

Post-shift Questionnaire

Unique ID: _____ Date (MM/DD/YYYY): _____ Time (24 hr): _____

Facility Name: _____

Symptom	Did you have this symptom during your shift?	Did you have this symptom when you arrived at work today?	Did this symptom worsen during your shift?	Approximately how many hours into your shift did this symptom first start (or worsen if you had this symptom when you arrived at work today)?	What task(s) were you doing when the symptom first started (or worsened if you had this symptom when you arrived at work today)?
Breathing trouble	☐ No ☐ Yesà	☐ No ☐ Yes	☐ No ☐ Yes	☐ less than 1 ☐ 1-3 ☐ 4+	
Shortness of breath	☐ No ☐ Yesà	☐ No ☐ Yes	☐ No ☐ Yes	☐ less than 1 ☐ 1-3 ☐ 4+	
Cough	☐ No ☐ Yesà	☐ No ☐ Yes	☐ No ☐ Yes	☐ less than 1 ☐ 1-3 ☐ 4+	
Wheezing or whistling in the chest	☐ No ☐ Yesà	☐ No ☐ Yes	☐ No ☐ Yes	☐ less than 1 ☐ 1-3 ☐ 4+	
Chest tightness	☐ No ☐ Yesà	☐ No ☐ Yes	☐ No ☐ Yes	☐ less than 1 ☐ 1-3 ☐ 4+	
Stuffy, itchy, or runny nose	☐ No ☐ Yesà	☐ No ☐ Yes	☐ No ☐ Yes	☐ less than 1 ☐ 1-3 ☐ 4+	
Stinging or burning nose	☐ No ☐ Yesà	☐ No ☐ Yes	☐ No ☐ Yes	☐ less than 1 ☐ 1-3 ☐ 4+	
Sneezing	☐ No ☐ Yesà	☐ No ☐ Yes	☐ No ☐ Yes	☐ less than 1 ☐ 1-3 ☐ 4+	
Throat irritation (dry, sore, burning throat) or hoarseness	☐ No ☐ Yesà	☐ No ☐ Yes	☐ No ☐ Yes	☐ less than 1 ☐ 1-3 ☐ 4+	
Watery or itchy eyes	☐ No ☐ Yesà	☐ No ☐ Yes	☐ No ☐ Yes	☐ less than 1 ☐ 1-3 ☐ 4+	
Stinging or burning eyes	☐ No ☐ Yesà	☐ No ☐ Yes	☐ No ☐ Yes	☐ less than 1 ☐ 1-3 ☐ 4+	
Headache	☐ No ☐ Yesà	☐ No ☐ Yes	☐ No ☐ Yes	☐ less than 1 ☐ 1-3 ☐ 4+	
Any other respiratory symptoms? (specify) _____	☐ No ☐ Yesà	☐ No ☐ Yes	☐ No ☐ Yes	☐ less than 1 ☐ 1-3 ☐ 4+	
Any other symptoms? (specify) _____	☐ No ☐ Yesà	☐ No ☐ Yes	☐ No ☐ Yes	☐ less than 1 ☐ 1-3 ☐ 4+	

Did you use cleaning, disinfecting, or sterilizing products today? ☐No ☐Yesà Specify: _____

At any time today, did you work within 5 feet of the source of surgical smoke? ☐No ☐Yes

What animal(s) were you around today? (Select all that apply) ☐Dogs ☐Cats ☐Rabbits ☐Ferrets ☐Small rodents ☐Other pocket pets ☐Horses ☐Cattle ☐Sheep ☐Goats ☐Pigs ☐Camelids (llamas, alpacas) ☐Birds/Poultry ☐Reptiles ☐Amphibians ☐Wildlife