

Attachment 1

Structure and contents of the questionnaire

In **Part A** demographic data is recorded: age, gender and family status. Please mark with a **X** where applicable.

♦ How old are you?

	10-20	21-30	31-40	41-50	51-60	61-70
Age in years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

♦ Are you ☐ male or ☐ female?

♦ you live

☐ alone

☐ in a household with several other people

♦ Do you have children?

☐ YES, several ☐ YES, one ☐ NO

♦ How strongly are you exposed to house dust during your activities outside the home (job, studies, school etc.)?

☐ not at all

☐ hardly

☐ moderately

☐ strongly

☐ very strongly

♦ Are you allergic to house dust mites?

☐ YES, allergologically proven

☐ YES, at my own discretion

☐ NO

Part B of the questionnaire asks your for your circumstances and characteristics at home.

Please mark with YES where applicable.

♦ In your house, there are the following floor coverings:

	Not at all	1%-20%	21%-40%	41%-60%	61%-80%	81%-100%
Carpet (% of overall floor covering)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laminate (% of overall floor covering)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Parquet (% of overall floor covering)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PVC (% of overall floor covering)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tiles (% of overall floor covering)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other materials. Please describe: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

◆ In your bedroom, there are the following floor coverings:

	Not at all	1%-20%	21%-40%	41%-60%	61%-80%	81%-100%
Carpet (% of overall floor covering)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laminate (% of overall floor covering)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parquet (% of overall floor covering)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PVC (% of overall floor covering)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tiles (% of overall floor covering)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other materials. Please describe: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

◆ In your household, there are:

	Not at all	1%-20%	21%-40%	41%-60%	61%-80%	81%-100%
Drapes (% of household)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Curtains made of fabrics (% of household)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interior roll blinds (% of household)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

◆ In your bedroom, there are:

	Not at all	1%-20%	21%-40	41%-60%	61%-80%	81%-100%
Drapes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Curtains						
made of fabrics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interior roll blinds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

◆ In your household, there is upholstered furniture:

	Not at all	1%-20%	21%-40	41%-60%	61%-80%	81%-100%
Upholstered furniture (% of furniture for sitting or sleeping; sofas etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

◆ In your bedroom, there is upholstered furniture:

	Not at all	1%-20%	21%-40	41%-60%	61%-80%	81%-100%
Upholstered furniture (% of furniture for sitting or sleeping; sofas etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

◆ You have the following pets:

	Not at all	1-2	3-4	5-6	7-8	9-10	More than10
Dog	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rabbit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Birds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other animals: please describe in detail:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

◆ The animal is or the animals are kept in the house:

- ☐ not at all
- ☐ hardly
- ☐ moderately
- ☐ frequently
- ☐ always

◆ The animal is or the animals are allowed in the bedroom:

- ☐ not at all
- ☐ hardly
- ☐ moderately
- ☐ frequently
- ☐ always

◆ In your household, there are cuddle toys:

	Not at all	1-2	3-4	5-6	7-8	9-10	More than10
Cuddle toys	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

◆ In your bedroom, there are cuddle toys:

	Not at all	1-2	3-4	5-6	7-8	9-10	More than10
Cuddle toys	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

◆ In your household, there are indoor plants:

	Not at all	1-2	3-4	5-6	7-8	9-10	More than10
Plants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

◆ In your bedroom, there are indoor plants:

	Not at all	1-2	3-4	5-6	7-8	9-10	More than10
Plants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

◆ In your household, there are mould / moisture stains:

- ☐ not at all
- ☐ hardly
- ☐ moderately
- ☐ many
- ☐ very many

◆ In your bedroom, there are mould / moisture stains:

- ☐ not at all
- ☐ hardly
- ☐ moderately

- ☐ many
- ☐ very many

◆ In your bedroom, the average humidity is:

- ☐ high (more than 75%)
- ☐ medium (between 75% and 55%)
- ☐ low (less than 55%)

◆ The average temperature is:

	0° -5° C	6° -10° C	11° -15° C	16° -20° C	21° -25° C	26° -30° C
Inside						
temperature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
bedroom						
Outside						
temperature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

◆ Your sleeping mattress encasing consists of the following materials:

	Not at all	1%-20%	21%- 40%	41%- 60%	61%- 80%	81%- 100%
Cotton (% of encasing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Synthetic fibres (% of encasing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other materials. Please describe: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

◆ Your bedcover and pillow consist of the following materials:

	Not at all	1%-20%	21%- 40%	41%- 60%	61%- 80%	81%- 100%
Cotton (% of bedding)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Synthetic fibres (% of bedding)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wool (% of bedding)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other materials. Please describe: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

◆ Do you have allergen-tight bed linen? ☐ YES ☐ NO

◆ Do you have an allergen-tight encasing? ☐ YES ☐ NO

Part C of the questionnaire asks you for your domestic hygiene and cleaning measures.

