

3. Do you ever have a feeling of smothering, unable to take a deep breath, or tightness in your chest?

Yes__ No__

If yes, do you notice that this on any particular day of the week?

Yes__ No__

If yes, what day or the week?

Yes__ No__

If yes, do you notice that this occurs at any particular place?

Yes__ No__

If yes, do you notice that this is worse after you have returned to work after being off for several days?

Yes__ No__

4. Have you ever noticed any wheezing in your chest?

Yes__ No__

If yes, is this only with colds or other infections?

Yes__ No__

Is this caused by exposure to any kind of dust or other material?

Yes__ No__

If yes, what kind? _____

5. Have you noticed any burning, tearing, or redness of your eyes when you are at work?

Yes__ No__

If so, explain circumstances: _____

6. Have you noticed any sore or burning throat or itchy or burning nose when you are at work?

Yes__ No__

If so, explain circumstances: _____

7. Have you noticed any stuffiness or dryness of your nose?

Yes__ No__