

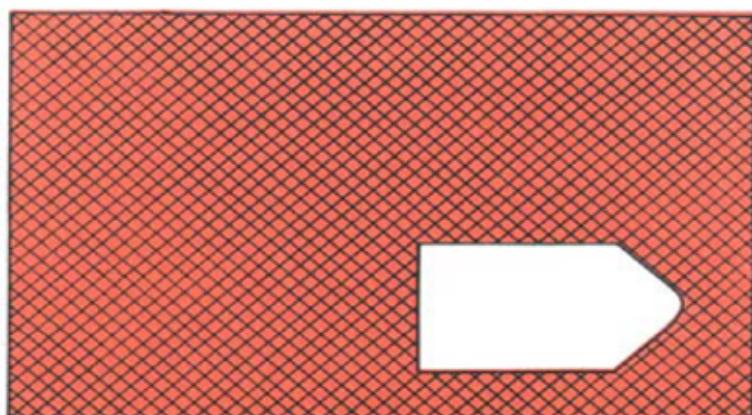
QUESTIONNAIRE

DATE:

ID:

INSTRUCTIONS: FOR EACH COLORED CARD, SELECT THE MISSING PART AMONG THE GIVEN OPTIONS.

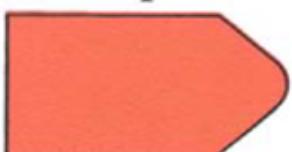
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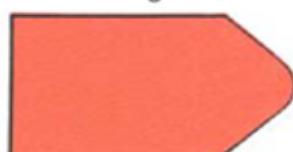
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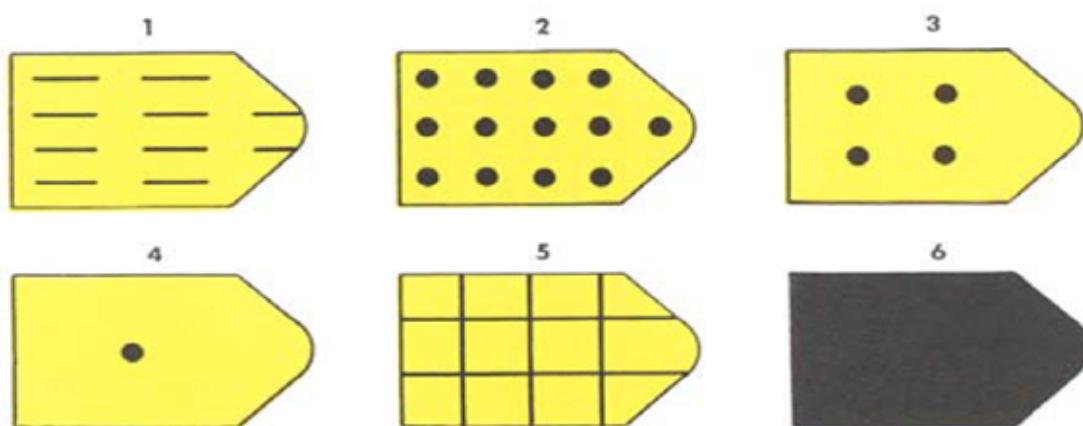
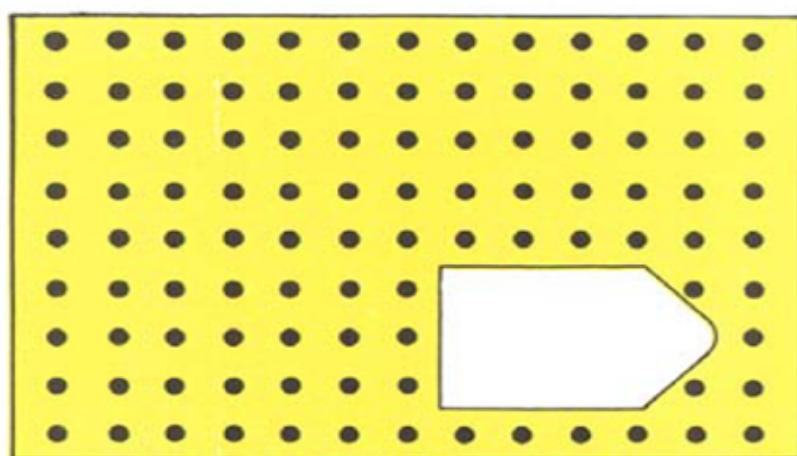
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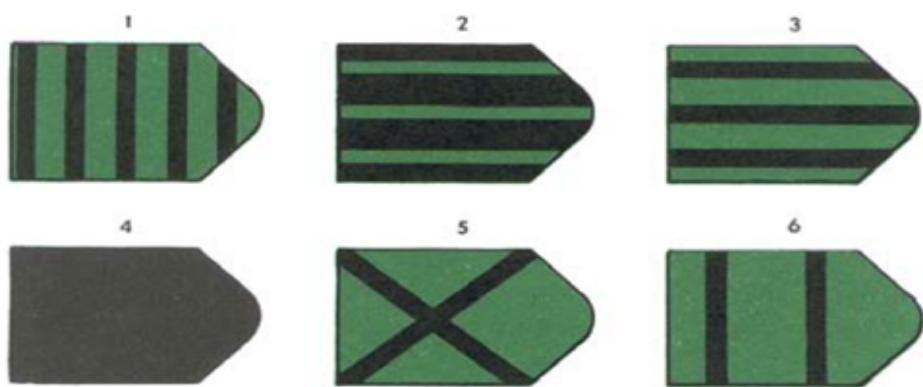


