

## 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:

| <b>Seldom<br/>or never</b> | <b>Sometimes</b> | <b>Often</b> | <b>Very often</b> |
|----------------------------|------------------|--------------|-------------------|
| 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?

|   | <b>Seldom<br/>or never</b> | <b>Sometimes</b> | <b>Often</b> | <b>Very often</b> |
|---|----------------------------|------------------|--------------|-------------------|
| 1. Forgetfulness                                      | 1                          | 2                | 3            | 4                 |
| 2. Having to write notes to remember things           | 1                          | 2                | 3            | 4                 |
| 3. Forgetting what you were about to say or do        | 1                          | 2                | 3            | 4                 |
| 4. Difficulty in concentrating                        | 1                          | 2                | 3            | 4                 |
| 5. Daydreaming  | 1                          | 2                | 3            | 4                 |
| 6. Feeling confused when you try to concentrate       | 1                          | 2                | 3            | 4                 |
| 7. Difficulty remembering names and dates             | 1                          | 2                | 3            | 4                 |
| 8. Absent-mindedness                                  | 1                          | 2                | 3            | 4                 |
| 9. Difficulty remembering what you've read/seen on TV | 1                          | 2                | 3            | 4                 |
| 10. Other people complaining about your memory        | 1                          | 2                | 3            | 4                 |