

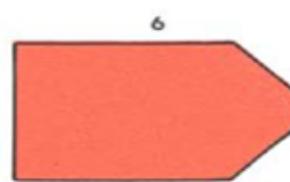
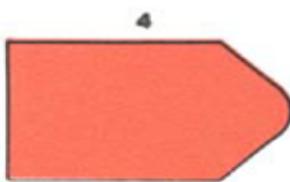
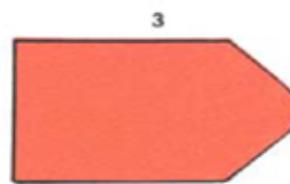
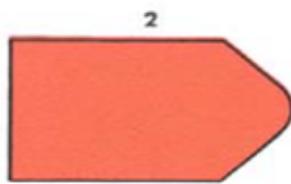
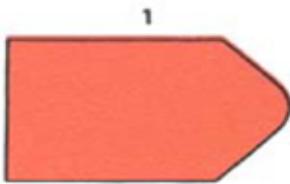
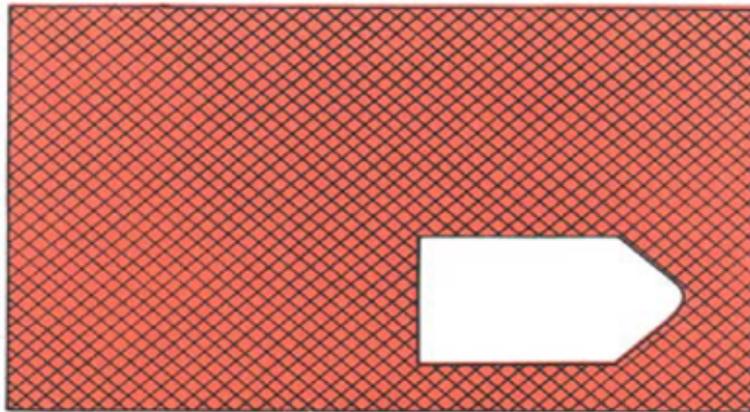
QUESTIONNAIRE

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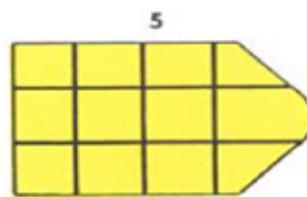
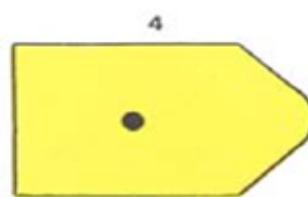
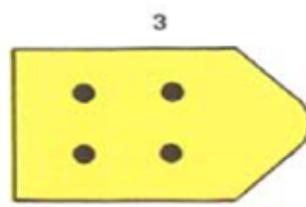
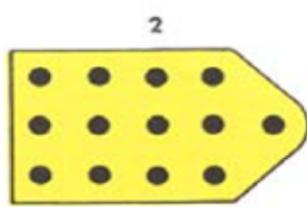
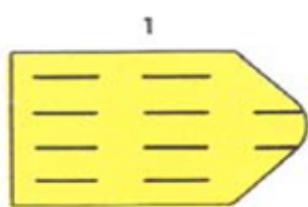
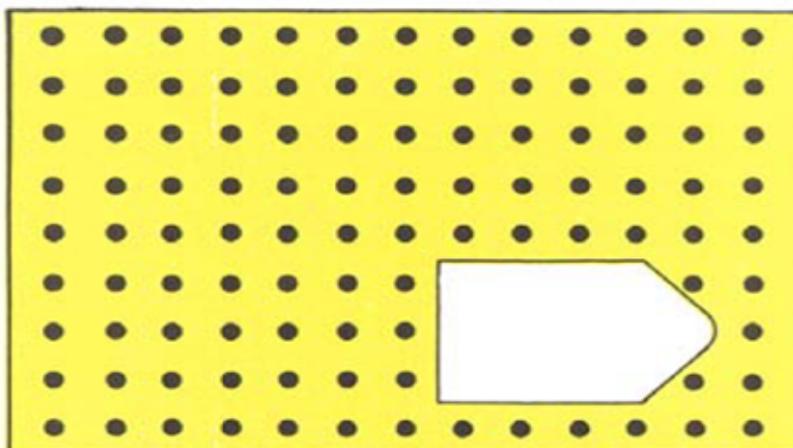
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INSTRUCTIONS: FOR EACH COLORED CARD, SELECT THE MISSING PART AMONG THE GIVEN OPTIONS.

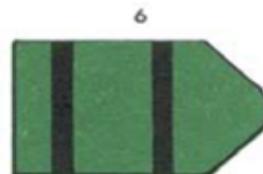
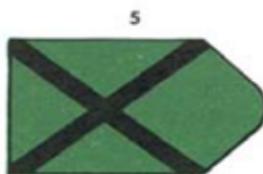
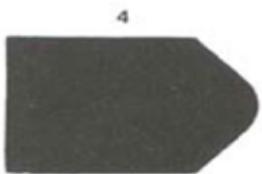
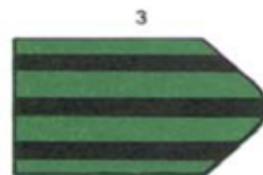
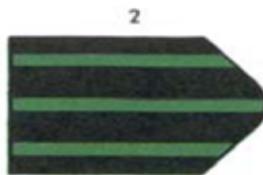
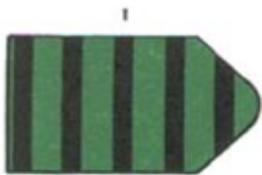
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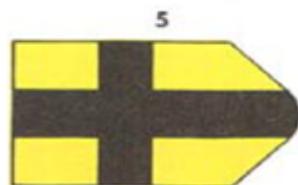
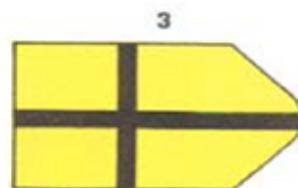
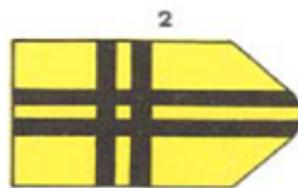
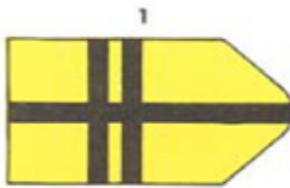
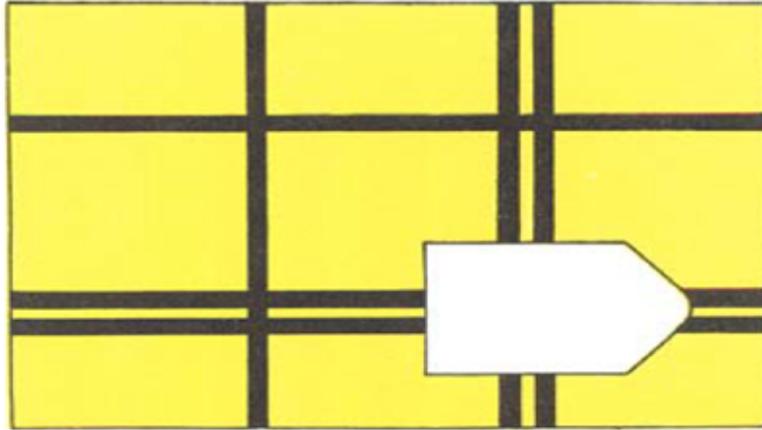
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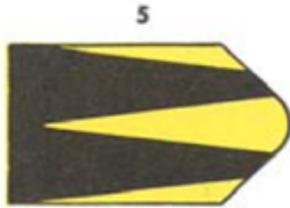
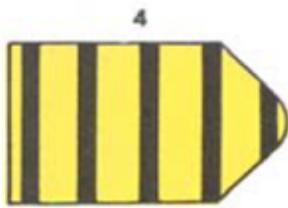
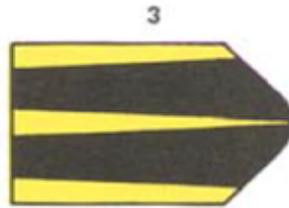
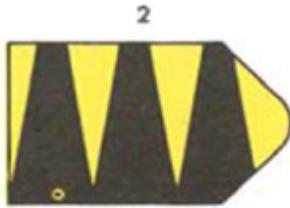
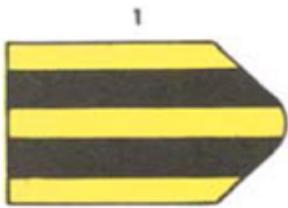
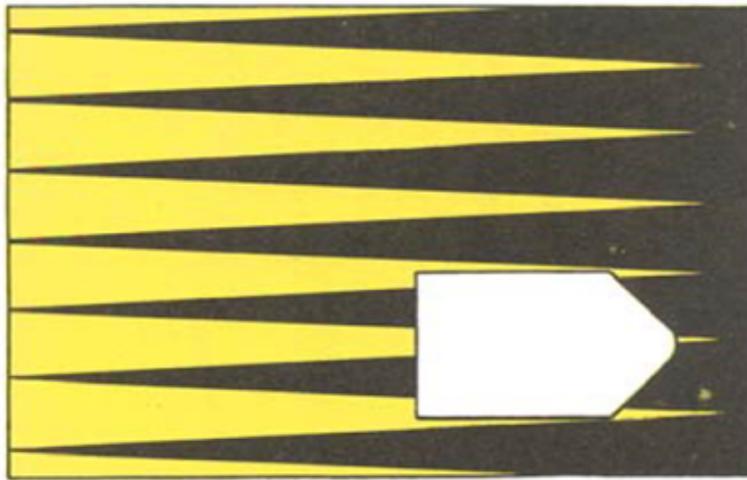