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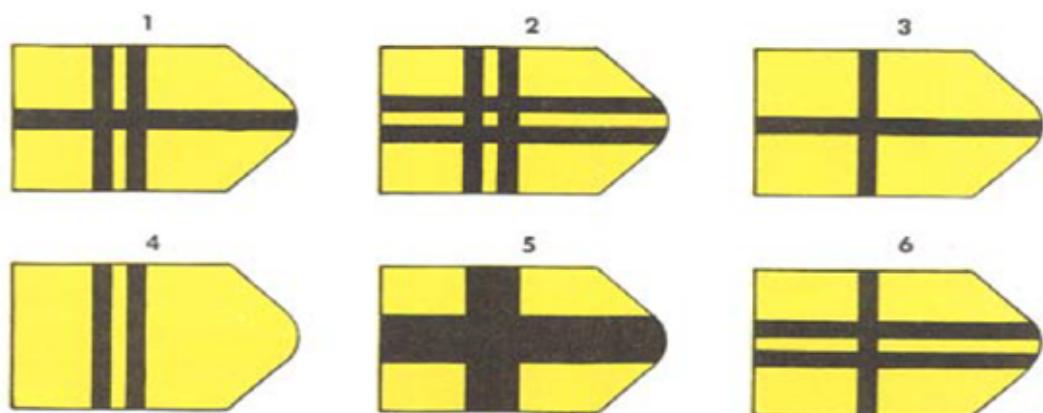
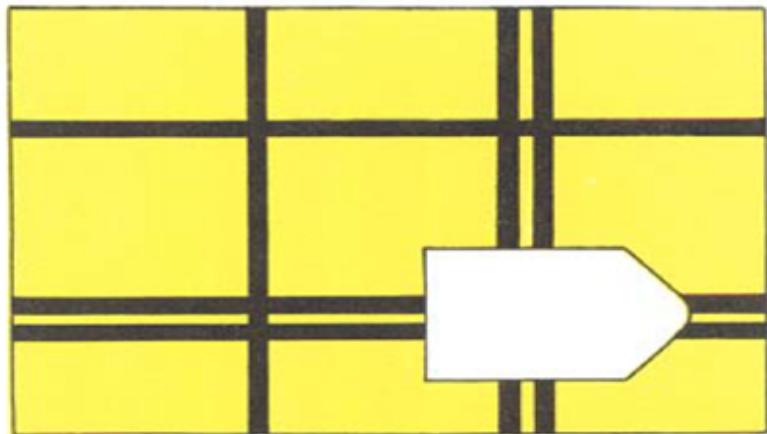


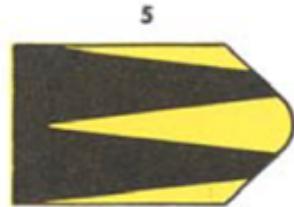
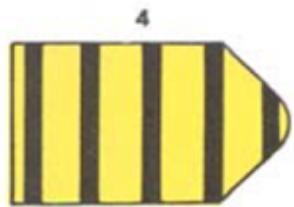
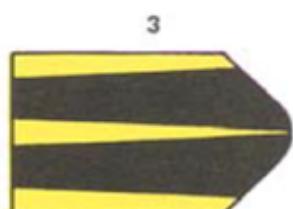
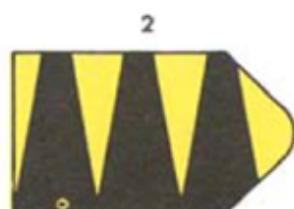
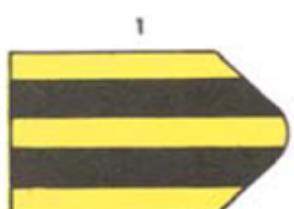
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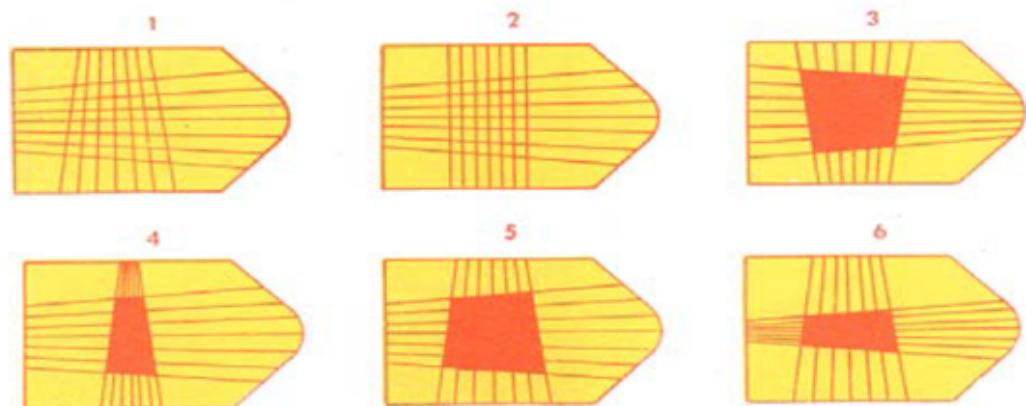
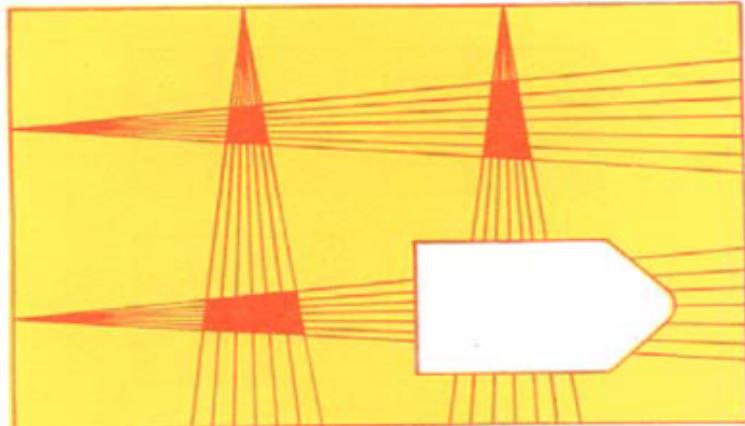


