**APPENDIX 2 Pre-placement Baseline Respiratory Questionnaire**

**Section 1**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Surname | | Date | | |
| Forenames | | Date of Birth | | |
| School/Directorate | | | | |
|  | | | | |
| Are you still working with any of the following | | | | |
|  | Yes / No | | Frequency | |
| Animals/insects |  | |  | |
| Gluteraldehyde |  | |  | |
| Wood Dust |  | |  | |
| Epoxy resins/glues |  | |  | |
| Iscocyanates |  | |  | |
| Nickel, cobalt, chromium, platinum |  | |  | |
| Solder colophony |  | |  | |
| Latex |  | |  | |
| Flour / grain |  | |  | |
|  |  | |  | |
| Has this increased or decreased? | | | | |
| In the past months, have you suffered from any of the following? | |  | |
|  | |  | |
| Periods of breathlessness | |  | |
| Wheezing or chest tightness | |  | |
| Persistent or frequent coughing | |  | |
| Sore or watering eyes | |  | |
| Sneezing, blocked/running nose | |  | |
| Rash or skin irritation | |  | |
|  | |  | |
| If yes, please give details: | | | |
|  | |  | |
| Signature: | | Date | |

**Section 2 For departmental use only**

**PRE-TEST CHECKLIST**

|  |  |
| --- | --- |
| **Have had any of the following?** |  |
| Cold air exposure in the last 2 hours? |  |
| Shortness of breath on exertion in the last two hours? |  |
| Surgery, in the last 6 months |  |
| Medical treatment, current or recent? |  |
| Hypertension / hypotension? |  |
| Cardio-vascular problems |  |
| URTI, current / recent |  |
| Cough, current / recent |  |
| Ear problem |  |
| Last cigarette |  |
| Other |  |