Please mark with YES where applicable.

◆ The cleaning measures in your household are carried out by:

	Not at all	Hardly	Moderately	Frequently	Always
Yourself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

◆ The following cleaning measures are carried out in your household:

	Fewer than 1x per week	1-2x per week	3-5x per week	6-7x per week
Sweep and brush	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vacuum cleaning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wiping the floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dusting surfaces with a duster	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wipe surfaces with dry cloth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wipe surfaces with moist cloth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wash drapes and curtains	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

◆ You air your bedroom:

	Fewer than 1x per day	Daily for a few minutes	Daily for a couple of hours	Continuous airing
Air	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

◆ You change your bed linen:

	Fewer than every 4 weeks	Every 3-4 weeks	Every 1-2 weeks	Once per week	2-3x per week	More than 3x per week
Bed linen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

♦At how many degrees do you wash bed linen?

0° C-20° C 21° C-40° C 41° C-60° C 61° C-80° C 81° C-100° C

Washing

procedure

bed linen

☐
☐
☐
☐
☐

♦You wash your bedcover and your pillow:

Fewer than
every 4
weeks

Every 3-4
weeks

Every 2-3
weeks

Every 1-2
weeks

At least 1x
per week

Bed cover and

pillow

☐
☐
☐
☐
☐

♦ At how many degrees do you wash your bedcover and pillow?

0° C-20° C 21° C-40° C 41° C-60° C 61° C-80° C 81° C-100° C

Washing

procedure

bed linen

☐
☐
☐
☐
☐

♦ Your mattress is aired:

☐ not at all

☐ rarely

☐ moderately

☐ frequently

☐ at temperatures under 0° C

♦ Do you carry out specific measures against house mites?

Not at all

Hardly

Moderately

Frequently

Very
frequently

Chemical (special cleaning
and washing agents)

☐
☐
☐
☐
☐

Physical (air mattress at
temperatures under 0° C)

☐
☐
☐
☐
☐

Other measures. Please

explain:_____

☐
☐
☐
☐
☐

Part C of the questionnaire records your status as an allergy sufferer as well as your symptoms, medical condition and measures. Please mark with an **X** where applicable,

◆ How long have you been suffering from house dust mite allergy? _____ years

◆ Has the medical condition deteriorated in the course of time?

- ☐ not at all
- ☐ hardly
- ☐ moderately
- ☐ strongly

◆ This is what the development of your medical condition looks like:

	None	Hardly	Moderately	Strong	Very strong
Spring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spring/Summer (Transition time)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Summer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Summer/autumn (Transition time)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Autumn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Autumn/Winter (Transition time)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Winter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Winter/spring (Transition)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

◆ How much does the house dust mite allergy restrict your well-being?

- ☐ not at all
- ☐ hardly
- ☐ moderately
- ☐ strong

◆ How would you describe your state of health in general?

- ☐ bad
- ☐ not so good
- ☐ good
- ☐ very good
- ☐ excellent

◆ Have you had a hyposensitization: ☐ YES ☐ NO

◆ Are you just doing a hyposensitization: ☐ YES ☐ NO

◆ When do your health problems normally occur?

	Not at all	Hardly	Moderately	Frequently	Very frequently
At night	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When sleeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When getting up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
After getting up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When cleaning or making the beds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rest of the day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

◆ How often did you have the following health problems during the past 4 weeks?

(Please mark the medical condition you did not have within this period with a cross in the column "Not at All")

	Not at all	Fewer than 1x per week	1-2x per week	3-4x per week	5-6x per week	Daily
Blocked nose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Running nose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Urge to sneeze	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Red-rimmed eyes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Streaming eyes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Swollen eyes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Itching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Burning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Red skin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coughing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shortness of breath	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bronchial asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asthmatic attack	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other health problems.						
Please describe: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

♦ Did your house dust mite allergy cause problems within the past 4 weeks when:

	Not at all	Hardly	Moderately	Frequently	Very frequently
Falling asleep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sleeping through	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

♦ Do you take medications to relieve allergy symptoms?

	Not at all	Hardly	Moderately	Frequently	Very frequently
Antihistamines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Glucocorticoids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other medications. Please describe: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

♦ Do you suffer from other allergies, too?

	Not at all	Hardly	Moderately	Strongly	Very strongly
Pollen / grass pollen allergy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Animal allergy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chemicals allergy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medication allergy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other allergies: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>