Survey on the suffering of fragrance-sensitive people

Background
There are many reports about the potentially harmful effects of fragrances, but there are hardly any publications about the suffering of people who experience negative reactions to fragrances. A representative study (Steinemann and Klaschka, 2019) found that one in five people in Germany (and one in three people internationally) attribute health problems to fragrances. Sensitive people can react with a variety of health implications, such as concentration disorders, dizziness, migraines, shortness of breath or asthma attacks (DAAB survey).

Legal notice
This study is conducted by Professor Dr Ursula Klaschka (Duftstoffe@thu.de) at University of Applied Sciences, Ulm, Germany (THU), represented by Prof. Dr Volker Reuter. Mrs Heidi Wagner from the MCS support-group in Rosenheim (www.mcs-rosenheim.de) is involved to the creation and subsequent evaluation of the questionnaire from the perspective of those affected. A supporting assistant from the THU is also involved for a limited period of time. In the interests of equal treatment, the personal designations used in the survey refer to all genders (m/f/d). In the interests of better readability, we have refrained from using double designations and gendered terms. The abbreviated form of language does not imply any judgment.

Privacy policy
In this online survey, information is collected to determine the level of suffering of fragrance-sensitive people. This is not a representative study, but rather a data collection from fragrance-sensitive people aged at least 18. Participation in the online survey is voluntary. The survey is anonymous and does not allow any conclusions to be drawn about individual persons. Survey results are used for scientific publications, lectures or other communication channels. The conduct of the study was approved by the data protection officer of Ulm University of Applied Sciences and the ethics committee of Ulm University of Applied Sciences. Ulm University of Applied Sciences (THU) uses the online portal LimeSurvey for the online survey as part of order processing in accordance with Art. 28 of the General Data Protection Regulation. THU is responsible for the lawfulness of the data processing described above. The session cookies used by LimeSurvey as standard are necessary for the secure operation of the website and the implementation of the survey and therefore do not require the user's consent. No data is collected that could be used to identify you.

Dear participant in this survey,

Welcome to the survey on the suffering of fragrance-sensitive people.

Your answers will make an important contribution to show the restrictions on the quality of daily life for people with health problems caused by fragrances. The results should offer a good basis to propose improvements of the situation.

We would be happy if you could answer this questionnaire and, if possible, forward the link to other affected friends and acquaintances so that we can receive as many responses as possible in a short time period. The survey will take about 15 minutes of your time. Your answers will remain anonymous. Your participation is voluntary. You have the option to stop your participation or revoking unprocessed data at any time. The survey will be active for 6 months. We would like to use the results for the support of those affected and therefore we depend on honest answers. Please complete the questionnaire truthfully according to your personal experiences. Thank you for your participation!

A) General information

Here are a few general questions (general data).

A 1) Does contact with fragrances, such as those used in detergents and cleaning agents, personal care products and room fragrances, regularly cause you health problems?

This initial question makes it clear whether you belong to the target group for the survey.
Choose one of the following answers

- Yes
- Don't know / unsure
- No - If you have answered "No" to this initial question, you do not need to answer all further questions, as this questionnaire has been especially designed for people with fragrance sensitivity. Thank you for your interest.

A 2) In which country do you live?

Please click on the arrow and then select the country in which you live from the list.
Choose one of the following answers

▼[206 countries in a dropdown list from Abkhazia to Zimbabwe and also the answer option “other”]

A 3) Are you (Choose one of the following answers)

- Male
- Female
- Diverse
- Would not like to answer

A 4) Which age group do you belong to?

The minimum age for participation in this survey is 18 years.
Choose one of the following answers

- 18-29 years
- 30-39 years
- 40-49 years
- 50-59 years
- 60 years or older

A 5) In which sector are you (or were you last) professionally active?

