type="text"/>

Con formato

PERCEPTIONS ABOUT THE ENVIRONMENT

71. From the following list of problems related to the environment, indicate the five which you consider to be the most important in the place where you and your family live (first of all show the list, and then highlight five problems):

1. Air pollution (passing traffic, industries, etc.)
2. Pollution of drinking water from the tap
3. Pollution of water for recreational uses (sea, river, etc.)
4. External noise (passing traffic, industries, workshops, etc.)
5. Deficiencies with drains or domestic sewers
6. Proximity to rubbish dumps or hazardous waste dumps
7. Proximity to unpleasant, toxic or dangerous industries
8. Proximity to incinerators
9. Proximity to farming areas fumigated with pesticides (insecticides, herbicides, etc.)
10. Proximity to agricultural burning or fires
11. Proximity to animal farms, herds, flocks, cattle, etc.
12. Proximity to radio frequency masts (mobiles, radio...)
13. Proximity to high voltage lines
14. Food contamination
15. Scarcity of green space
16. Dirty streets
- Others. Specify:
17.
18.
19.

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72. Indicate how much you think each of the five environmental problems you indicated in the previous question negatively affects you and your family's health:

a. Problem No.	b. Perception			
	A lot	Quite a lot	Little	None
1 _ _	1	2	3	4
2 _ _	1	2	3	4
3 _ _	1	2	3	4
4 _ _	1	2	3	4
5 _ _	1	2	3	4
6 _ _	1	2	3	4

- 72a.1|_|_| 72b.1|_|_|
- 72a.2|_|_| 72b.2|_|_|
- 72a.3|_|_| 72b.3|_|_|
- 72a.4|_|_| 72b.4|_|_|
- 72a.5|_|_| 72b.5|_|_|
- 72a.6|_|_| 72b.6|_|_|

OBSERVATIONS: