

Date:

ID number:

Age:

Gender:

Female

Male

Measured weight: kg

Measured height: cm

1. Have you ever been examined by spirometry?

No

Yes

2. Do you currently use medication for asthma?

No

Yes

3. Have you ever visited a pulmonary physician?

No

Yes

4. Has a physician ever diagnosed you with asthma?

No

Yes

5. Have you in your work been exposed to: vapor, gas, dust, or fumes during the past 12 months?

No

Yes

6. Do you suffer from any allergy that gives symptoms from the nose (including hay fever)?

No

Yes

7. Have you experienced an asthma attack during the past 12 months?

No

Yes

8. Have you been awakened by heavy breathing/dyspnea at any time during the past 12 months?

No

Yes

9. Have you experienced whistling or wheezing in your chest at any time during the past 12 months?

No

Yes

10. Have you visited a doctor or accident/emergency unit because of acute breathing difficulties at any time in the past 12 months?

No

Yes

11. Have you been hospitalized because of breathing difficulties at any time during the past 12 months?

No

Yes

12. Have you used extra cortisone medication or increased your cortisone inhalation at any time during the past 12 months?

No

Yes

13. Do you smoke (also if a few cigarettes, sigars or pipe) every day?

Nei

Ja

Do you smoke occationally?

Nei

Ja

Have you smoked previously?

Nei

Ja

If you have never smokes, you don't need to answer the following questions

How old were you when you started smoking? Years

How many years have you smoked altogether? Years