



ANIMAL SENSITIVITY PERIODIC SCREENING QUESTIONNAIRE

Name _____ Date ____/____/____
(Print)

PID # _____ E-mail _____ Birth date ____/____/____
(9 digits on your WSU one card)

Job Title _____ Dept. _____ Location _____ Room # _____
Building

Work phone _____ - _____ Principal Investigator _____

1. Do you have any animals in your home? YES NO

2. If so, what kind? _____

3. Check the species of animals with which you have been working in the past year (check all that apply):

<input type="checkbox"/> Non-human primates	<input type="checkbox"/> Dogs	<input type="checkbox"/> Rats	<input type="checkbox"/> Wild rodents
<input type="checkbox"/> Cows, calves	<input type="checkbox"/> Cats	<input type="checkbox"/> Mice	<input type="checkbox"/> Birds
<input type="checkbox"/> Sheep	<input type="checkbox"/> Chickens	<input type="checkbox"/> Hamsters	<input type="checkbox"/> Reptiles (lizards, snakes)
<input type="checkbox"/> Horses	<input type="checkbox"/> Chick embryos	<input type="checkbox"/> Gerbils	<input type="checkbox"/> Amphibians (frogs, turtles)
<input type="checkbox"/> Pigs	<input type="checkbox"/> Rabbits	<input type="checkbox"/> Guinea pigs	<input type="checkbox"/> Fish
<input type="checkbox"/> Goats	Other: _____		

4. Have you developed any new animal allergy symptoms in the past year (or since you last completed an animal sensitivity risk assessment questionnaire)? YES NO

5. If yes, please describe: _____

6. If you previously have experienced animal allergies, have they gotten worse, stayed the same or improved?
 Worse same Improved

7. If worse, please describe: _____

8. Do your allergic symptoms when exposed to animals include (please check all that apply)?

<input type="checkbox"/> Skin rash, eczema or hives	<input type="checkbox"/> Wheezing
<input type="checkbox"/> Itchy, watery eyes	<input type="checkbox"/> Shortness of breath
<input type="checkbox"/> Nose/throat irritation	<input type="checkbox"/> Chest Tightness
<input type="checkbox"/> Sneezing	<input type="checkbox"/> Asthma
<input type="checkbox"/> Runny nose, nasal congestion	<input type="checkbox"/> Facial or tongue swelling
<input type="checkbox"/> Cough	<input type="checkbox"/> Allergy symptoms resulting in emergency medical treatment

9. Can you **easily** tolerate being in the presence of the animals to which you have become allergic? YES NO

10. When you are away from exposure to animals, do your allergic symptoms resolve? YES NO

11. Have you seen a physician for any of your allergic symptoms? YES NO

12. If yes, please describe: _____