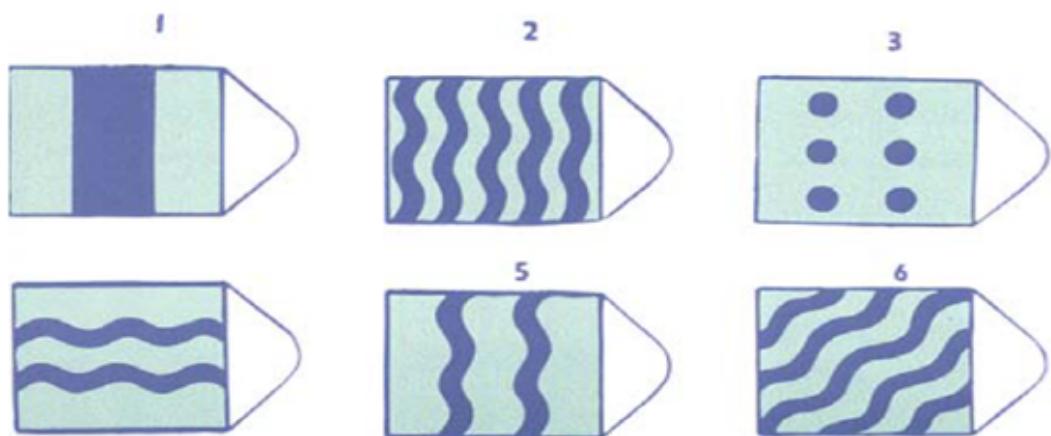
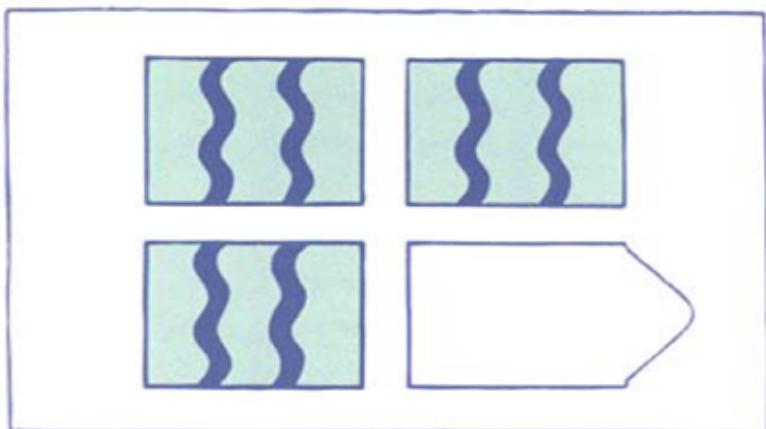
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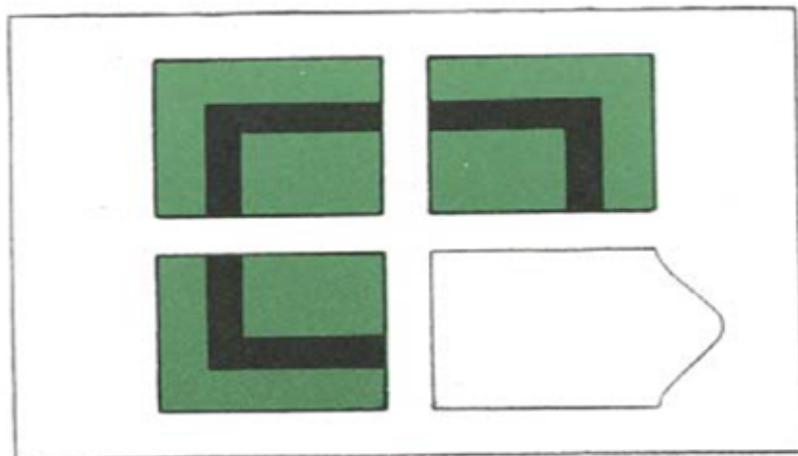




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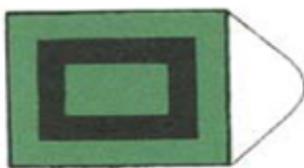




