Questionnaire work with allergy-causing chemical products AFS 2019:3

Social security number	Date	ID check
Name		

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	☐	☐

2	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	☐	☐
	Nosebleeds	☐	☐
	Burning and dryness of the throat	☐	☐
	Wheeziness, shortness of breath and/or pressure in the chest	☐	☐
	Severe cough	☐	☐

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	☐	☐

© AB Previa | ver 1.2

	Hay fever	☐	☐
	Chronic trachea/emphysema	☐	☐
	Eczema in joint creases	☐	☐
	If yes, have you had any problems before the age of 15?	**Yes**	**No**
	Asthma	☐	☐
	Hay fever	☐	☐
	Chronic trachea/emphysema	☐	☐
	Eczema in joint creases	☐	☐

5	Have you been diagnosed with asthma by a doctor?		
		Yes	**No**
		☐	☐
	If yes, what year?		

6	Have you ever woken up from shortness of breath after the age of 15?		
		Yes	**No**
		☐	☐
	If yes, what year did you notice it the first time?		

7	Have you ever had a wheeze or hiss in your chest after the age of 15?		
		Yes	**No**
		☐	☐
	If yes, what year did you notice it the first time?		

8	Has your breathing been normal between these occasions with shortness of breath or wheezing?		
		Yes	**No**
		☐	☐

9	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**
		☐	☐

10	If you have respiratory problems do you regularly take medicine?		
		Yes	**No**
		☐	☐
	If yes, whitch medications?		

11	Are you or have you ever been a smoker?		
		Yes	**No**
		☐	☐
	If yes, how long		

© AB Previa | ver 1.2