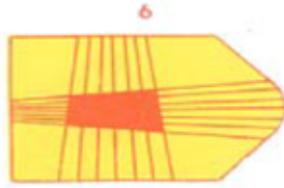
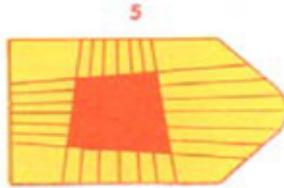
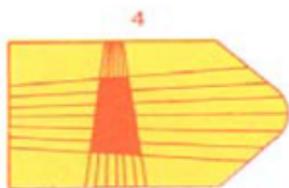
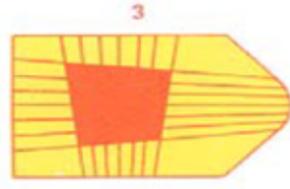
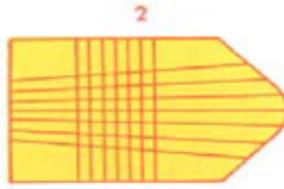
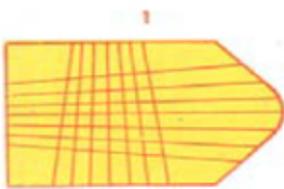
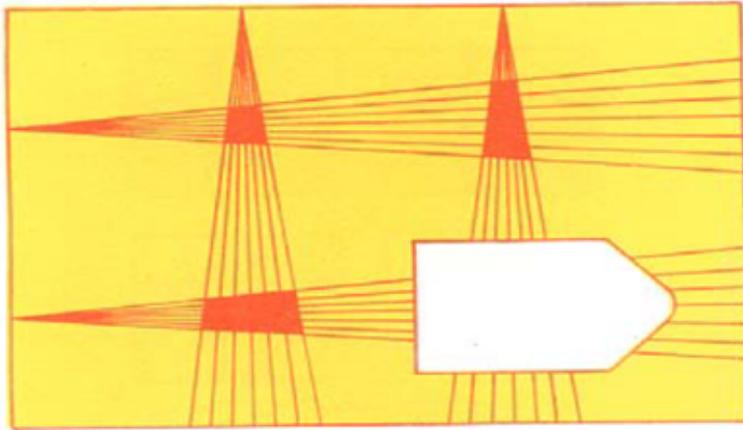
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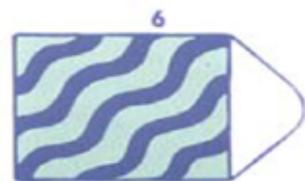
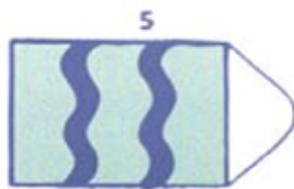
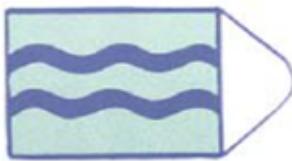
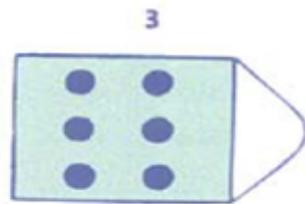
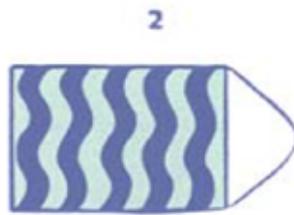
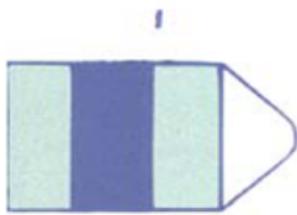
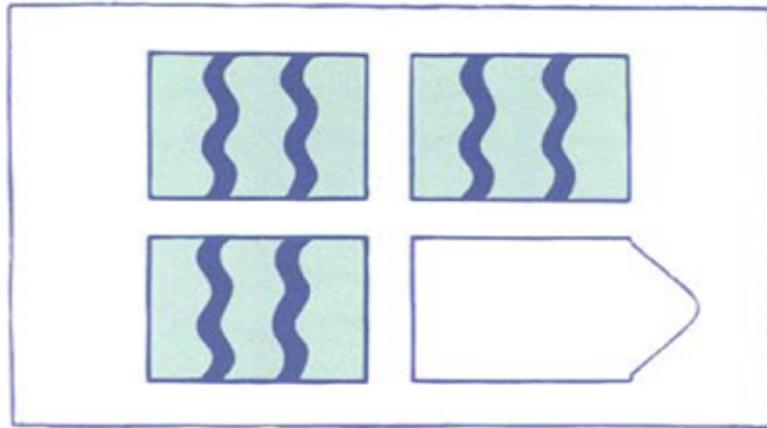


