Long respiratory tract symptom survey

1. Name
2. Personal identity code
3. Employer
4. Date of becoming employed by the current employer (month and year)
5. Tasks
6. What is your opinion on the possible effects of substances used at work on your respiratory tract?
7. Please specify the year you began working in your current position or a similar position:\_\_\_\_\_\_\_\_\_\_\_
8. Have you been diagnosed with asthma by a physician?

No

Yes, please specify the year (approximate answer is sufficient)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Have you ever experienced hay fever or another form of allergic rhinitis? (sneezing, itchy nose or rhinitis caused by pollen or animals)?

No

Yes

1. Have you used asthma or allergy medication within the past 12 months (inhaled asthma medication, tablets for asthma, antihistamine tablets, regularly applied nasal sprays)?

No

Yes, please specify the medication you have used:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Over the past 12 months has your nose been blocked, itchy, runny or sneezing? (Do not count the times you were ill with colds or flu)

No

Yes.

If you answered yes, do your symptoms feel less severe during your days off or holidays?

No

Yes.

If you answered yes (to the first section), do your symptoms seem to be related to a certain task or handling a certain substance at work?

No  
Yes, please specify:

If you answered yes (to the first section), do you experience these symptoms at home when performing a certain activity?

No  
Yes, please specify:

1. Over the past 12 months have your eyes been itchy or runny? (Do not count the times you were ill with colds or flu)

No

Yes. If you answered yes, do your symptoms feel less severe during your days off or holidays?

No

Yes.

If you answered yes (to the first section), do your symptoms seem to be related to a certain task or handling a certain substance at work?

No  
Yes, please specify:

If you answered yes (to the first section), do you experience these symptoms at home when performing a certain activity?

No  
Yes, please specify:

1. Have you experienced wheezing when breathing, breathlessness or chest tightness within the past 12 months?

No

Yes. If you answered yes, do your symptoms feel less severe during your days off or holidays?

No

Yes.

If you answered yes (to the first section), do your symptoms seem to be related to a certain task or handling a certain substance at work?

No  
Yes, please specify:

If you answered yes (to the first section), do you experience these symptoms at home when performing a certain activity?

No  
Yes, please specify:

1. Have you experienced bouts of coughing or periods of coughing that lasted more than 8 weeks within the past 12 months?

No

Yes. If you answered yes, do your symptoms feel less severe during your days off or holidays?

No

Yes.

If you answered yes (to the first section), do your symptoms seem to be related to a certain task or handling a certain substance at work?

No  
Yes, please specify:

If you answered yes (to the first section), do you experience these symptoms at home when performing a certain activity?

No  
Yes, please specify:

1. Have you woken up due to breathlessness at least once within the past 12 months?

No

Yes

1. Have you experienced cough, breathlessness and/or wheezing when breathing shortly after or during physically strenuous activities within the past 12 months?

No

Yes

1. Have you experienced itchy bumps (urticaria) that have appeared and disappeared quickly (in a couple of hours) on your hands, wrists, forearms or other exposed parts of your body in the past 12 months?

No

Yes. If you answered yes, do your symptoms feel less severe during your days off or holidays?

No

Yes.

If you answered yes (to the first section), do your symptoms seem to be related to a certain task or handling a certain substance at work?

No  
Yes, please specify:

ANALYSIS:

FACTORS THAT SUPPORT THE DIAGNOSIS OF OCCUPATIONAL ASTHMA:

* Asthma has begun at a job that includes exposure to substances that cause asthma
* A previously diagnosed asthma has become significantly worse at a job that includes exposure to substances that cause asthma
* Symptoms related to asthma, rhinitis, eyes and rash feel are less severe on days off
* Job includes a certain substance or work phase that makes the symptoms worse

THE PROBABILITY OF OCCUPATIONAL ASTHMA IS LOWER

* The asthma has been diagnosed before the employee has started a job that includes exposure to substances that cause asthma, and the asthma symptoms are not related to job.

SUSPECT OCCUPATIONAL RHINITIS

* when the employee has work related rhinitis and/or eye symptoms