

MOBILE CLINIC

Nonparticipation questionnaire

Identification number

**Last name, first names**

**Date of Birth**

**Social security number**

**Address**

**Occupation**

You did not take part in the health examination organized by the Auto Clinic. In order to develop our practice and correctly interpret the results, it is important for us to find out the reason for your nonattendance. Therefore we kindly ask you to fill in this form and return it in the enclosed envelope. If the person concerned is unable to answer the questions, the form can be filled by an acquainted person.

Please, mark a cross in the box, that most accurately describes the reason for your nonattendance.

**1. I considered myself to be healthy** yes      no

**2. I did not participate in the study due to an occupational hindrance** yes      no

**3. I did not participate in the study due to the circumstances at home (e.g. young children)** yes      no

**4. I was being treated by a physician due to illness**

Illness:

**5. I was being treated at**

A. a hospital yes      no

B. a psychiatric hospital yes      no

C. a tuberculosis sanitarium yes      no

D. somewhere else

Where?

Illness:

**6. I was temporarily out of the region because of**

A. business trip yes      no

B. study yes      no

C. military service yes      no