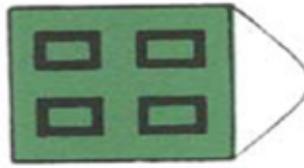
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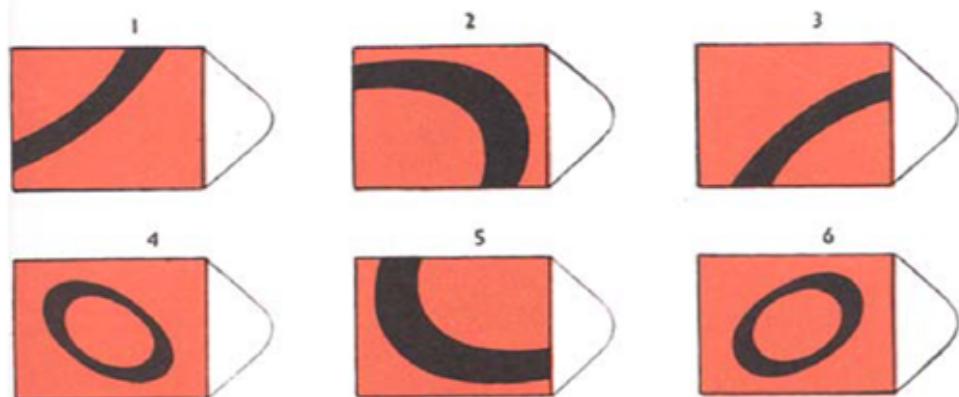
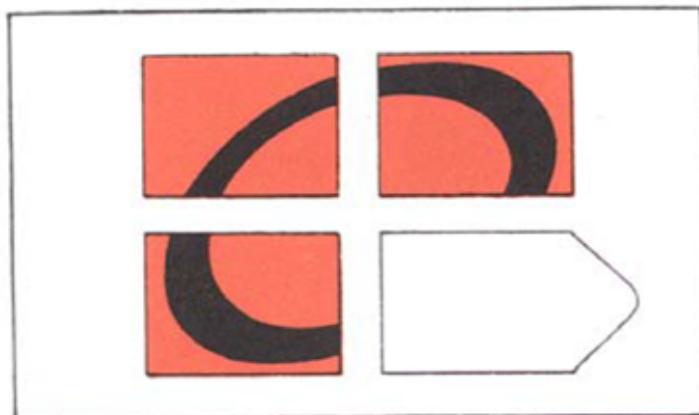


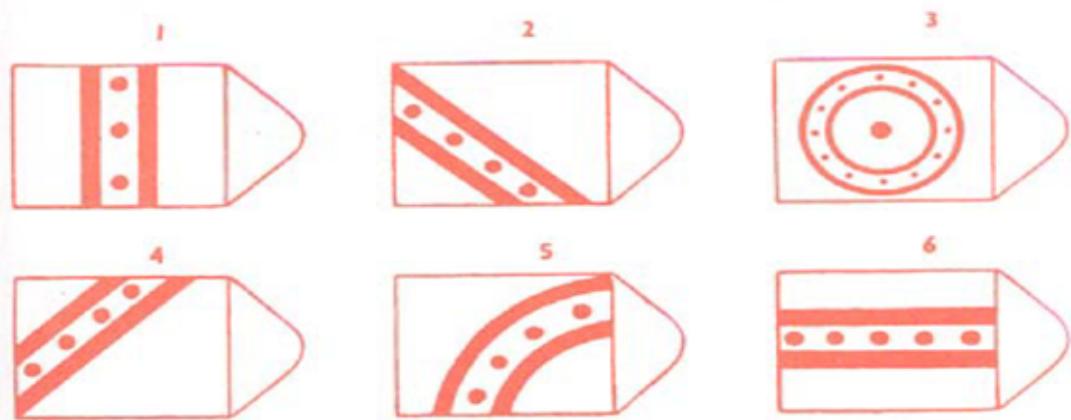
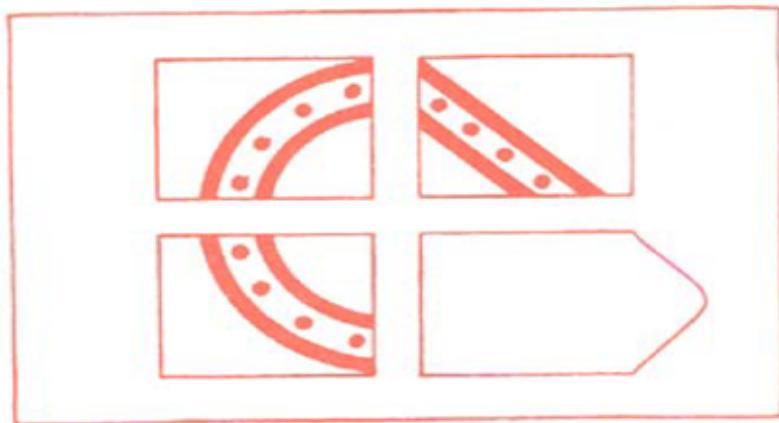
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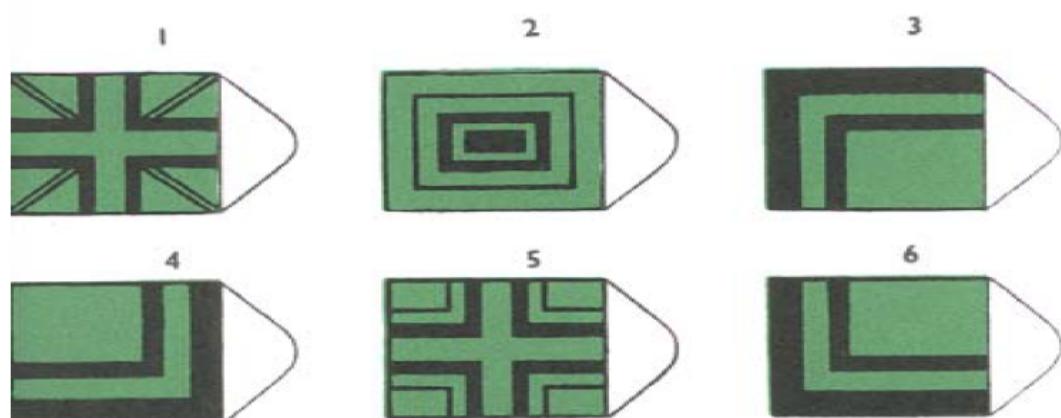
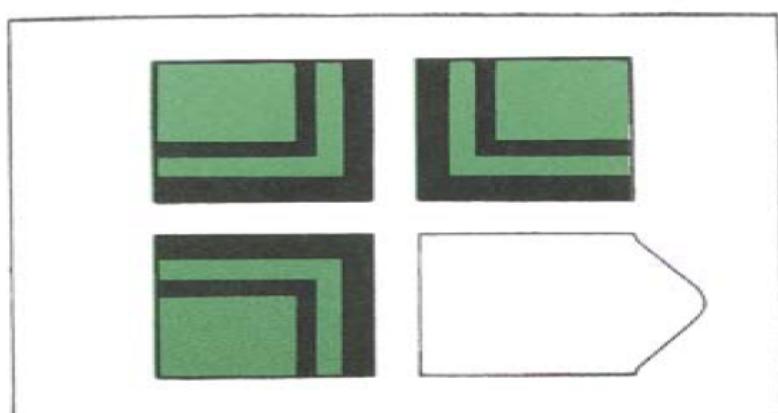