Choose one of the following answers

- Construction/architecture/surveying and building services engineering
- Office staff/assistance
- Catering/tourism
- Health/practitioner/clinic/physiotherapy etc.
- Craft/repairs/manufacturing/assembly
- Craft service occupation (e.g. hairdresser)
- Information technology/technician
- Commercial service occupation (e.g. sales, counselling)
- Agriculture/forestry/horticulture
- Media/art/culture/design
- Chemistry/other natural science
- Police/military professions
- Cleaning (clothing/rooms)
- Extraction of raw materials/production/manufacturing
- Social work/education/teaching
- Business organisation/accounting/law/administration/human resources
- Transport/logistics
- Other

A 6) In which professional function are you (or were you last) employed?

Choose one of the following answers

- Manager
- Employee / worker / skilled worker
- Self-employment (business/freelancer)
- Internship / study
- Would not like to answer

A 7) Are you or were you regularly exposed to products containing fragrances in the course of your work?

Choose one of the following answers

- Yes, directly through product/service area (e.g. drugstore, wellness)
- Yes, through emissions from the product range
- (Partly) by contact persons (customers/patients/colleagues) and their use of fragrances
- No, not at all
- Would not like to answer

A 8) Are you currently carrying on a profession?

Please click on the arrow and then select the appropriate answer from the list.

Choose one of the following answers

▼ [Dropdown list:]

- ○ Yes - full-time
- ○ Yes - part-time
- ○ Yes, but on sick leave for 1 to 12 months
- ○ Yes, but on sick leave for more than 12 months
- ○ No - Regular old-age pension / pension
- ○ No - Disability pension, temporary
- ○ No - Disability pension, unlimited
- ○ No - Not working
- ○ Would not like to answer

A 9) If you are (currently) unable to work: Is there a connection with your fragrance sensitivity?

This question only needs to be answered if you are (currently) unable to work for health reasons.
Choose one of the following answers

- Yes
- No
- Partially
- Don't know / unsure
- Would not like to answer

A 10) Do you have a degree of disability?

Choose one of the following answers

- (•) No
- ( ) Yes, 10-49
- ( ) Yes, 50 -79
- ( ) Yes, 80-100
- ( ) Cannot / do not want to answer

B) Complaints and illness

These questions focus on your health complaints.

B 1) Do you suffer from one of the following chronic underlying diseases?

If applicable, please mark whether you have a medical diagnosis or whether it is a "suspicion".
It is possible to make multiple selections for the clinical conditions.

	Medical diagnosis (confirmed)	Suspected diagnosis doctor	Suspicion (your assumption)
Fragrance sensitivity (inhalative)	◉	○	○
Fragrance contact allergy (dermal)	○	○	○
Food allergy	○	○	○
Other allergies (pollen, insect venom, etc)	○	○	○
Asthma	○	○	○
Other lung disease	○	○	○
Autism/ASDs	○	○	○
Autoimmune disease	○	○	○
Mast cell activation disease (MCAD)	○	○	○
Migraine	○	○	○
Multiple Chemical Sensitivity (MCS)	○	○	○
Neurodermatitis	○	○	○
Other skin diseases (urticaria, psoriasis etc.)	○	○	○
Salicylate intolerance	○	○	○
Other	○	○	○

B 2) What do you attribute your fragrance sensitivity to?

Multiple selection is possible.
Select all that apply

- ☐ To my aforementioned underlying disease (please check whether you have provided information on this under point 1)
- ☐ The fragrance intolerance started after antibiotic therapy
- ☐ In my profession, I had a lot to do with: Fragrances
- ☐ In my profession, I had a lot to do with: Cleaning agents
- ☐ In my profession, I had a lot to do with: Disinfectants
- ☐ In my profession, I had a lot to do with: other chemicals (e.g. laboratory, hairdresser, dry cleaner)
- ☐ In my profession, I had a lot to do with: Pesticides

- ☐ In my profession, I had a lot to do with: Laser printers
- ☐ In my profession, I had a lot to do with: Metals (amalgam, lead, cadmium etc.)
- ☐ Pollutants in the workplace / educational institution (e.g. indoor air pollution, mold)
- ☐ Don't know / unsure
- ☐ Would not like to answer

B 3) How long have you been suffering from a fragrance sensitivity?

