



## WHSCC CRAB ASTHMA QUESTIONNAIRE

- This questionnaire consists of 7 pages and must be fully completed by the worker in order for their claim to be adjudicated.
- The questionnaire must be signed by the worker.
- The completed questionnaire must be sent to WHSCC along with all necessary WHSCC forms.

### GENERAL INFORMATION:

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

TELEPHONE (HOME): \_\_\_\_\_ (WORK): \_\_\_\_\_ (OTHER): \_\_\_\_\_

WHSCC CLAIM # (if known): \_\_\_\_\_

MCP NUMBER: \_\_\_\_\_

SOCIAL INSURANCE NUMBER: \_\_\_\_\_

FAMILY DOCTOR: \_\_\_\_\_

## OCCUPATIONAL QUESTIONNAIRE

1. Please, detail your previous jobs

Date	Industry / Company	Type of Job

2. At which plant are you currently working?

3. Where is it located?

4. How long have you been working at this plant?

5. What types of jobs have you been doing at this plant ?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Have you been working with or close to snow crab ?  
If yes, at which job and when?

7. Have you had any respiratory symptoms (wheezing, chest tightness, coughing, or shortness of breath) or allergic symptoms (skin, nose, or eyes) in relation to this work?

If YES, please specify: \_\_\_\_\_

\_\_\_\_\_



9. Does exercise or strenuous work or very cold air, ever make you:

-start to cough? Yes\_\_\_\_ / No\_\_\_\_

-start to wheeze? Yes\_\_\_\_ / No\_\_\_\_

-get a feeling of chest tightness? Yes\_\_\_\_ / No\_\_\_\_

-get suddenly short of breath? Yes\_\_\_\_ / No\_\_\_\_

If YES, please specify in which circumstances:\_\_\_\_\_

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10. When you are exposed to strong odors, smoke, or dust, do you ever:

-start to cough for several minutes? Yes\_\_\_\_ No\_\_\_\_

-start to wheeze? Yes\_\_\_\_ No\_\_\_\_

-get a feeling of tightness in your chest? Yes\_\_\_\_ No\_\_\_\_

-start to feel short of breath? Yes\_\_\_\_ No\_\_\_\_

If YES, specify in which circumstances:

strong odors\_\_\_\_ smoke\_\_\_\_ dust\_\_\_\_

11. Which of the following statements best describes your breathing in the last month:

-I rarely if ever have trouble with my breathing \_\_\_\_\_

-I do have regular trouble with my breathing, but (choose the one that applies):

-it always gets completely better \_\_\_\_\_

-my breathing is never quite right \_\_\_\_\_

### Phlegm from the chest

12. Do you usually bring up phlegm from your chest first thing in the morning?

(Count phlegm with the first smoke or on first going out-of-doors. Clearing your throat does not count)

Yes\_\_\_\_ / No\_\_\_\_ If NO, go to question 14.

13. Have you brought up phlegm from your chest like this on most mornings for at least 3 months each year?

Yes\_\_\_\_ / No\_\_\_\_ If YES, for how many years? \_\_\_\_years

Past history:

14. Are you being treated for any other medical conditions at the present time? Yes\_\_\_\_ / No\_\_\_\_

If YES, please describe:

15. List all the medicines you are taking at the current time, including puffers:

16. Have you ever had "hayfever" (attacks of sneezing with runny or stuffy nose, itching of the nose, itchy or watery eyes, coming on at certain periods of the year)? Yes\_\_\_\_ / No\_\_\_\_

If NO, go to question 18.

If YES, at what time of the year?

- Spring \_\_\_\_

- Summer \_\_\_\_

- Fall \_\_\_\_

- Winter \_\_\_\_

17. How old were you when you had hayfever for the first time? \_\_\_\_years old

18. Have you ever been told by a doctor that you have eczema (scaling, red or pink, rash that occurs in elbow creases, behind the knees and/or sometimes behind the ears)? Yes\_\_\_\_ / No\_\_\_\_ If NO, go to question 20.