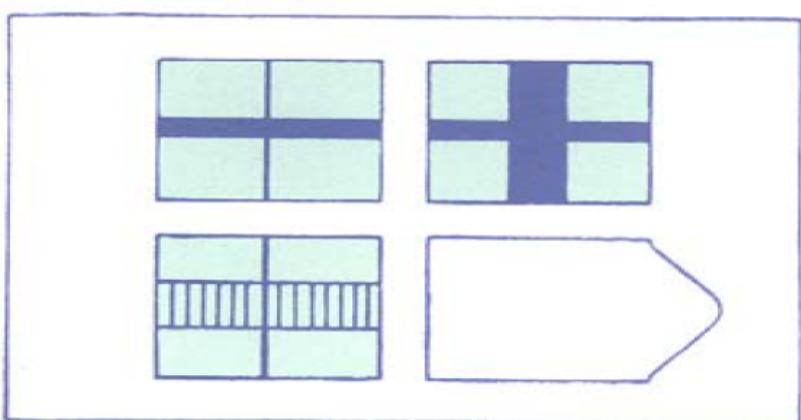
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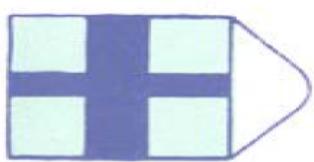




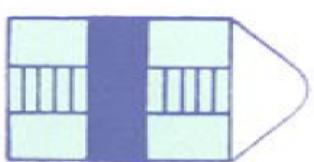




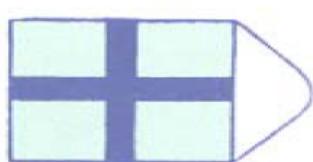
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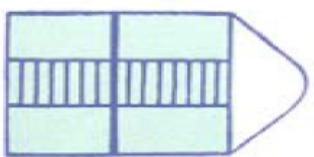
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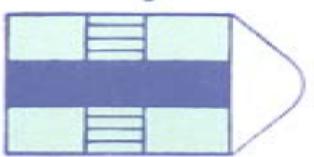
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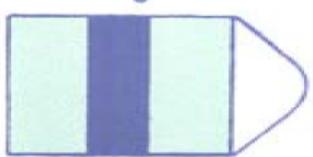
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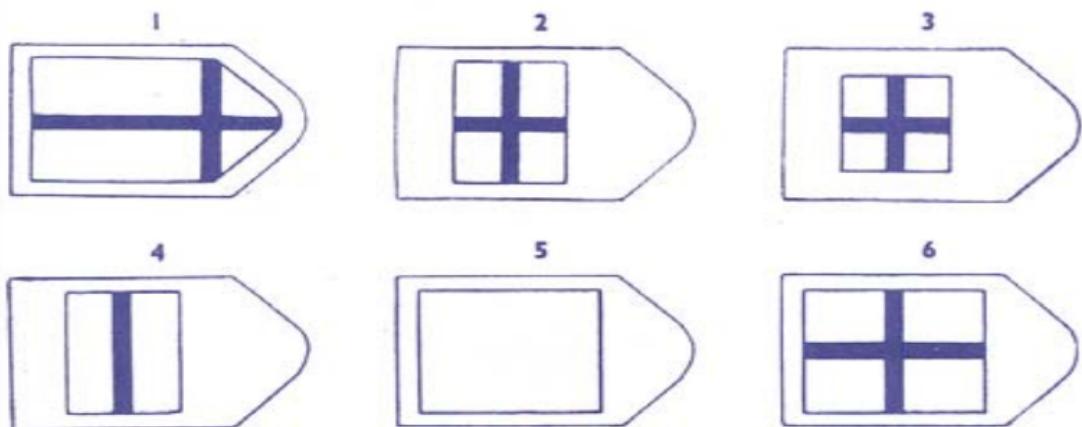
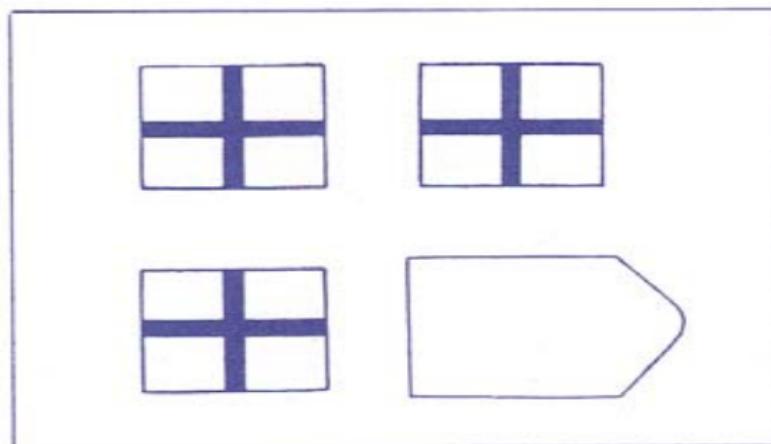