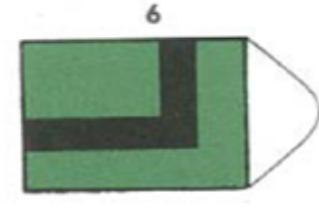
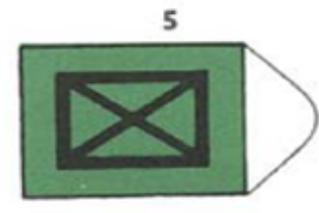
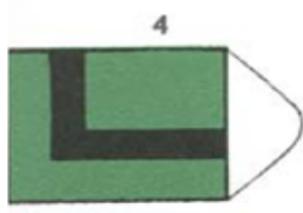
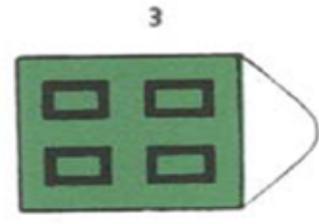
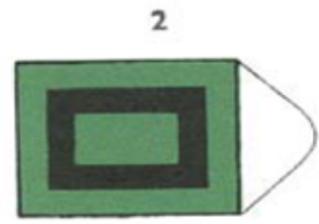
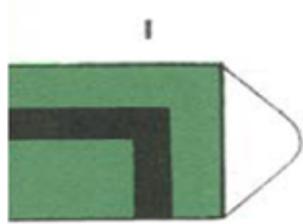
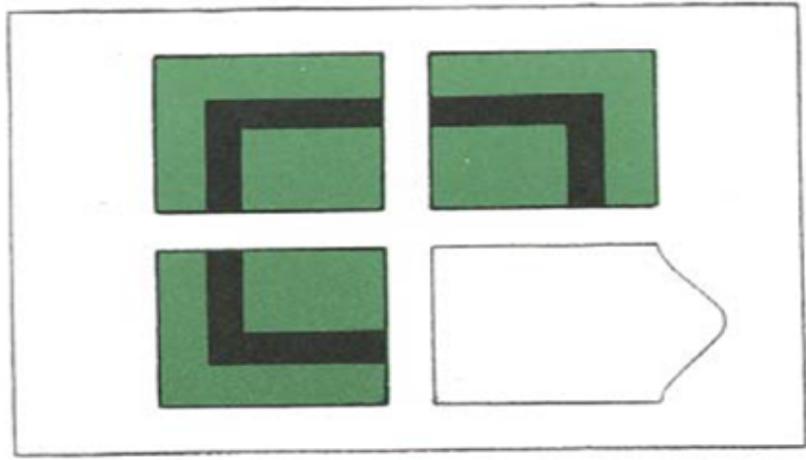
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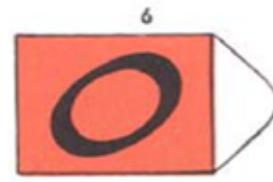
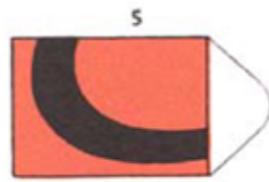
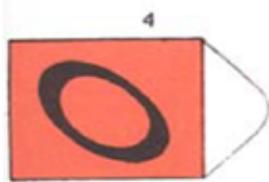
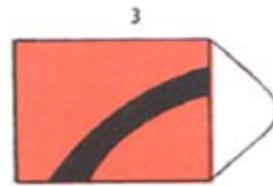
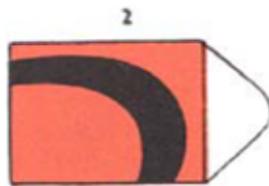
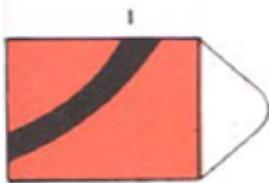
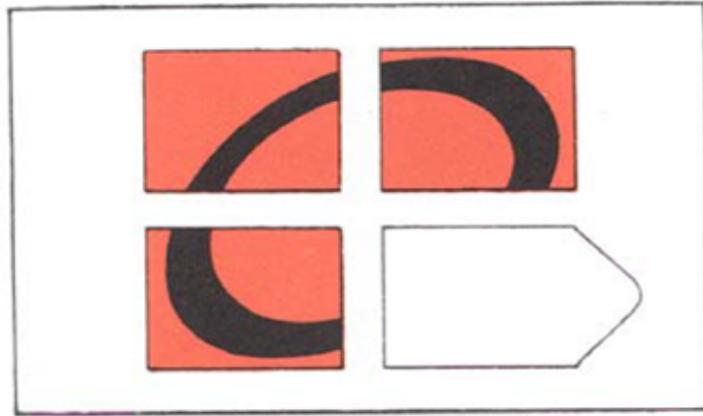


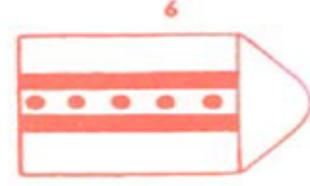
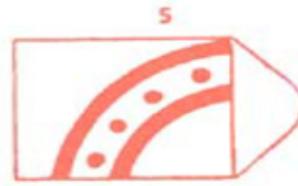
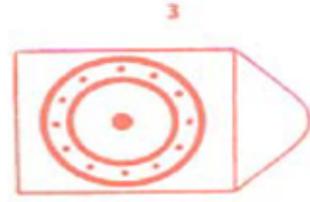
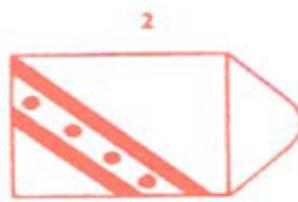
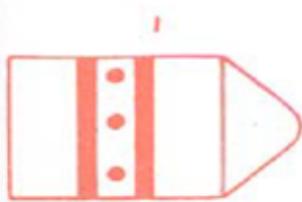
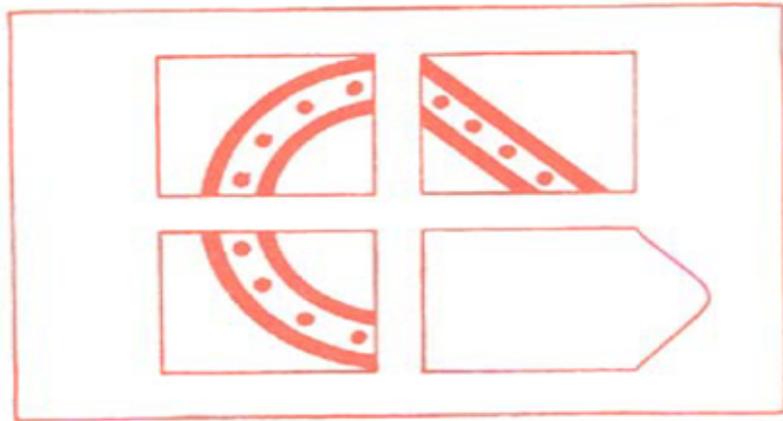


