

**Annex I: Investigating the incidence and nature of health complaints
– Questionnaire G1 –**

Investigating the incidence and nature of health complaints – Questionnaire G1	
<p>Dear employee!</p> <p>As you may know, some of your fellow workers have informed us that they have health complaints that they feel are linked to their workplace. We are investigating this issue and this questionnaire is intended to help determine whether and where health is adversely affected within our organisation. We are also seeking to establish whether there is a link with the building itself, the rooms in it or the furnishings and building service systems.</p> <p>Consequently, this questionnaire is obviously only concerned with illnesses or other health complaints that arise or have previously arisen in connection with your work. It does not address health problems caused by accidents, inherited diseases or any other illnesses developed elsewhere. If you are in doubt, please consult your organisation's occupational physician.</p> <p>Completion of the questionnaire is voluntary and your answers will be recorded anonymously. If you <i>do</i> choose to give information, we would be very grateful if you could supply as much detail as possible. We will only be able to draw meaningful conclusions if as many employees as possible take part in the survey.</p>	
Place of employment (name, address):	
Unit/department:	
Date questionnaire completed:	Questionnaire number:
1	<p>Do you have any health complaints that you feel are linked to your workplace?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes (please specify)</p> <p>If you answered „No“, please continue to question 5</p>
2	Which health complaints are the worst in your opinion?
3	Information concerning medical treatment
3.1	<p>Have you been examined by a doctor in connection with these complaints?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes (please specify)</p>
3.2	<p>Are you being treated for these complaints?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes (please specify)</p>
3.3	<p>Have you ever been written off work due to these complaints?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes (please specify how often and how long)</p>
4	Information concerning the timing of the complaints
4.1	When did the health complaints start? Please give the month and year
4.2	When exactly do they occur? E.g. season, day of the week or time of day

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6.3 Do you have any allergies?

No

Yes (please specify)

6.4 Do you smoke?

No

Yes