Choose one of the following answers

- ○ Less than 6 months
- ○ 6 months to 1 year
- ○ 1 to 3 years
- ○ 3 to 5 years
- ○ Over 5 years
- ○ Would not like to answer

B 4) Have you made the personal experience that...

Please select the appropriate answer for each item:

	Yes	No	Partly	Don't know / unsure
…your sensitivity to fragrances has increased over time?	○	○	○	○
…the use of fragrances has increased over time?	○	○	○	○
…there are fragrance-free medical practices in your region?	○	○	○	○
…there are fragrance-free clinics in your region?	○	○	○	○
…there are fragrance-free policies for the workplace / educational institutions in your region?	○	○	○	○
…there are fragrance-free policies for public buildings in your region?	○	○	○	○

B 5) How strongly do you usually experience the following health complaints (individually or in combination) when you come into contact with fragrances?

Select the corresponding average symptom severity on the scale from 0 to 6.

	0 (= not at all)	**1 (= only slightly)**	**2 (= hardly pronounced)**	**3 (= rather pronounced)**	**4 (= pronounced)**	**5 (= strongly pronounced)**	**6 (= very pronounced)**
Asthma attack	○	○	○	○	○	○	○
Breathing problems (e.g. coughing, difficulty breathing, shortness of breath)	○	○	○	○	○	○	○
Skin problems (e.g. rash, redness, itching)	○	○	○	○	○	○	○
Cardiovascular problems (e.g. palpitations, tachycardia)	○	○	◉	○	○	○	○
Cognitive problems (e.g. thinking, remembering)	○	○	○	○	○	○	○
Gastrointestinal problems (e.g. nausea, cramps)	○	○	○	○	○	○	○
Migraine / headache	○	○	○	○	○	○	○
Muscle or joint pain	○	○	○	○	○	○	○
Dizziness / fainting	○	○	○	○	○	○	◉
Word-finding/ speech disorders	○	○	○	○	○	○	○
Mucous membrane problems (e.g. sneezing, reddening of the eyes)	○	○	○	○	○	○	○
Emotional overreaction (e.g. crying, aggression)	○	○	○	○	○	○	○

B 6) What other symptoms do you regularly experience when you come into contact with fragrances?

If you experience health problems on contact with fragrances that were not included in the above list, you can add them here. Please enter the symptoms in the line that corresponds to the average severity.
The text length is limited to 100 characters.

Severity 3 "rather pronounced (moderate)" [ ]

Severity 4 "pronounced" [ ]

Severity 5 "very pronounced" [ ]

Severity 6 "very (strong) pronounced" [ ]

B 7) On average, how long do the health problems last, which you experience on contact with fragrances?

Duration of the health problem:
Choose one of the following answers

- Only as long as the fragrances are present
- Up to 1 hour
- Approx. 2 to 6 hours
- Approx. 7 to 12 hours
- 1 day or longer
- Too variable, no average possible
- Would not like to answer

C) Complaint triggers

The following questions deal with the substances that might trigger your health complaints and with potential counter-measures.

C 1) Which odour sources (causes) usually make you feel sick?

Multiple selection is possible.
Select all that apply

- ☐ Fragranced personal care products from other people/contact persons
- ☐ Fragranced detergents / fabric softeners used by contact persons
- ☐ Indoor air pollution from cleaning agents/disinfectants, fragranced commodities or room fragrances
- ☐ Scented products (candles etc.)
- ☐ Other (Please add your details in the pop-up window below if necessary)

Supplementary question to 1) "Other": What other fragrance sources trigger symptoms according to your experience? *The text length is limited to 100 characters.*

C 2) Do you suspect that substances that are not fragrances also trigger symptoms of illness in you? If so, which ones?

