

SYMPTOM QUESTIONNAIRE FOR WORKERS EXPOSED TO SOLVENTS

From time to time we all experience certain complaints. This questionnaire deals with number of such complaints. You will probably recognize some of them. Please respond to each question by indicating how often in the recent months you have experienced the complaint in question.

For each question there are four possible answers:

Seldom or never	Sometimes	Often	Very often
1	2	3	4

E.g. if you have not experienced this complaint in recent months, circle the alternative "seldom or never"

If you have experienced this complaint very often in recent months, circle "very often".

If you are uncertain how often you have experienced a certain complaint, the answer that first comes into your mind is usually the best.

HOW OFTEN HAVE YOU DURING RECENT MONTHS EXPERIENCED ANY OF THE FOLLOWING?

	Seldom or never	Sometimes	Often	Very often
1. Dropping things unintentionally	1	2	3	4
2. Weakness of your arms and feet	1	2	3	4
3. Decreased sensation in arms and legs	1	2	3	4
4. Numbness or heaviness in your arms or legs	1	2	3	4
5. Tingling in your arms or legs	1	2	3	4
6. Problems with balance	1	2	3	4
7. Changes in sense of smell or taste	1	2	3	4
8. Decreased sensation on your face	1	2	3	4
9. Difficulties controlling your hand movements	1	2	3	4
10. Slowness in carrying out your daily activities	1	2	3	4
11. Trembling of hands	1	2	3	4
12. Headache	1	2	3	4
13. Sweating for no obvious reason	1	2	3	4
14. Nausea	1	2	3	4
15. Stomach pains	1	2	3	4
16. Dizziness	1	2	3	4
17. Shortness of breath without physical exertion	1	2	3	4
18. Heart fluttering (palpitations)	1	2	3	4
19. Ringing in your ears (tinnitus)	1	2	3	4
20. Feeling of general exhaustion	1	2	3	4



	Seldom or never	Sometimes	Often	Very often
21. Loss of sexual interest	1	2	3	4
22. Lowered alcohol tolerance	1	2	3	4
23. Lowered alcohol tolerance	1	2	3	4
24. Constipation	1	2	3	4
25. Loss of appetite	1	2	3	4
26. Feeling of a tight band around your head	1	2	3	4
27. Difficulty getting started at work	1	2	3	4
28. Feeling irritable	1	2	3	4
29. Feeling depressed	1	2	3	4
30. Feeling impatient	1	2	3	4
31. Being upset by trivial things	1	2	3	4
32. Feeling restless	1	2	3	4
33. Rapid changes in mood	1	2	3	4
34. Feeling of detachment	1	2	3	4
35. Lack of drive	1	2	3	4
36. Lack of interest in social activities	1	2	3	4
37. Difficulty in controlling anger	1	2	3	4
38. Forgetfulness	1	2	3	4
39. Having to write notes to remember things	1	2	3	4
40. Forgetting what you were about to say or do	1	2	3	4
41. Difficulty in concentrating	1	2	3	4
42. Daydreaming	1	2	3	4
43. Feeling confused when you try to concentrate	1	2	3	4
44. Difficulty remembering names and dates	1	2	3	4
45. Absent-mindedness	1	2	3	4
46. Difficulty remembering what you've read/seen on TV	1	2	3	4
47. Other people complaining about your memory	1	2	3	4
48. Falling asleep when not in bed	1	2	3	4
49. Unusual tiredness in the evening	1	2	3	4
50. Sleepiness	1	2	3	4
51. Feeling tired when you wake up	1	2	3	4
52. Lack of energy	1	2	3	4
53. General weariness	1	2	3	4
54. Needing more sleep than you used to	1	2	3	4
55. Difficulty falling asleep	1	2	3	4
56. Broken sleep	1	2	3	4
57. Waking up too early	1	2	3	4
58. Nightmares	1	2	3	4
59. Snoring someone else has complained	1	2	3	4