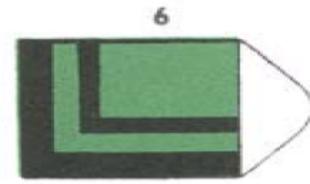
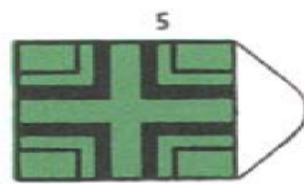
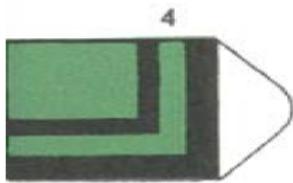
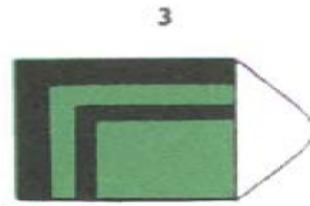
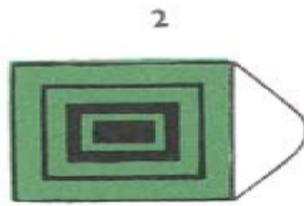
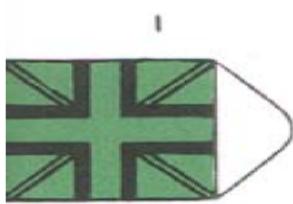
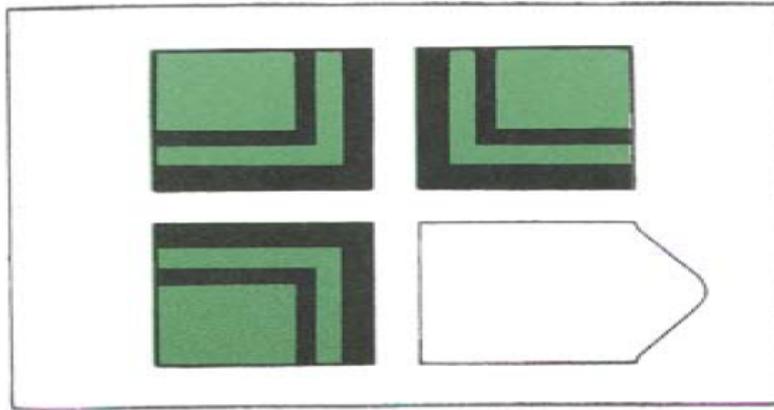


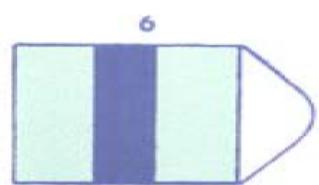
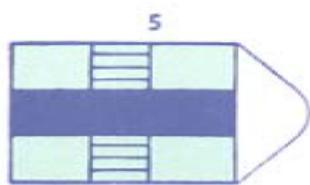
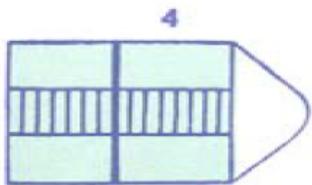
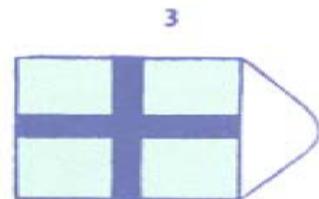
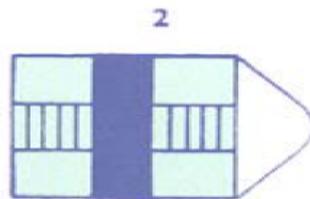
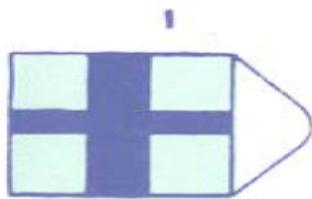
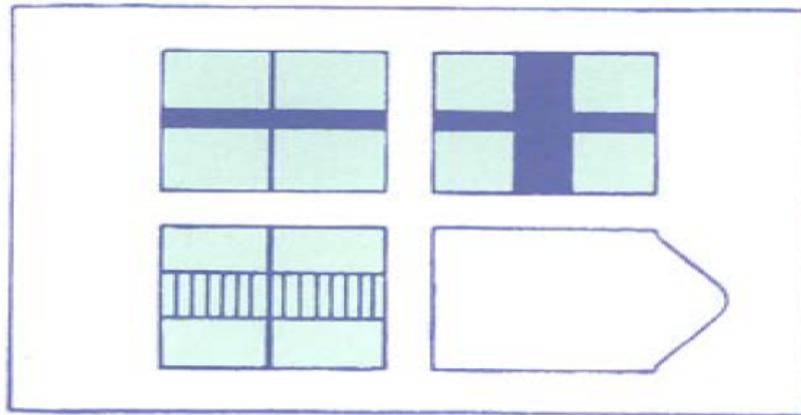


