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Questionnaire before statutory checkup
Work with allergy-causing chemical products

Name	Social security number	Date

1. Have you, over the past 12 months, had trouble with seizures of any of the following: (note: common colds do not count)   YES   NO

Itchy, runny or stinging eyes
Runny nose
Nasal congestion
Sneezing and/or nose itching
Nosebleeding
Burning and dryness of the throat
Wheeziness, shortness of breath and/or pressure in the chest
Severe cough

1. Have you had any of the following problems during childhood or before your employment with the company?   YES   NO

Itchy, runny or stinging eyes
Runny nose
Nasal congestion
Sneezing and/or nose itching
Nose bleeding
Burning and dryness of the throat
Wheeziness, shortness of breath and/or pressure in the chest
Severe cough

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3. Do you experience a wheeze, shortness of breath and/or pressure in the chest when you are exposed to:

YES   NO

Physical exertion
Cold
Strong scents (perfume, solvent etc.)
Some form of smoke or spray

4. Do you have or have you had any of the following problems:

YES   NO

Asthma
Hay fever
Chronic trachea/emphysema
Eczema in joint creases
If yes, have you had any problems before the age of 15?

5. Have you been diagnosed with asthma by a doctor?

YES   NO

If yes, what year?

YES   NO

6. Have you ever woken up from shortness of breath after the age of 15?

If yes, what year did you notice it the first time?

YES   NO

7. Have you ever had a wheeze or hiss in your chest after the age of 15?

If yes, what year did you notice it the first time?
Has your breathing been normal between these occasions with shortness of breath or wheezing?

8. Do you easily get out of breath during exertion? For example, shortness of breath when walking uphill at normal pace, shortness of breath when walking with peers on flat ground?

YES   NO

9. If you have respiratory problems, do you regularly take medicine?

YES   NO

If yes, which medications?

10. Are you or have you ever been a smoker?

YES   NO

If yes, how long: