Questionnaire for the workplace environment

Age:
Gender:
Work type:
Workplace:
At what flour do you work?
In which department do you work (Location in the building)?
How long have you worked in this department?

Which of the following symptoms has been present at least 2 times in the past year?

Symptom		Was it better on days off?
Dryness of the eyes		☐ YES ☐ NO
Itching or discharge of eyes		☐ YES ☐ NO
Stuffy / dry nose		☐ YES ☐ NO
Rhinorrhoea (nasal discharge)		☐ YES ☐ NO
Dry throat		☐ YES ☐ NO
Sore throat		☐ YES ☐ NO
Headache		☐ YES ☐ NO
Fatigue, lethargy, asthenia		☐ YES ☐ NO
Virus-like symptoms (muscle pain, chills, fatigue)		☐ YES ☐ NO
Breathing difficulties		☐ YES ☐ NO
Chest pain / feeling of chest constriction		☐ YES ☐ NO
Dry/itchy skin/rash/reddened skin		☐ YES ☐ NO
Other symptoms that you think are related to the work environment – mention which ones.....		☐ YES ☐ NO

For symptoms you have had in the past year, how often they were present?

	Daily	3-4 days/ week	1-2 days/ week	Every 2-3 weeks	Once time/ month	< once/ month
Dryness of the eyes						
Itching or discharge of the eyes						
Stuffy / dry nose						
Rhinorrhoea (nasal discharge)						
Dry throat						
Sore throat						
Headache						
Fatigue, lethargy, asthenia						
Virus-like symptoms (muscle pain, chills, fatigue)						
Breathing difficulties						
Chest pain / feeling of chest constriction						
Dry/itchy skin/rash/reddened skin						
Other symptoms that you think are related to the work environment – mention which ones.....						

How long have you had these symptoms?	..... months
You are known to have any form of allergy?	[ ] YES [ ] NO
If you have an allergy, how does it manifest? (urticaria, allergic rhinitis, food allergy, drug allergy, allergic asthma, food intolerance)	[ ] YES [ ] NO
You have been diagnosed with acute nasopharyngitis or other respiratory infection in the last week?	[ ] YES [ ] NO
You are known for other diseases: Respiratory Ophthalmology ENT Heart	 [ ] YES [ ] NO [ ] YES [ ] NO [ ] YES [ ] NO [ ] YES [ ] NO