19. How old were you when you had it for the first time? \_\_\_\_years old

20. Have you ever had hives? Yes\_\_\_\_ / No\_\_\_\_ If NO, go to question 23.

21. Did a doctor tell you that you had hives? Yes\_\_\_\_ / No\_\_\_\_

22. How old were you when you had them for the first time? \_\_\_\_years old

23. Have you ever had asthma before working at this crab plant? Yes\_\_\_\_ / No\_\_\_\_

24. Did a doctor ever tell you that you had asthma? Yes\_\_\_\_ / No\_\_\_\_

25. How old were you when you had your first attack? \_\_\_\_years old

Family history:

26. Has any one in your family (including parents, brothers or sisters, and children) ever been diagnosed with asthma, hayfever, eczema or hives?

If YES, please describe which family member and what condition: \_\_\_\_\_

\_\_\_\_\_

Smoking

27. Have you ever smoked cigarettes (No means less than 20 packs of cigarettes or 12 oz of tobacco in a lifetime, or less than 1 cigarette a day for 1 year)? Yes\_\_\_\_ / No\_\_\_\_ If NO, go to question 33

28. Do you now smoke cigarettes (as of 1 month ago)? Yes\_\_\_\_ / No\_\_\_\_

29. How old were you when you first started regular cigarette smoking? \_\_\_\_\_years old

30. If you have stopped smoking cigarettes completely, how old were you when you stopped? \_\_\_\_\_years old

31. How many cigarettes per day do you smoke now? \_\_\_\_\_cigarettes per day

32. During the entire time you smoked, how many cigarettes did you smoke per day on average? \_\_\_\_\_cigarettes per day

33. Have you ever smoked a pipe regularly (YES means more than 12 oz. of tobacco in a lifetime)? Yes\_\_\_\_ / No\_\_\_\_

Home

34. Do you have pets at home? Yes\_\_\_\_ / No\_\_\_\_

If YES, is it: cat \_\_\_\_\_ dog \_\_\_\_\_ bird \_\_\_\_\_ others \_\_\_\_\_

35. If you are exposed to pets, do you ever:

-start to cough: Yes\_\_\_\_ / No\_\_\_\_

-start to wheeze: Yes\_\_\_\_ / No\_\_\_\_

-get a feeling of tightness in you chest: Yes\_\_\_\_ / No\_\_\_\_

-start to feel short of breath: Yes\_\_\_\_ / No\_\_\_\_

-get a runny or stuffy nose: Yes\_\_\_\_ / No\_\_\_\_

-get an attack of sneezing: Yes\_\_\_\_ / No\_\_\_\_

- get itchy or watery eyes: Yes\_\_\_\_ / No\_\_\_\_

-wake up at night because of a chest complaint (cough, wheezing or shortness of breath): Yes\_\_\_\_ / No\_\_\_\_

-get an itchy or rash on your skin: Yes\_\_\_\_ / No\_\_\_\_

36. If you are exposed to house dust (vacuum cleaning, making the bed), do you ever:

-start to cough: Yes\_\_\_\_ / No\_\_\_\_

-start to wheeze: Yes\_\_\_\_ / No\_\_\_\_

-get a feeling of tightness in you chest: Yes\_\_\_\_ / No\_\_\_\_

-start to feel short of breath: Yes\_\_\_\_ / No\_\_\_\_

-get a runny or stuffy nose: Yes\_\_\_\_ / No\_\_\_\_

-get an attack of sneezing: Yes\_\_\_\_ / No\_\_\_\_

- get itchy or watery eyes: Yes\_\_\_\_ / No\_\_\_\_

-wake up at night because of a chest complaint (cough, wheezing or shortness of breath): Yes\_\_\_\_ / No\_\_\_\_

- get an itchy or rash on your skin: Yes\_\_\_\_ / No\_\_\_\_

**I certify that the above information is accurate and correct, to the best of my knowledge.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**