



Work-related Asthma Screening Questionnaire – Long Version (WRASQ(L)TM)

Date: ___/___/___
dd/mm/yyyy

Patient Identifier: _____

1. Current occupation:

Start Date: ___/___/___
dd/mm/yyyy

2. Past occupation(s):

From: ___/___/___ To: ___/___/___
From: ___/___/___ To: ___/___/___
From: ___/___/___ To: ___/___/___
dd/mm/yyyy dd/mm/yyyy

3. Current employment status* (Check all that apply):

- Full-time
- Part-time
- Shift work
- Modified duties
- Off work due to respiratory health
- Retired
- Other

(*Note: This includes self-employment and working from home.)

4. Did your asthma symptoms start at work? Yes No

5. Did your asthma symptoms start within days of a spill or fire at work? Yes No

6. Do/did your asthma symptoms worsen at work? Current Past Never

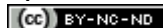
7. Do/did your asthma symptoms worsen on your first day back to work? Current Past Never

8. Do/did your asthma symptoms worsen during the work day? Current Past Never

9. Do/did your asthma symptoms worsen at home after work? Current Past Never

10. Do/did your asthma symptoms worsen throughout the work week? Current Past Never

11. Are/were chest symptoms (cough/wheeze/ chest tightness/shortness of breath) different (less) on days off work and/or holidays? Current Past Never



12. Are you **currently** or have you **in the past** been exposed to any of the following at work?
 (Check *Current*, *Past* or *Never* for *EACH* exposure.)

- | | | | |
|--|----------------------------------|-------------------------------|--------------------------------|
| Adhesives/glues | <input type="checkbox"/> Current | <input type="checkbox"/> Past | <input type="checkbox"/> Never |
| Agricultural agents (e.g. grain) | <input type="checkbox"/> Current | <input type="checkbox"/> Past | <input type="checkbox"/> Never |
| Animal/fish materials | <input type="checkbox"/> Current | <input type="checkbox"/> Past | <input type="checkbox"/> Never |
| Biologic agents (e.g. enzymes, molds, viruses) | <input type="checkbox"/> Current | <input type="checkbox"/> Past | <input type="checkbox"/> Never |
| Chemicals | <input type="checkbox"/> Current | <input type="checkbox"/> Past | <input type="checkbox"/> Never |
| Cleaning agents | <input type="checkbox"/> Current | <input type="checkbox"/> Past | <input type="checkbox"/> Never |
| Cold air | <input type="checkbox"/> Current | <input type="checkbox"/> Past | <input type="checkbox"/> Never |
| Dust | <input type="checkbox"/> Current | <input type="checkbox"/> Past | <input type="checkbox"/> Never |
| Dyes | <input type="checkbox"/> Current | <input type="checkbox"/> Past | <input type="checkbox"/> Never |
| Exercise | <input type="checkbox"/> Current | <input type="checkbox"/> Past | <input type="checkbox"/> Never |
| Food agents (e.g. flour) | <input type="checkbox"/> Current | <input type="checkbox"/> Past | <input type="checkbox"/> Never |
| Fumes (e.g. exhaust) | <input type="checkbox"/> Current | <input type="checkbox"/> Past | <input type="checkbox"/> Never |
| Insects/Insect materials | <input type="checkbox"/> Current | <input type="checkbox"/> Past | <input type="checkbox"/> Never |
| Isocyanates* | <input type="checkbox"/> Current | <input type="checkbox"/> Past | <input type="checkbox"/> Never |
| Natural rubber products | <input type="checkbox"/> Current | <input type="checkbox"/> Past | <input type="checkbox"/> Never |
| Perfumes/scents | <input type="checkbox"/> Current | <input type="checkbox"/> Past | <input type="checkbox"/> Never |
| Pharmaceuticals | <input type="checkbox"/> Current | <input type="checkbox"/> Past | <input type="checkbox"/> Never |
| Plants/Plant materials | <input type="checkbox"/> Current | <input type="checkbox"/> Past | <input type="checkbox"/> Never |
| Metal working fluids | <input type="checkbox"/> Current | <input type="checkbox"/> Past | <input type="checkbox"/> Never |
| Metals | <input type="checkbox"/> Current | <input type="checkbox"/> Past | <input type="checkbox"/> Never |
| Smoke | <input type="checkbox"/> Current | <input type="checkbox"/> Past | <input type="checkbox"/> Never |
| Textile fibers | <input type="checkbox"/> Current | <input type="checkbox"/> Past | <input type="checkbox"/> Never |
| Wood dust | <input type="checkbox"/> Current | <input type="checkbox"/> Past | <input type="checkbox"/> Never |
| Other (Specify): _____ | | | |

(*Note: Isocyanates such as TDI (toluene diisocyanate) are chemicals encountered in jobs that involve spray painting, and manufacturing of plastic, rubber and foam.)

13. In your opinion, did one or more of these exposures cause and/or trigger your asthma/respiratory symptoms? Yes No
 If yes, which exposure(s)? (Specify): _____

14. Are you **currently using** or have you **in the past** used personal protection at work?
 (Check *Current*, *Past* or *Never* for *EACH* protective measure)

- | | | | |
|---|----------------------------------|-------------------------------|--------------------------------|
| Respirator
(e.g. mechanical or chemical filter or cartridge,
powered air-purifying respirator,
self-contained breathing apparatus) | <input type="checkbox"/> Current | <input type="checkbox"/> Past | <input type="checkbox"/> Never |
| Mask (e.g. paper surgical mask) | <input type="checkbox"/> Current | <input type="checkbox"/> Past | <input type="checkbox"/> Never |
| Ventilation (e.g. fresh air, room air exchanges) | <input type="checkbox"/> Current | <input type="checkbox"/> Past | <input type="checkbox"/> Never |
| Other (Specify): _____ | | | |





WRASQ(L)TM Interpretation Guide

NOTE:
1. The WRASQ(L)TM is designed to be used in individuals with confirmed asthma.
2. A positive screen does not confirm a diagnosis of work-related asthma (WRA), but identifies individuals who should be evaluated further.

Occupational History (Questions 1-3)

- Current and past occupation and employment status are relevant for the clinician to note, particularly for 'experts' to review if a diagnosis of WRA is confirmed.

Relation between Symptoms and Work (Questions 4-11 or 13)

- A response of "Yes" to any SYMPTOM question represents a screen POSITIVE for possible WRA, and merits further investigation (see below).

Workplace Exposure History (Question 12)

- A response of "Current" or "Past" to any EXPOSURE question (#12) represents a screen POSITIVE for EXPOSURES, which merits either further investigation and/or education regarding prevention of WRA.

Use of Personal Protection at Work (Question 14)

- Use of protective equipment may be indicated. Consider based on specific exposures (regardless of whether or not symptoms are present).

		SYMPTOMS (Questions 4-11 or 13)	
		Positive	Negative
EXPOSURES (Question 12)	Positive	Possible WRA – INVESTIGATE for WRA	At risk for WRA – Educate regarding PREVENTION of WRA
	Negative	Possible WRA – INVESTIGATE for WRA	Unlikely WRA

Investigation of Possible WRA:

- Complete evaluation before recommending job change if possible
- Consider:
 - Serial peak expiratory flow measurement (PEF Diary)
 - Referral for specialist evaluation