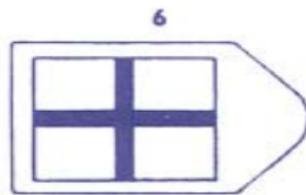
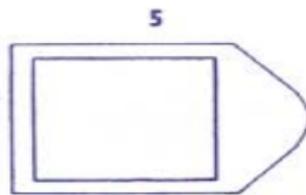
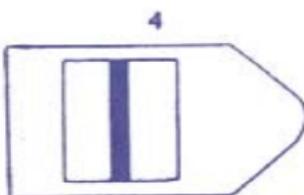
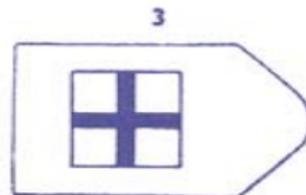
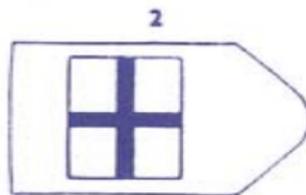
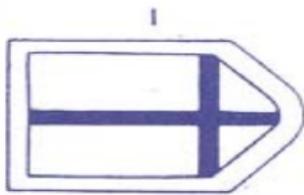
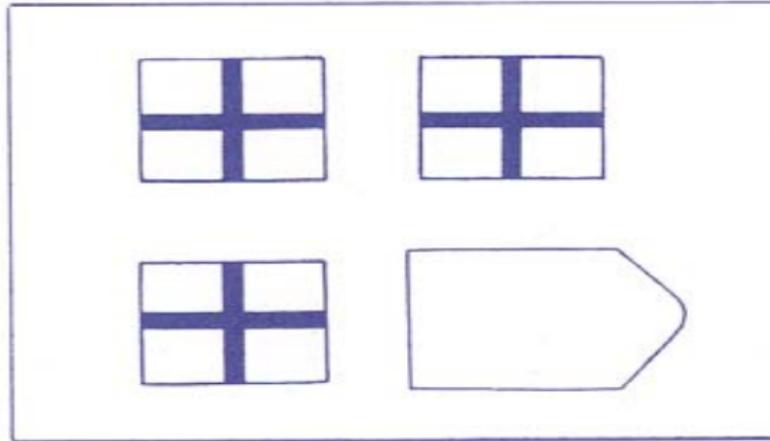
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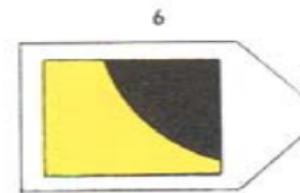
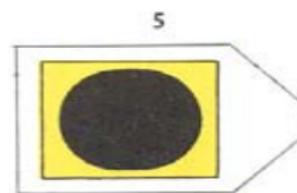
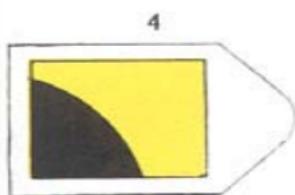
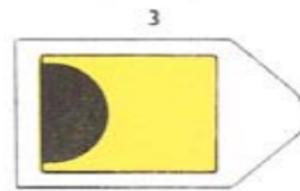
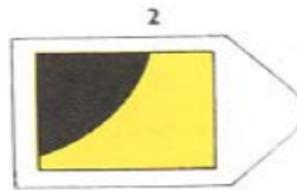
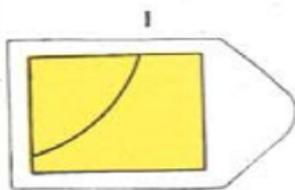
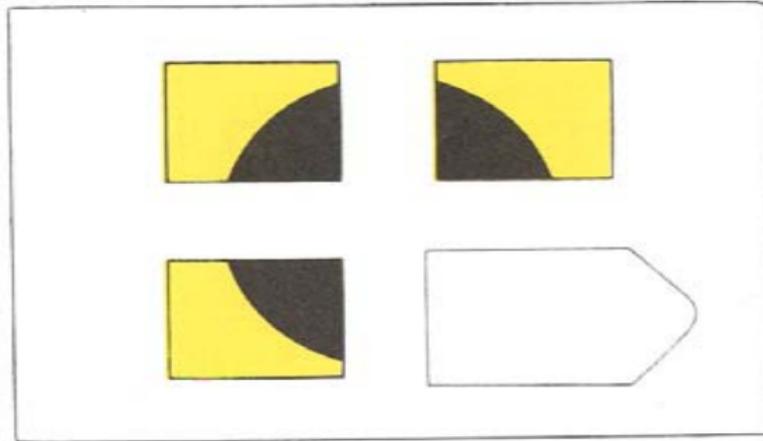


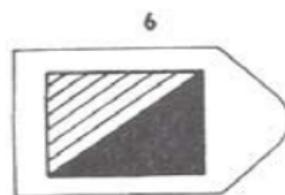
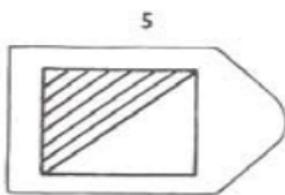
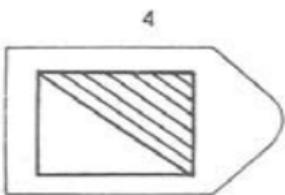
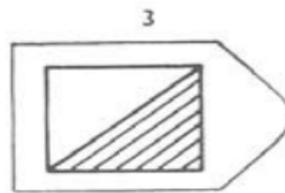
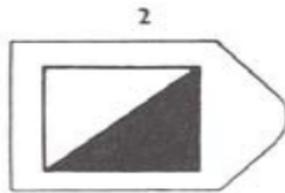
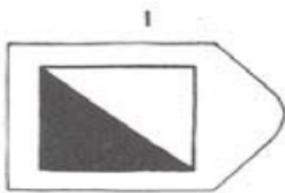
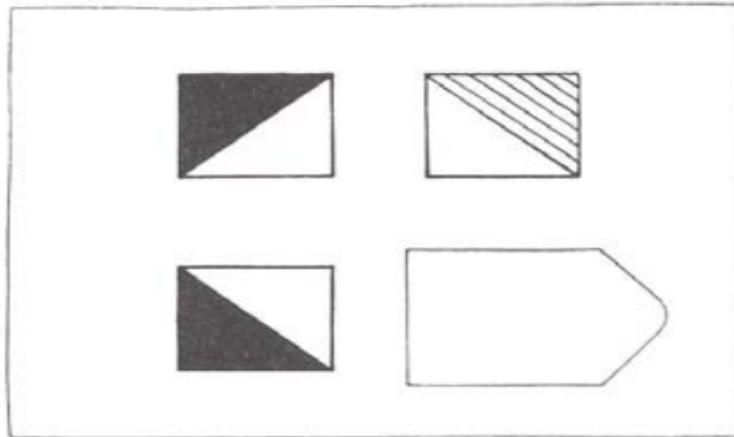


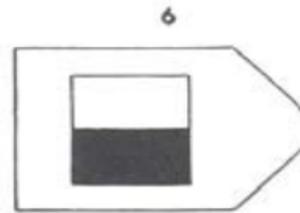
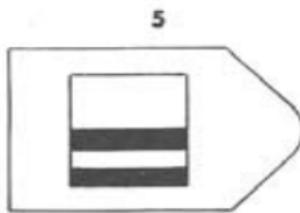
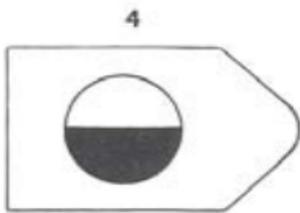
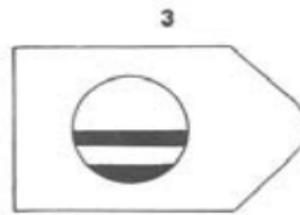
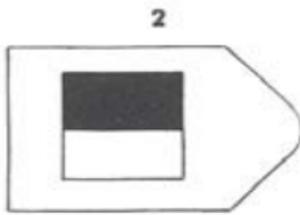
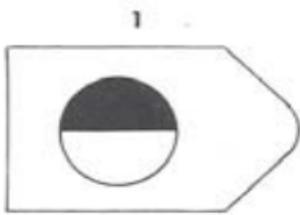
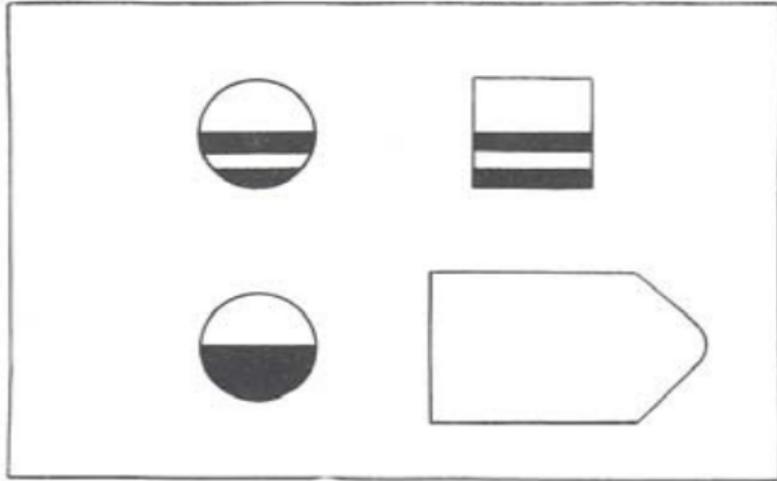