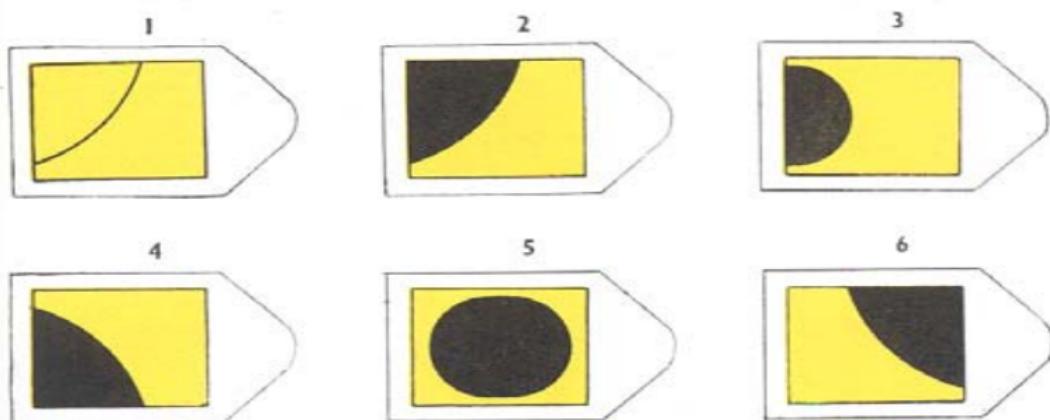
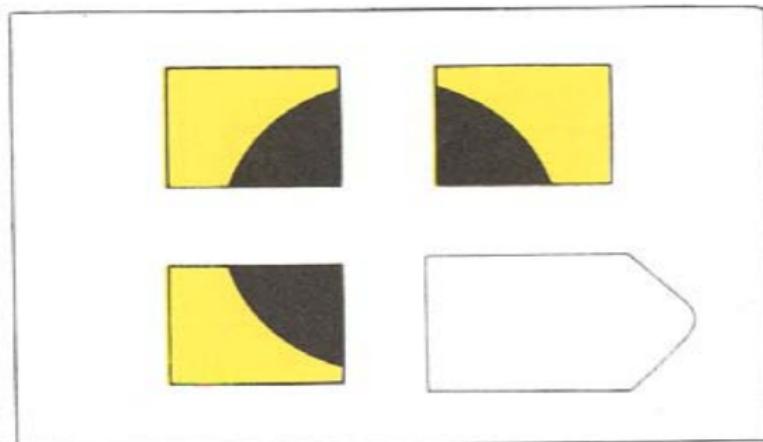
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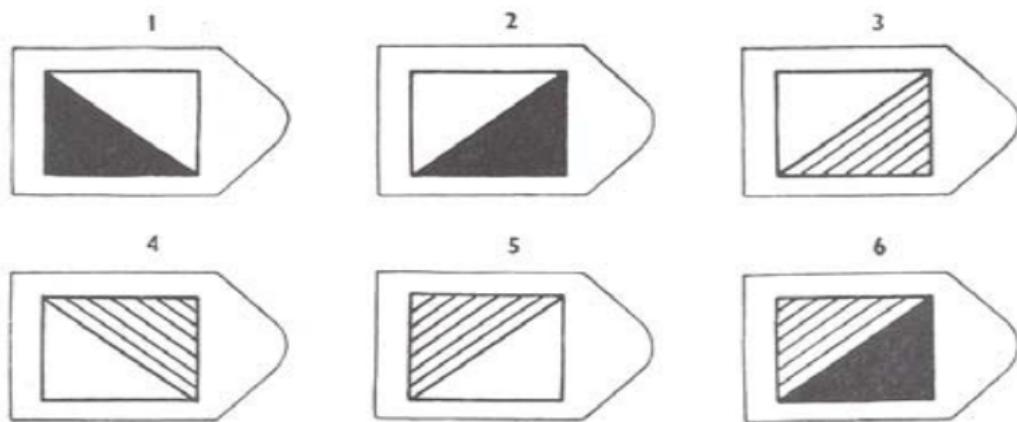
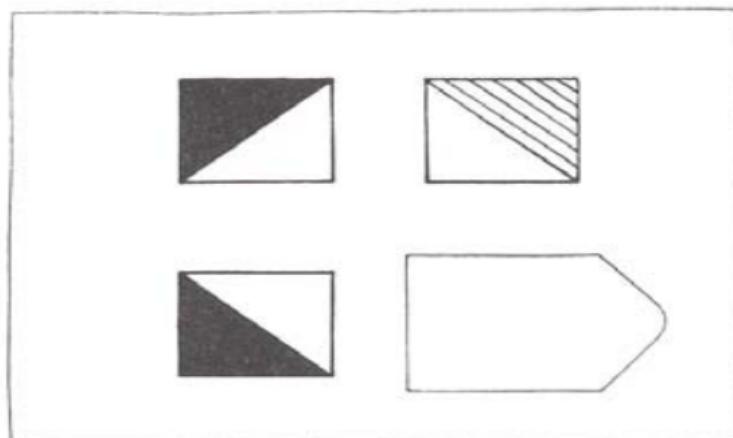


