**Questionnaire for interviews conducted as part of health complaint investigations**

**Date: Klicken Sie hier, um ein Datum einzugeben.**

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| Dear employee,  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 to determine whether and where health is adversely affected within our organisation. We are also seeking to establish whether the building itself, the rooms in it or the furnishings and building service systems play a role.  Consequently, this questionnaire is obviously only concerned with illnesses or other health com-plaints 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.  Completion of the questionnaire is voluntary and your answers will be recorded anonymously. If you do choose to give information, we would be very grateful if you could supply as much detail as possible. |
| 1. Do you have any health complaints that you feel are linked to your workplace?   If so, what are they?  Klicken Sie hier, um Text einzugeben. |
| 2. Which health complaints are the worst in your opinion?  Klicken Sie hier, um Text einzugeben. |
| 3. Have you been examined by a doctor in connection with these complaints?  Klicken Sie hier, um Text einzugeben. |
| 4. Are you being treated for these complaints?  Klicken Sie hier, um Text einzugeben. |
| 5. Have you ever been written off sick due to these complaints?  Klicken Sie hier, um Text einzugeben. |
| 6. When did the health complaints start? (Month, year)  Klicken Sie hier, um Text einzugeben. |
| 7. When exactly do they occur? (E.g. season, day of the week, time of day)  Klicken Sie hier, um Text einzugeben. |
| 8. Do the complaints subside when you are not at your workplace?   (E.g. when you have finished work, at the weekend, on holiday)  Klicken Sie hier, um Text einzugeben. |
| 9. What do you think causes your health complaints?  Klicken Sie hier, um Text einzugeben. |
| 10. Have there been any changes at your workplace recently?  (E.g. redecoration, restructuring of the organisation/department, staff changes,   changes in responsibilities, etc.)  Klicken Sie hier, um Text einzugeben. |
| 11. Do you have any allergies?  Klicken Sie hier, um Text einzugeben. |
| 12. Do you smoke?  Klicken Sie hier, um Text einzugeben. |
| 13. How old are you?  Klicken Sie hier, um Text einzugeben. |