

Exposition Questionnaire

Dear patient

In order to find out a possible cause of your lung disease, we kindly ask you to answer the following questions.

1. Did you have flu-like symptoms when you first became ill? yes no

2. Are you or have you been regularly exposed to the following items or situations (at home, at the office or elsewhere)? Go mentally from room to room in each building you have been in. *Please circle as appropriate:*

Mould, mouldy smell, rooms with water damage	Eiderdown (e.g. in jackets/duvets/pillows)
Potted plants	Heavy smoke or industrial dust
Humidifier (incl respiratory devices), air filter, ultrasonic nebulizer	Industrial strength cleaning solution
Tabletop fountain, aquarium, fish farming	Birds, Bird Droppings, Aviary
Straw mats	Insecticide, Fertilizer

3. Did you/do you undertake activities/have you performed occupations like (*please circle as appropriate*):

Farm work or living nearby a farm	Working in Food production or processing (e.g. cheese, wheat, malt, oil, dry sausage)
Working with silage, mulch, hay or grain	Woodwork
Taking care of or living nearby horses or chicken	Painting, Paint Spraying, Pottery or Plaster Work
Growing edible mushrooms	Automotive mechanic
Composting greens and comestibles/Gardening	Laboratory worker
Working in a Greenhouse	Fabric Worker
Playing a wind instrument	Welding, Founding or Smelting
Working in wine production	Working in a mine or quarry
Using a sauna, jacuzzi, swimming pool	Working in a paper, plastic or cork factory
Working as a garbage collector	Working in a cosmetic or herbal factory

4. Are there any other important exposures, you would like to mention?

5. Did you mention a change in symptoms during vacation/out-of-office? yes no