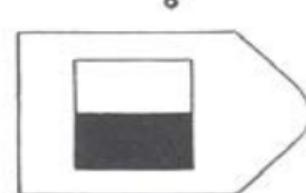
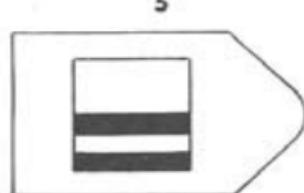
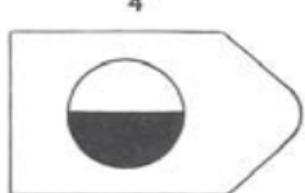
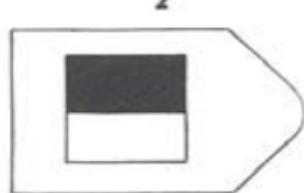
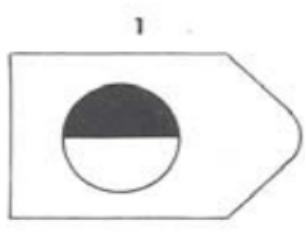
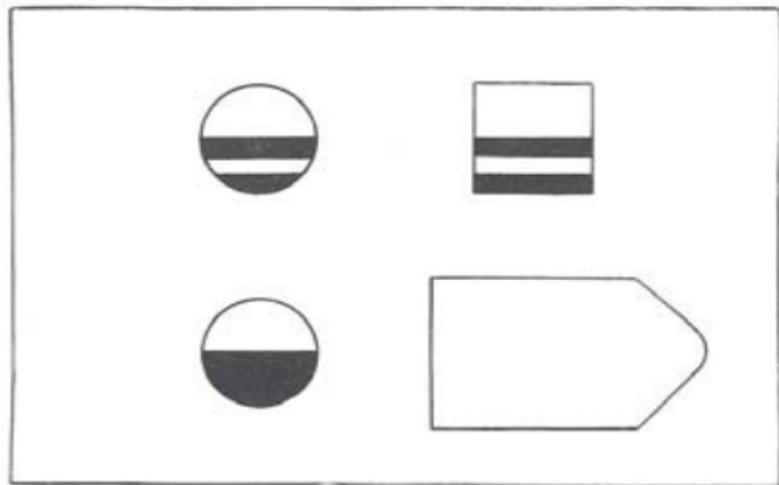
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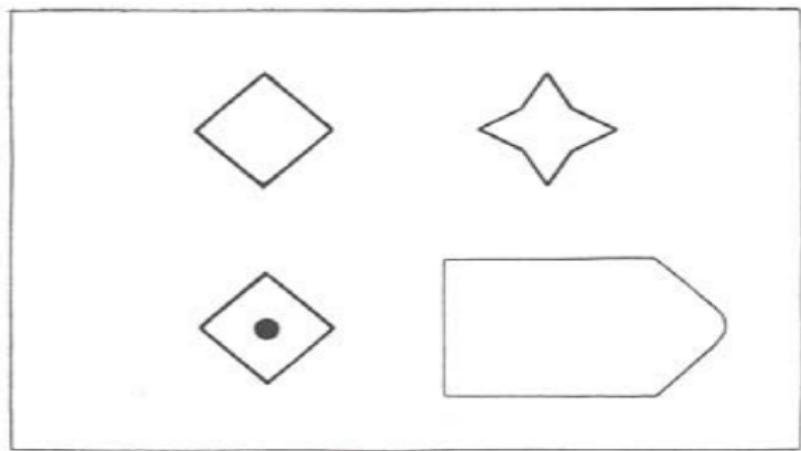




