

**[SUGGESTED] QUESTIONNAIRE FOR EMPLOYEES EXPOSED TO RESPIRATORY SENSITISERS**

Please print throughout this questionnaire – thank you

**Part 1 – your personal details**

Surname:

Forename(s):

Date of birth:  
(DD/MM/YYYY)

National  
Insurance No:

Employee number:

Current job title:

Start date  
(MM/YYYY):

Current dept  
and location:

Exposure to potential respiratory sensitisers (*self-complete or choose from list*):

**Part 2 – your health**

**1.** Since starting work at [x] (or over the past 12 months), has your chest ever felt tight or your breathing become difficult? (please tick) - Yes:  No:

**2.** Since starting work at [x] (or over the past 12 months), has your chest ever sounded wheezy or whistling? (please tick) - Yes:  No:

**3.** If 'yes' to **1** or **2**, in what year (month) did you first notice this? Year:  Month:

i. What happens to this on days off or on holidays of two days or more? (please tick below) -

It gets better:  It stays the same:  It gets worse:

ii. Do you get this on contact with anything at work? (please tick) - Yes:  No:

- If 'yes', what? (please state) -

iii. Do you get this on contact with anything at home? (please tick) - Yes:  No:

- If 'yes', what? (please state) -

**4.** Since starting work at [x] (or 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.') Yes:  No:

**5.** Since starting work at [x] (or over the past 12 months), have your eyes been itchy or runny? (please tick) - Yes:  No:

**6.** If 'yes' to **4** or **5**, in what year (month) did you first notice this? Year:  Month:

i. What happens to this on days off or on holidays of two days or more? (please tick below) -

It gets better:  It stays the same:  It gets worse:

ii. Do you get this on contact with anything at work? (please tick) - Yes:  No:

- If 'yes', what? (please state) -

iii. Do you get this on contact with anything at home? (please tick) - Yes:  No:

- If 'yes', what? (please state) -

[Questions 7 and 8 below are optional – may be useful for protein allergens (such as flour)]

7. Since starting work at [x] (or over the past 12 months), have you had itchy bumps on your arms, hands or face? (do not count insect bites or stings). Yes:  No:

8. If 'yes', in what year (month) did you first notice this? - Year:  Month:

i. What happens to this on days off or on holidays of two days or more? (please tick below) -

It gets better:  It stays the same:  It gets worse:

ii. Do you get this on contact with anything at work? (please tick) - Yes:  No:

- If 'yes', what? (please state) -

iii. Do you get this on contact with anything at home? (please tick) - Yes:  No:

- If 'yes', what? (please state) -

9. Since starting work at [x] (or over the past 12 months), have you been told you have any of the following (please tick all that apply; however, if you're not sure, tick 'No')

i. Asthma: Yes  No  - If 'yes', in what year?

ii. Hayfever: Yes  No  - If 'yes', in what year?

iii. Urticaria (nettle rash, hives) Yes  No  - If 'yes', in what year?

[Question 10 is optional]

10. Do you have any other health problems? Yes:  No:

- If 'yes', what are they? -

### Part 3 – Spirometry

11. Spirometry measurements

	Measured	Predicted	% predicted	(SE)	Change (ml) from last test	Date of last test (if available)
FEV <sub>1</sub>	<input type="text"/>	<input type="text"/>				
FVC	<input type="text"/>	<input type="text"/>				
FEV <sub>1</sub> /FVC	<input type="text"/>	<input type="text"/>				
PEF	<input type="text"/>	<input type="text"/>				

12. Height (cm):  Ethnicity:

13. Current smoking Yes  No  - If 'yes', state total pack/years:

### Part 4 – Final section

Signature:	<input type="text"/>	Comment:	<input type="text"/>
Designation:	<input type="text"/>	Action:	<input type="text"/>
Date:	<input type="text"/>		

This questionnaire was created by the Department of Occupational and Environmental Medicine at Royal Brompton Hospital, London SW3