Questionnaire:

1. What was your occupation at disease onset? ____________________________

_____________________________________________________________________

2. If different, occupation before disease onset:

_____________________________________________________________________

3. Are you living or working on a farm:  yes  no

If yes, since when (year)?  from: __________to: __________

Additional comments: _____________________________________________

4. Did you ever live or work on a farm:  yes  no

If yes, since when (year)?  from: __________to: __________

Additional comments: _____________________________________________

5. Contact to livestock animals?  yes  no

a. If yes, contact Cows / cattle:  from: __________to: __________

Pigs:  from: __________to: __________

Horses:  from: __________to: __________

Poultry:  from: __________to: __________

b. Frequency of contact:  Regular (several times per month):

Occasionally (several times per year):

Rarely (once per year or less):

Additional comments: _____________________________________________
6. Do you participate in harvesting?  
   □ yes  □ no
   If yes, since when (year)?  from: _____________ to: ____________
   What do or did you harvest? ____________________________
   Additional comments: ________________________________________

7. Are you living or did you ever life next to a farm?  
   □ yes  □ no
   a. If yes, since when (year)?  from: _____________ to: ____________
   b. If yes, estimated distance: _______________ meters
   Additional comments: ________________________________________

8. Do you or did you have regular contact to pets:  
   □ yes  □ no
   a. If yes, since when (year)?  from: _____________ to: ____________
   b. What kind of pet (dog, cat,…) ______________________________
   Additional comments: ________________________________________

9. Further comments:
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________