# Short respiratory tract symptom survey

1. Have you been diagnosed with asthma by a physician?

YES, Please specify the year (approximate answer is sufficient)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NO

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

YES

NO

Have you experienced any of the following symptoms at work or in your free time due to a reason other than a respiratory infection (flu, sore throat, etc.) **within the past 12 months\*?**

1. Recurring itchiness, watering or redness in your eyes

outside pollen seasons YES NO

1. Recurring sneezing, runny nose or stuffy nose

or itchiness in your nose outside pollen seasons YES NO

1. Recurring bouts of coughing or coughing that lasted

 more than 8 weeks YES NO

1. Breathlessness YES NO
2. Wheezing when breathing YES NO
3. Chest tightness YES NO
4. Have you contacted a physician due to a long-term cough,

 breathlessness, wheezing when breathing or chest tightness? YES NO

\*= the period can be changed depending on the date of the previous symptom survey to 6 months, for example

ANALYSIS:

1. Employee answers NO to questions 3–9 -> no actions required
2. Employee answers NO to questions 1–2 and YES to one or more of questions 3–9 ->

employee is called in for an occupational health care examination. The purposes of the interview and the long respiratory tract symptom survey are to study the link between the symptoms and the employee’s occupation and to schedule the required examinations.

1. Employee answers YES to question 1 or 2 and YES to one or more of questions 3–9-> whether the symptoms are new and if they give grounds for suspecting an occupational disease must be assessed.