Multiple selection is possible.
Select all that apply

- ☐ Gasoline, diesel, gas, heating oil
- ☐ Solvents, paints, varnishes or similar
- ☐ Disinfectants
- ☐ Smoke from e-cigarettes
- ☐ Tobacco and tobacco smoke
- ☐ Cannabis
- ☐ Fire smoke, smoke from chimneys
- ☐ Fireworks
- ☐ Other (Please add your details in the pop-up window below if necessary)
- ☐ Don't know / unsure

Supplementary question to 2 "Other": What substances other than fragrances not included in the above list trigger your disease symptoms according to your experience?
The text length is limited to 100 characters.

C 3) In your experience, what can you do to feel better as quickly as possible?

Multiple selection is possible.
Select all that apply

- ☐ Leave the harmful situation as quickly as possible
- ☐ Get some fresh air (go for a walk, open the window, etc.)
- ☐ Lie down and rest
- ☐ Take medication (please add your details at the bottom of the pop-up window if necessary)
- ☐ Other (Please add your details in the pop-up window below if necessary)
- ☐ Would not like to answer

Supplementary question to 3) "Medication": In your experience, which medication or similar bring you relief? *The text length is limited to 100 characters.*

Supplementary question to 3) "Other": What other measures bring you relief?
Please only bullet points. The text length is limited to 100 characters.

C 4) Were some of the symptoms caused by fragrances so severe that you needed medical help?

Multiple selection is only possible for the first two "YES" answers
Select all that apply

- ☐ Yes, consulted general practitioner/specialist
- ☐ Yes, needed emergency/on-call doctor
- ☐ Yes, but I didn't go to the doctor nonetheless (e.g. out of concern that he would not understand me)
- ☐ No, has not been necessary so far
- ☐ Would not like to answer

D) Quality of life

These questions form the core of this survey. It is about how your fragrance sensitivity affects your everyday life and your quality of life.

D 1) Does your fragrance sensitivity cause you problems in the following everyday situations?

Please select the appropriate answer for each item:

	Yes, generally	Yes, sometimes	Depends on strength of odour exposure	No, not at all	No experience
Shopping in stores	○	○	○	○	◉
Using public transport	○	○	○	○	○
Using public toilets	○	○	○	○	○
Attending public events (e.g. theater/concert/cinema)	○	○	○	○	○
Visiting pubs / restaurants	○	○	○	○	○
Transactions in public buildings e.g. public authorities	○	○	○	○	○
Staying overnight in hotels	○	○	○	○	○
Visiting private parties	○	○	○	○	○
Inviting friends/family to my home	○	○	○	○	○
being at work, at school, at the university	○	○	○	○	○
Staying in common areas of the building (e.g. stairwell, drying room)	○	○	○	○	○
Staying in medical practices (doctors, therapists, etc.)	○	○	○	○	○
Staying in clinics / rehab clinics	○	○	○	○	◉

D 2) Does your fragrance sensitivity affect your ability to pursue your hobbies?

Choose one of the following answers

○ Yes

○ No

○ Would not like to answer

Supplementary question to 2) [if the answer was `yes´]:
Which hobby can you no longer pursue because of your fragrance sensitivity?
The text length is limited to 100 characters.

D 3) If you experience restrictions or stress in your own living home due to your fragrance sensitivity, what are the reasons for this?

Please select the appropriate answer for each item:

	Yes	No	No experience	Would not like to answer
Use of scented products by myself	○	○	○	○
Use of scented products by housemates, family members	○	○	○	○
Use of scented products by nursing or medical staff (home visit)	○	○	○	○
Fragrances entering via windows, balcony, terrace or stairwell	○	○	○	○
Fragrances entering from neighbouring flats despite closed windows etc. (diffusing vapours)	○	○	○	○
Fragrances entering from outside (e.g. after shopping) or by purchases	○	○	○	○

D 4) Does/Did your social environment show understanding for your fragrance sensitivity?

