

Asthma Questionnaire

Fill out this questionnaire by making a check mark next to each appropriate response. It is important to answer all of the questions. If you are not sure of the answer, check "no".

1. Have you felt whistling or wheezing in your chest at any time in the **last 12 months**?
No Yes

If you answered "**No**", go to question 2.

If you answered "**Yes**",

- Were you short of breath, even slightly, when you felt this whistling or wheezing?
No Yes
- Have you felt this whistling or wheezing when **you did not have** a cold?
No Yes

2. Have you experienced difficulty breathing or have you been short of breath upon waking up in the **last 12 months**?
No Yes

3. Have you been woken up by a coughing fit in the **last 12 months**?
No Yes

4. Have you had an asthma attack in the **last 12 months**?
No Yes

5. Do you currently take asthma medication?
No Yes

6. When you are at your work station, do you ever
- cough? No Yes
- feel whistling or wheezing in your chest when you breathe? No Yes
- feel pressure or tightness in your chest? No Yes

7. If you answered "**Yes**" to one of the points in **question 6**, do these problems improve or disappear on the weekend or when you are on vacation? No Yes

If you checked three "Yes" blanks or more, be careful, you may have asthma!

To find out more about this illness, do not hesitate to contact the occupational health team nurse at your physician.