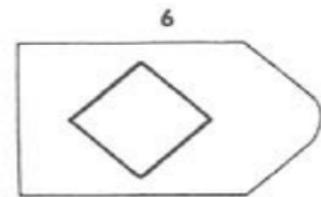
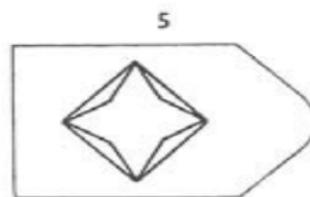
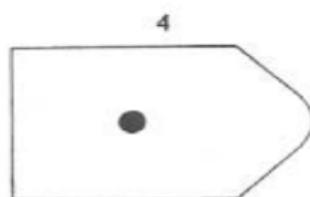
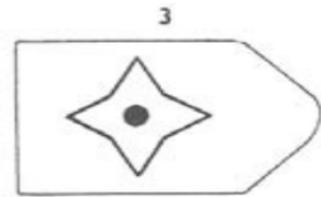
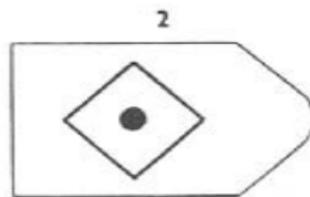
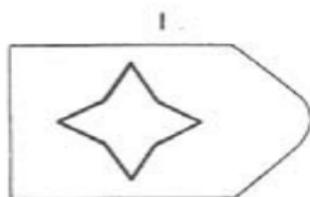
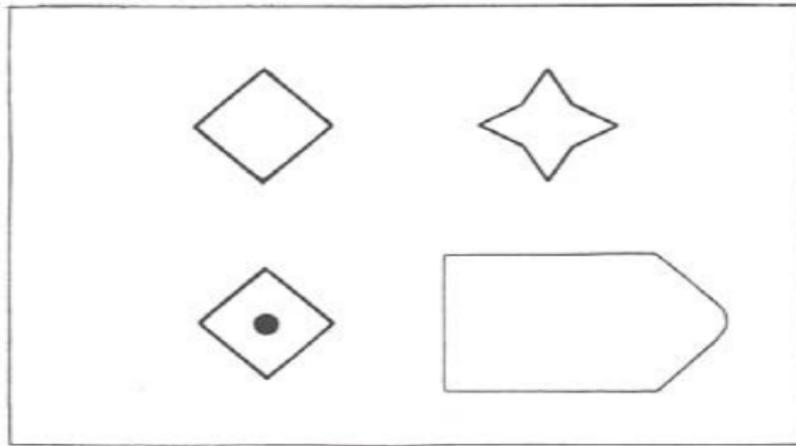


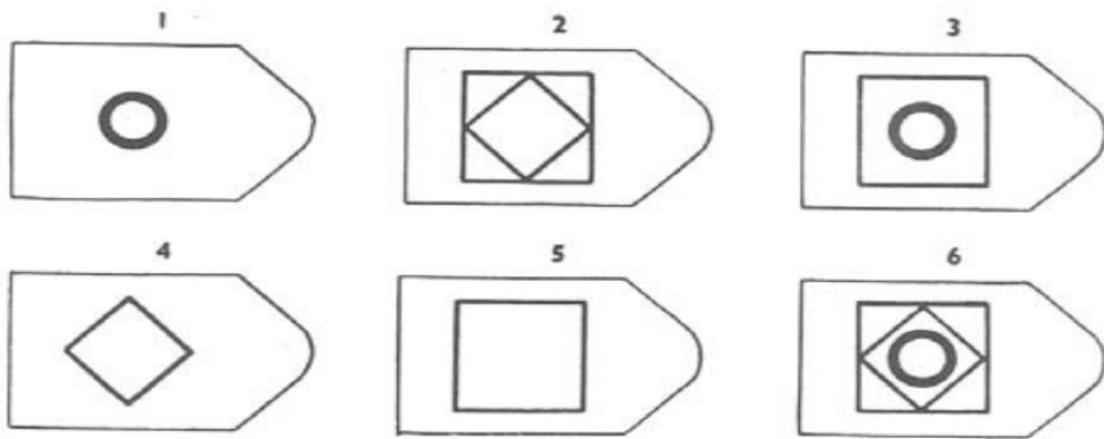
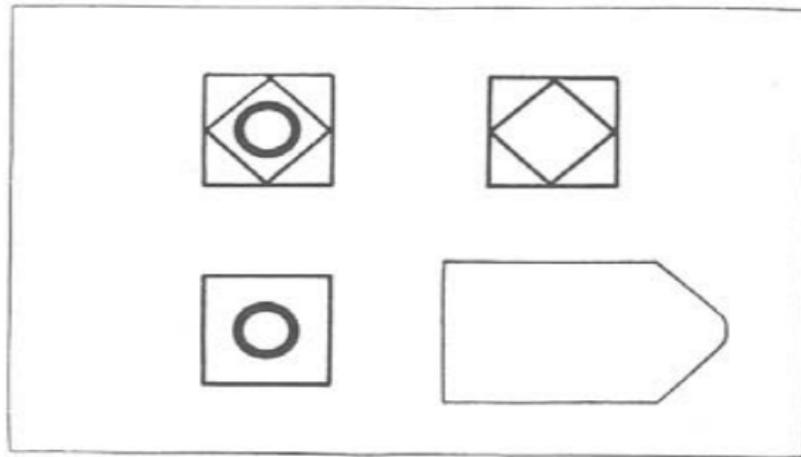












INSTRUCTIONS: FOR EACH QUESTION, PUT A CROSS IN THE BOX CORRESPONDING TO THE ANSWER YOU WANT TO GIVE.

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"/>

4.	VERY POSITIVE	POSITIVE	NEGATIVE	VERY NEGATIVE
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