Please select the appropriate answer for each item:

	Yes	Rather yes (mostly)	Rather no (mostly not)	No	No experience
Workplace / educational institution	◉	○	○	○	○
Your family	○	○	○	○	○
Your relatives	○	○	○	○	○
Your neighborhood	○	○	○	◉	○
Your friends	○	○	○	○	○
Persons in medical facilities	○	○	○	○	○
Elsewhere	○	○	○	○	○

D 5) Do you / did you find that persons around you are willing to be considerate of your fragrance sensitivity, e.g. as they refrain from using fragrances?

Please select the appropriate answer for each item:

	Yes	Rather yes (mostly)	Rather no (mostly not)	No	No experience
Workplace / educational institution	◉	○	○	○	○
Your family	○	○	○	○	○
Your relatives	○	○	○	○	○
Your neighborhood	○	○	○	○	○
Your friends	○	○	○	○	○
Persons in medical facilities	○	○	○	○	○
Elsewhere	○	○	○	○	○

D 6) How much are you affected by adherent fragrances that you notice after external contact (e.g. a visit to the doctor)?

Select the corresponding impairment that you associate with it . on the scale from 0 to 6.

	0 (= not at all)	**1 (=only slightly)**	**2 (= hardly pronounced)**	**3 (= rather pronounced)**	**4 (= pronounced)**	**5 (= strongly pronounced)**	**6 (= very pronounced)**
Scents on myself (e.g. hair)	○	○	○	○	○	○	○
Fragrance residue on my clothes	○	○	○	○	○	○	○
Fragrance residues on purchased products	○	○	○	○	○	○	○
Fragrance residues on food or its packaging	○	○	○	○	○	○	○

D 7) What are the effects of the above-mentioned fragrance adhesions?

Multiple selection is possible.
Select all that apply

- ☐ I have no problems with it
- ☐ I take a shower immediately
- ☐ I wash my hair
- ☐ It is usually sufficient to air the products
- ☐ I can no longer use some of the products
- ☐ It is usually sufficient to air the garments
- ☐ I have to wash the garments once
- ☐ I have to wash the clothes several times
- ☐ Despite repeated washing, some fragrances still adhere to the clothing (no longer usable)
- ☐ My washing machine is no longer usable (contamination due to extreme fragrance build-up)
- ☐ Other (Please add your details in the pop-up window below if necessary)

Supplementary question to 7) "Other": What other effects do these "second-hand" fragrance attachments have? *Please only in bullet points. The text length is limited to 100 characters.*

E) Extremely stressful situations

These questions complete the core of this survey. The focus here is on particularly difficult situations that you may have to face due to your fragrance intolerance.

E 1) Have you ever been confronted with offending reactions due to your fragrance sensitivity?

- YES
- NO

Supplementary question to 1) [if the answer was `yes´]:
What offenses are you / have you been confronted with due to your fragrance sensitivity?

Multiple selection is possible in both the row and column areas.

	Family / Relatives	Friends	Workplace/ educational institution	Neighborhood / Landlord	Doctor / Practice team	Clinic staff	Other	Not applicable
My odour-related symptoms / myself are not taken seriously	☐	☐	☐	☐	☐	☐	☐	☐
Discriminatory experiences (disability-related disadvantage, exclusion, etc.)	☐	☐	☐	☐	☐	☐	☐	☐
Bullying (derogatory behavior, mockery, etc.)	☐	☐	☐	☐	☐	☐	☐	☐
Recommendation to see a psychiatrist	☐	☐	☐	☐	☐	☐	☐	☐
Other offending reactions	☐	☐	☐	☐	☐	☐	☐	☐

E 2) Do you have reasonable suspicion that someone who knows about your fragrance sensitivity has even intentionally used fragrances that are very harmful to you?

Multiple selection is possible.
Select all that apply

- ☐ Yes, at the workplace / educational institution
- ☐ Yes, in the close family circle
- ☐ Yes, in the wider circle of relatives
- ☐ Yes, in the neighborhood
- ☐ Yes, among friends
- ☐ Yes, in a medical facility
- ☐ Yes, elsewhere (please add your details at the bottom of the pop-up window if necessary)
- ☐ No, nowhere
- ☐ Would not like to answer

Supplementary question to 2) "Elsewhere": In which other area (not mentioned in the above list) did you get the impression that someone who knows about your fragrance intolerance even intentionally used fragrances? *The text length is limited to 100 characters.*

E 3) What social relationships have you lost due to your fragrance sensitivity?

