Annexure2

Questionnaire: 2

For individuals

1. Name of the respondent:

2. Name of working department:

3. Designation:

4. Nature of works:

5. Normal daily work hours:

6. Sex:

7. Age:

8. Present status of health:
   a) Normal: Yes/No
   b) If no, whether suffering from any chronic disease: Yes/No

9. Describe the environment in which you work in terms of the following parameters:
   a) Are you required to handle potentially hazardous chemicals (PHC)?
      Yes/No
   b) Are you continuously exposed to contaminated air for hours?
      Yes/No
   c) Do your works require repetitive activities? Yes/No. If yes, mention:
      • Type
- Duration
- Stress felt

d) Are you involved in material handling (lifting/loading etc.)? If yes mention.
e) Are you required to work in polluted environment for hours? Yes/No

10. Additional information regarding health status:
   a. Do you have skin related problem? If yes mention.
   b. Do you have respiratory problem? If yes mention.
   c. Do you have eye related problem? If yes mention.
   d. Do you have heart related problem? If yes mention.
   e. Do you have stomach related problem? If yes mention.

11. Whether you are staying in the study area by birth or by occupation. Mention.