

Self-administered questionnaire on asthma¹

For each of the following questions, please check the appropriate box.
If you are unsure of the answer, check "NO".

	NO	YES
1. Have you had wheezing or whistling in your chest at any time in the last <u>12 months</u> ? If "NO", go to question 2 If YES":	<input type="checkbox"/>	<input type="checkbox"/>
1.1. Have you been at all breathless , when the wheezing noise was present?	<input type="checkbox"/>	<input type="checkbox"/>
1.2. Have you had this wheezing or whistling when you did NOT have a cold?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you woken up with a feeling of tightness in your chest or been woken by an attack of shortness of breath , at any time in the last <u>12 months</u> ?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you been woken by an attack of coughing , at any time in the last <u>12 months</u> ?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you had an attack of asthma in the last <u>12 months</u> ?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are you currently taking any medicine for asthma (including inhalers, aerosols or tablets)?	<input type="checkbox"/>	<input type="checkbox"/>
6. <i>When you are at your workplace</i> , do you ever start to feel short of breath or get chest tightness?	<input type="checkbox"/>	<input type="checkbox"/>
7. <i>When you are at your workplace</i> , do you ever start to cough ?	<input type="checkbox"/>	<input type="checkbox"/>
8. <i>When you are at your workplace</i> , do you ever start to wheeze ?	<input type="checkbox"/>	<input type="checkbox"/>
9. If "YES" to question 6 or 7 or 8: Do these problems related to your work lessen or disappear during the weekend or during holidays?	<input type="checkbox"/>	<input type="checkbox"/>
<p>You may suffer from ASTHMA if you have checked "YES" 3 times or more.</p> <p>In such case, it is important to examine if your work is the cause of your symptoms.</p> <p style="text-align: center;">➔</p> <p>In order to get a complete assessment of this health problem, contact as soon as possible the occupational health nurse.</p> <p>Name : _____</p> <p>Phone : _____</p>		

¹ Adaptation of the questionnaire used for the medical surveillance of workers in the context of the "Programme provincial isocyanates 2000-2008" implemented by the Réseau de santé publique en santé au travail (Quebec). Reference: Labrecque M, Malo JL, Alaoui KM, Rabhi K. Medical surveillance programme for diisocyanate exposure. Occup Environ Med 2011; 68: 302-307.
Source : Guide de surveillance médicale et recommandations concernant les seuils d'interventions préventives pour les poussières de bois, Guide de pratique professionnelle, Comité médical provincial en santé au travail du Québec, 20 février 2014.