



ID no.:

Date:

Questions about current and previous job

1. Current employer/sawmill:
2. Employed since (month/year):
3. Current job title:
4. Which tasks do you have with this job title?
5. When did you start working with this job title? (month/year)
6. In which department do you work?
7. Do you work full time or part time?

Full time ☐ part time ☐ Employment- %:

8. Do you have work shifts? No ☐ Yes ☐

If yes, what kind of shift do you work?

9. Do Do you wear gloves or respiratory protective equipment at work?

No ☐

Yes, gloves ☐ Form/type?:

Yes, resp.prot.equip. ☐ Type:

If yes, what, how often, and if it is only at spesific job tasks:

	Gloves	Respirator	At specific job tasks:
Daily	☐	☐	
Weekly	☐	☐	
Few times a year	☐	☐	



10. Have you previously worked in other departments in this sawmill?

No ☐

Yes ☐

If yes, please fill in:

	Department	Job title	Start (mnth/yr)	End (mnth/yr)
1				
2				
3				
4				

11. Other jobs before you started working in the sawmill?

No ☐

Yes ☐

If yes, please fill in:

	Company name/Company type	Work tasks	Start (mnth/yr)	End (mnth/yr)
1				
2				
3				
4				

12. Were you exposed to fumes, dust or irritating vapors (gasses) on a regular basis during your previous work before you started working in the sawmill?

No ☐

Yes ☐

If yes, which exposure:

Asbestos

☐

Fibers (ceramic/minerals)

☐

Solvents

☐

Welding/cutting

☐

Quartz/sand blasting

☐

Gas (SO₂, fluor, etc.)

☐

Organic dusts (animals, farm)

☐

Diisocyanates, hardener, plastic, etc.

☐

Wooddust

☐

Oil dust

☐

Other

☐

Specify:.....



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Airway symptoms and health, first time examination

(The follow-up scheme should also be filled in by the first time examination)

- | | Yes | No | Don't know |
|--|--------------------------|--------------------------|--------------------------|
| 1. Have you ever suffered from allergic rhinitis? | ☐ | ☐ | ☐ |
| 2. Did you suffer from allergic eczema (atopic eczema) as a child? | ☐ | ☐ | ☐ |
| 3. Have any of your parents, grandparents, brothers or sisters ever had asthma or asthmatic bronchitis? | ☐ | ☐ | ☐ |
| 4. Before you started in your present job, have you ever been diagnosed by a doctor with asthma or asthmatic bronchitis? | Yes | No | Don't know |
| a. Yes, in childhood | ☐ | ☐ | ☐ |
| b. Yes, in adulthood | ☐ | ☐ | ☐ |
| 5. Have you ever been diagnosed with any of the following chronic diseases by a doctor? | Yes | No | |
| a. Chronic bronchitis | ☐ | ☐ | |
| b. Chronic obstructive pulmonary disease (COPD) | ☐ | ☐ | |
| c. Cardiovascular diseases (AMI, angina, hypertension etc.) | ☐ | ☐ | |
| d. Other chronic disease? | | | |
| 6. Are you sensitive or allergic to any of the following? If yes, what sort of symptoms do you have? | | | |

	Please, specify	Yes	No	Don't Know	Symptoms			
					Sneezing or running nose	Chest tightness and wheezing	Itching or red skin	Itching or watering eyes
Wooddust								
Molds								
Housedust								
Food								
Animals								
Plants, grasses								
Other								
Other								



7. Did you grow up on a farm? Yes ☐ No ☐
8. Do you smoke or have you ever smoked more than one cigarett a day?
- a. No, never smoked ☐
 - b. Yes, but stopped more smoking more than 1 year ago ☐
 - c. Yes, but stopped smoking less than 1 year ago ☐
 - d. Yes, I smoke ☐
 - e. Yes, I smoke but not daily ("Partysmoker") ☐
9. For how many years have you smoked/did you smoke? years
10. In the time you have been smoking, aproximately how many cigarettes have you smoked a day?
(one packet of tobacco is equivalent to 50 cigarettes)
- a. 1 – 9 cigarettes a day ☐
 - b. 10 – 19 cigarettes a day ☐
 - c. 20 cigarettes or more a day ☐
11. At what age did you start smoking? years
- | | Yes | No | Don't know |
|---|--------------------------|--------------------------|--------------------------|
| 12. Are you exposed to secondhand smoke on a daily basis? | ☐ | ☐ | ☐ |
| 13. Were you exposed to secondhand smoke as a child? | ☐ | ☐ | ☐ |
14. Any comments?

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