Multiple selection is possible.
Select all that apply

- ☐ Family members
- ☐ Partnership/s
- ☐ Friendship/s
- ☐ Work colleagues
- ☐ School / study community
- ☐ Church community
- ☐ Club contacts
- ☐ Others
- ☐ None

E 4) Do you avoid mentioning your fragrance sensitivity because of negative experiences (or fears)?

Choose one of the following answers

- ○ Yes
- ○ Yes, mostly
- ○ Yes, in part
- ○ No
- ○ Would not like to answer

E 5) Does your fragrance sensitivity force you .....

Please select the appropriate answer for each item:

	Yes, almost completely	Yes, pretty strong	Yes, but only to a small extent	No, not at all	Would not like to answer
...to withdraw from social life?	○	◉	○	○	○
...into increasing isolation?	○	○	○	○	○

E 6) Does your fragrance sensitivity sometimes force you to look for another place to spend the night? If so, where do you spend the night?

Multiple selection is possible.
Select all that apply

- ☐ Family
- ☐ Friends
- ☐ Hotel
- ☐ Car/caravan
- ☐ Tent
- ☐ Balcony
- ☐ Other (Please add your details in the pop-up window below if necessary)

Supplementary question to 6) "Other": What other accommodation options (not included in the above list) were you forced to use? *The text length is limited to 100 characters.*

E 7) Are / were you even forced to move house because of your fragrance intolerance ?

Choose one of the following answers

- ○ Yes, once or twice
- ○ Yes, three times or more
- ○ No

E 8) Have you been forced to change your job and / or profession because of exposure to fragrances at work? If yes, what was the reason?

Multiple selection is possible.
Select all that apply

- ☐ Working with scented products / evaporating range of goods
- ☐ Work with a lot of contact with people (scented products used)
- ☐ No consideration for colleagues
- ☐ No employer support
- ☐ Other (Please add your details in the pop-up window below if necessary)

Supplementary question to 8) "Other": Why did you even have to change your job because of your fragrance intolerance? *The text length is limited to 100 characters.*

E 9) Did you even have to give up your job or your studies because of your fragrance intolerance? If so, what was the reason?

Multiple selection is possible.
Select all that apply

- ☐ Many sick days (absences)
- ☐ Impaired ability to concentrate or similar (indoor air pollution)
- ☐ Uncompatible open-plan office / business premises / study environment
- ☐ Lack of home office regulation, as work cannot be carried out online
- ☐ Lack of home office approval by employer
- ☐ Other (Please add your details in the pop-up window below if necessary)

Supplementary question to 9) "Other": Why did you even have to give up your job or your studies because of your fragrance intolerance? *The text length is limited to 100 characters*

E 10) Please mark here whether and, if so, to what extent your fragrance sensitivity also affects your medical care:

Please select the appropriate answer for each item:

	Yes, generally	Yes, predominantly	Yes, partly	Depends on the strength of the fragrance load	No, not at all	No experience
Lack of fragrance-free (barrier-free) practices (dentist, doctor, physiotherapist, etc.)	○	○	○	○	○	○
Lack of fragrance-free (barrier-free) clinics	○	○	○	○	○	○
Lack of fragrance-free employees in medical facilities (surgeries, clinics)	○	○	○	○	○	○
Lack of fragrance-free home visits (nursing staff/doctors)	○	○	○	○	○	○
Lack of understanding for my fragrance intolerance on the part of doctors/practice team/etc.	○	○	○	○	○	○
Lack of understanding for my fragrance intolerance on the part of nursing staff	○	○	○	○	○	○
Lack of treatment option in relation to fragrance-related symptoms	○	○	○	○	○	○

E 11) Have you ever experienced a physical breakdown (collapse, fainting) due to heavy exposure to fragrances?

