

UCSF Occupational Health Services
Asthma Questions for the Laboratory Animal Questionnaire

Instructions:

Please print out and complete the following form and **fax to Occupational Health Services 415-514-5614**. An occupational health practitioner will contact you after reviewing this form.

If you have any questions regarding this form, please contact the Office of Environment, Health and Safety at 415-514-3531.

Personal and Contact Information

First Name: _____

Last Name: _____

Phone Number: _____

Email: _____

Tell us about yourself

1. How long have you had your asthma?
 - a. I have just been diagnosed
 - b. I was diagnosed within the last five years
 - c. I was diagnosed five or more years ago

2. Are you currently receiving care for you asthma?
 - a. I am not under the care of a doctor
 - b. I am under the care of a primary care physician
 - c. I am under the care of a pulmonologist (lung specialist)

3. Are you currently taking medication for your asthma?
 - a. I do not take any medication for my asthma
 - b. I only take over the counter medication for my asthma
 - c. I use a reliever bronchodilator when needed for my asthma
 - d. I regularly take one prescription medication for my asthma
 - e. I regularly take two or more prescription medications for my asthma

Tell us about your asthma

1. Do you experience asthma symptoms (i.e. coughing, wheezing, chest tightness, etc.) more than four (4) days a week? Yes / No

2. Do you wake up because of asthma symptoms (i.e. coughing, wheezing, chest tightness, etc.) one or more nights a week? Yes / No
3. Does your asthma prevent you from exercising or performing other physical activities? Yes / No
4. Have you ever had to miss work because of asthma? Yes / No
5. Do you take your reliever bronchodilator more than four times a week? Yes / No
6. How would you rate your asthma control?
 - a. Completely controlled
 - b. Well controlled
 - c. Somewhat controlled
 - d. Poorly controlled

Tell us about how your asthma varies

1. In the last year, have you gone to the emergency room or made an unscheduled visit to your doctor because of an asthma episode? Yes / No
2. Does your asthma get worse when you have a respiratory tract infection (that is a cold or the flu)? Yes / No
3. Does your asthma get worse at certain times of the year (spring, summer, fall or winter)? Yes / No