

Generalities

1. 1. What is your gender?

Mark only one oval.

- ☐ Male
☐ Female

2. 2. What is your age?

Mark only one oval.

- ☐ Less than 30 years
☐ Between 30 and 39 years
☐ Between 40 and 49
☐ 50 years and more

3. 3. Since how many years have you been practicing?

Mark only one oval.

- ☐ Less than 10 years
☐ Between 10 and 19 years
☐ Between 20 and 29 years
☐ 30 years and more

General allergies

4. 4. Are you allergic?

Mark only one oval.

☐ Yes

☐ No

5. 5. If you answered yes to the question 4, what are you allergic to?

Check all that apply.

☐ Food

☐ Drugs (e.g. injection route, topical route, oral route)

☐ Insects venom

☐ Contact allergens (e.g. nickel, component of cosmetic products, resins, clothes dyes)

☐ Mites (e.g. flowers, grasses, trees)

☐ Molds

☐ Animal danders (e.g. hair, skin flakes)

☐ Professional allergens

Other: ☐ _____

6. 6. If you answered yes to the question 4, which are the clinical manifestations? (several possible answers)

Check all that apply.

☐ Dermatologic manifestations (e.g. hives, topic dermatitis, contact eczema)

☐ Ophthalmologic (conjunctivitis)

☐ Respiratory (e.g. asthma, rhinitis)

☐ Digestive manifestations (e.g. oral syndrome, vomiting, abdominal pain)

☐ Severe manifestations (e.g. angioedema, anaphylaxis)

Other: ☐ _____

7. 7. If you answered yes to the question 4, are you taking medications or a treatment?

Mark only one oval.

- ☐ Yes, I take a maintenance treatment
- ☐ Yes, I take a treatment (relievers) in case of acute exacerbations
- ☐ Yes, I take a maintenance treatment and medications in case of acute exacerbations (relievers)
- ☐ No, I don't take any treatment

Occupational allergies

8. 8. Do you experience sensitivities/irritations while handling the following substances?
(several possible answers)

Check all that apply.

- ☐ Natural rubber latex
- ☐ Metals
- ☐ Resins
- ☐ Cleaning products (e.g. detergents, disinfectants)
- ☐ Professional medications (e.g. eugenol, sodium hypochlorite, calcium hydroxide)

Other: ☐ _____

9. 9. Do you have a proven allergy to the following substances? (several possible answers)

Check all that apply.

- ☐ Natural rubber latex
- ☐ Metals
- ☐ Resins
- ☐ Cleaning products (e.g. detergents, disinfectants)
- ☐ Professional medications (e.g. eugenol, sodium hypochlorite, calcium hydroxide)

Other: ☐ _____

10. 10. Did this occupational health problem required work stoppage?

Mark only one oval.

- ☐ Temporary work cessation
- ☐ Definitive work cessation
- ☐ No work cessation has been required

11. 11. Do you take any maintenance treatment (medications that are taken regularly to control the disease) ? (several possible answers)

Check all that apply.

- ☐ Antihistamine
- ☐ Desensitization (i.e. allergen immunotherapy)
- ☐ Homeopathy
- ☐ No maintenance treatment

Other: ☐ _____

12. 12. Do you take reliever medications (to treat symptoms during acute exacerbations)? (several possible answers)

Check all that apply.

- ☐ Oral corticosteroids
- ☐ Topical corticosteroids (i.e. cream, ointment)
- ☐ Nasal corticosteroids (i.e. spray)
- ☐ Inhaled corticosteroids (i.e. aerosol/spray)
- ☐ Oral antihistamine
- ☐ Topical antihistamine (e.g. eye drops)
- ☐ Oral bronchodilators
- ☐ Inhaled bronchodilators (i.e. aerosol/spray)
- ☐ No relievers

Other: ☐ _____

13. 13. Do you notice improvement? (several possible answers)

Check all that apply.

- ☐ Spontaneously
- ☐ With the maintenance treatment
- ☐ With reliever medications
- ☐ After remoteness from the work environment, no treatment required
- ☐ After remoteness from the work environment and with treatment

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