

# 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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