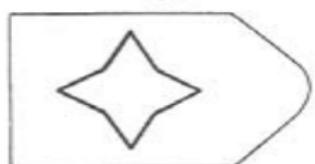




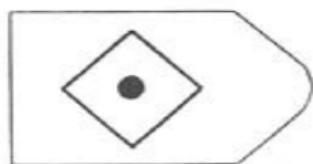




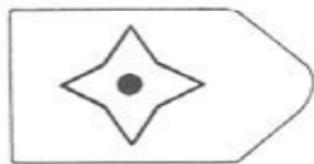
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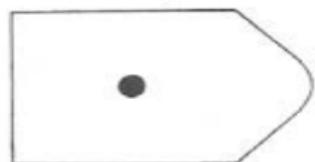
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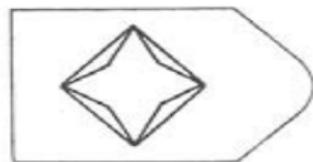
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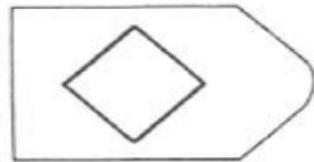
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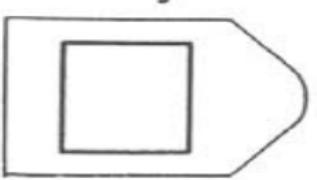
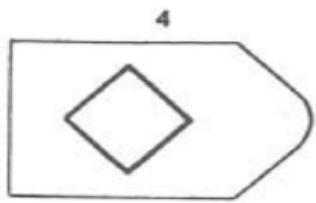
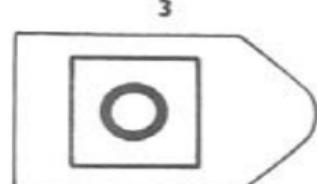
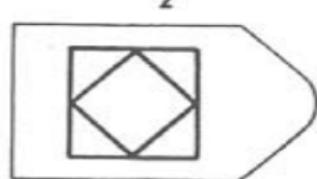
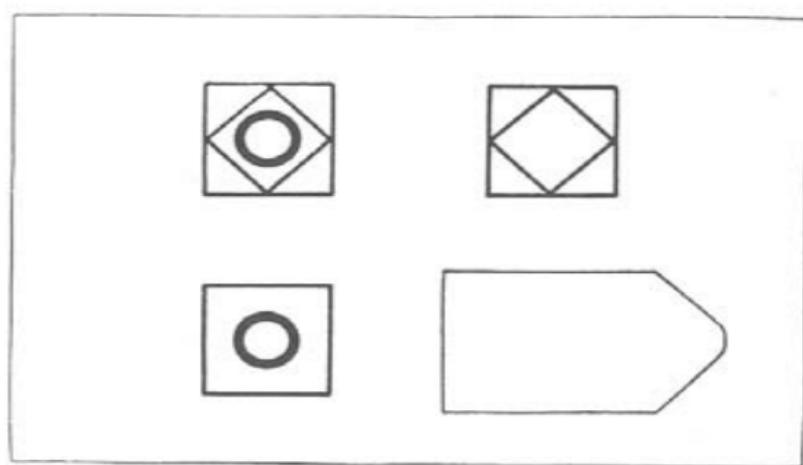


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INSTRUCTIONS: FOR EACH QUESTION, PUT A CROSS IN THE BOX CORRESPONDING TO THE ANSWER YOU WANT TO GIVE.

1.	NO	A BIT SICK	SICK	VERY SICK
				
HAVE YOU BEEN SICK IN THE LAST WEEK?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. IF YOU HAVE BEEN SICK IN THE LAST WEEK, HOW OFTEN DID YOU HAVE THESE SYMPTOMS?	NO SYMPTOMS	SOMETIMES	OFTEN	EVERY DAY
2.1 RUNNY NOSE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.2 STUFFY NOSE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.3 SNEEZING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.4 COUGH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.5 SHORTNESS OF BREATH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.6 FEELING TIRED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.7 HEADACHES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.8 STOMACH ACHE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3.	NO	NOTHING SERIOUS	YES	YES, SERIOUS
DID YOU HAVE ANY ACCIDENTS IN THE LAST WEEK (FOR EXAMPLE, YOU HURT YOURSELF OR FALL)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	VERY POSITIVE	POSITIVE	NEGATIVE	VERY NEGATIVE
4. IN THE LAST WEEK, WHAT WAS THE MOOD OF:				
4.1 YOUR CLASSMATES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.2 YOURSELF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5.	NO	SOMETIMES	OFTEN	VERY OFTEN
IN THE LAST WEEK, DID YOU EXPERIENCE QUARRELS OR DISAGREEMENTS WITH ANY CLASSMATE?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. USUALLY, HOW DO YOU COMMUTE TO SCHOOL?

- WALKING (INCLUDING SCOOTER, SKATE, ETC.)
- BY BIKE
- WITH PUBLIC TRANSPORT (TRAM, BUS, SUBWAY, ETC.)
- BY CAR

7. HOW LONG DOES IT USUALLY TAKE YOU TO COMMUTE FROM HOME TO SCHOOL?

- 0-5 MINUTES
- 5-15 MINUTES
- 15-30 MINUTES
- MORE THAN 30 MINUTES

8. HOW IMPORTANT IS IT FOR YOU TO FIND SOLUTIONS TO THESE PROBLEMS IN THE CITY?	VERY MUCH	A BIT	NOT MUCH	NOT AT ALL
8.1 GARBAGE IN THE STREET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.2 LACK OF GREEN AREAS AND PLAYGROUNDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.3 LACK OF SPORTS FACILITIES (SWIMMING POOLS, SOCCER FIELDS, VOLLEYBALL FIELDS, BASKETBALL FIELDS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.4 AIR POLLUTION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.5 ROAD TRAFFIC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9.	VERY GOOD	GOOD	BAD	VERY BAD
9.1 USUALLY, HOW DOES THE AIR YOU BREATHE FEEL LIKE?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.2 USUALLY, HOW DOES THE AIR YOU BREATHE IN THE CITY FEEL LIKE?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.3 USUALLY, HOW DOES THE AIR YOU BREATHE IN THE CLASSROOM FEEL LIKE?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.4 USUALLY, HOW DOES THE AIR YOU BREATHE IN THE SCHOOL'S COURTYARD FEEL LIKE?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I FILLED IN THIS QUESTIONNAIRE:

BY MYSELF WITH A BIT OF HELP WITH A LOT OF HELP

WHO HELPED YOU?

TEACHER CLASSMATES SOMEBODY ELSE