☐ Yes ☐ No

E 12) Have your limitations related to your fragrance intolerance been adequately recognized in application processes (disability/retirement)?

If you have relevant experience, please select the appropriate answer for each point:

	Immediate recognition / consideration	Only first application rejected	Follow-up applications rejected	Legal proceedings required	Cannot / do not want to answer	Not relevant for me
Application for recognition of a disability	○	○	○	○	○	○
Application for an increase in the degree of disability	○	○	○	○	○	○
Application for reduced earning capacity pension	◉	○	○	○	○	○

F) Final questions

Final sprint! These four questions conclude the survey.

F 1) What support services relating to your fragrance intolerance do you use or have you used and how helpful would you rate this information or support?

Please rate the respective support <u>of the agencies or organizations you actually contacted</u> from "very good" to "unsatisfactory".

	Very good	Good	Satisfactory	Sufficient	Poor	Insufficient	No use or indication
Support-group/network (e.g. MCS patient group)	○	○	○	○	○	○	○
Social media group (e.g. patient group for fragrance allergy sufferers)	○	○	○	◉	○	○	○
Club/association (e.g. allergy association, migraine association)	○	○	○	○	○	○	○
Environmental outpatient clinics	○	○	○	○	○	○	○
Health insurance companies	○	○	○	○	○	○	○
Doctors	○	○	○	○	○	○	○
Other medical professions (e.g. alternative practitioners)	○	○	○	○	○	○	○
Official bodies for patients / disabled persons (please add your details in the pop-up window below if necessary)	○	○	○	○	○	○	○
Human Rights Commission	○	○	○	○	○	○	○
Other (Please add your details in the pop-up window below if necessary)	○	○	○	○	○	○	○

Supplementary question to 1) "Official bodies for patients / disabled persons": Which body's support services have you used and rated above? (e.g. patient representatives, please do not give personal names). *The text length is limited to 150 characters.*

Supplementary question to 1) "Other": Which other body have you asked for support and rated above? (Please do not specify personal names). *The text length is limited to 100 characters.*

F 2) How do you assess the current situation regarding fragrance-free products?

Please rate the product range and its labeling and usability from "very good" to "unsatisfactory".

	Very good	Good	Satisfactory	Sufficient	Poor	Insufficient	Don't know / unsure
Range of fragrance-free cleaning agents	○	○	○	○	○	○	○
Supply (range) of fragrance-free personal care products	○	○	○	○	○	○	○
Clear labeling of fragrance-free products	○	○	○	○	○	○	○
Clear labeling of products containing fragrances	○	○	○	○	○	○	○

	Very good	Good	Satisfactory	Sufficient	Poor	Insufficient	Don't know / unsure
Clear labeling in the case of changed components (e.g. note "New")	○	○	○	○	○	○	○
Usability of products that are declared as "fragrance-free", but are contaminated with fragrances	○	○	○	○	○	○	○

F 3) In which areas would you consider fragrance-free policies to be important?

Multiple selection is possible
Select all that apply

- ☐ Workplace / educational institution
- ☐ Stores
- ☐ Authorities and public buildings
- ☐ Residential complexes
- ☐ Medical areas
- ☐ See no need

F 4) Please give a final assessment: Fragrance exposure affects my quality of life

Choose one of the following answers

- ○ Not at all
- ○ Moderately
- ○ Strongly
- ○ Completely (in the sense of: take away any quality of life)

Thank you for taking the time to complete this survey! Please also send the link to the survey to other fragrance-sensitive contacts in your country and abroad. The questionnaire is available in German, English, French, Italian and Spanish. The language can be selected on the start page (above). We expect to publish first results of this study in a few months after the end of the survey (please refrain from making inquiries) under the following links: THU Gefahrstoffe and MCS Rosenheim. You will also find all the links to the various language versions on these web pages.
