

Questionnaire intermediate supplementary medical procedures

You are always entitled to a spontaneous consultation with your occupational physician to discuss work-related health problems.

Your answers are included in your health file and are at the occupational physician's disposal.

You can find your occupational physician on the following link (using your e-ID card), a joint initiative of the external services <https://www.seed-connect.be/>.

Attention: don't forget the other side.

No	Question	Always choose the answer that best fits your situation				
		Excellent 4	Very good 3	Good 2	Fairly 1	Bad 0
10	How do you evaluate your health in general?	Excellent 4	Very good 3	Good 2	Fairly 1	Bad 0
20	How many days have you been ill in the last 12 months?	0 days 0	Less than 1 week 1	Between 1 week and 1 month 2	Between 1 month and 3 months 3	More than 3 months 4
	Have you been treated for the first time in the last 12 months for:	30 epilepsy (seizure or convulsions)	No 0			Yes 1
		40 diabetes mellitus	No 0			Yes 1
		50 heart disease or severe problems with blood pressure	No 0			Yes 1
		60 loss of consciousness or coma	No 0			Yes 1
		70 abnormal tiredness or sleep tendencies while working	No 0			Yes 1
		80 another serious illness	No 0			Yes 1
90	In the last 12 months, how often have you had an illness or injury that hindered you when working?	Never 0	Rarely 1	Sometimes 2	Often 3	(almost) Always 4
100	In the last 12 months, how often have you had health problems caused by work or have become worse as a result of work?	Never 0	Rarely 1	Sometimes 2	Often 3	(almost) Always 4
110	About your work in general: how satisfied are you with regard to your job as a whole considering everything?	Very satisfied 4	Sometimes satisfied 3	Neutral 2	Dissatisfied 1	Very dissatisfied 0

Safety function - working in cold or heat

200	Have you experienced pain or pressure in the chest or heart region in the last 12 months?	Never 0	Rarely 1	Sometimes 2	Often 3	(almost) Always 4
210	Have you experienced severe dizziness or balance problems in the last 12 months?	Never 0	Rarely 1	Sometimes 2	Often 3	(almost) always 4

Chemical agents - working in cold or heat

220	In the last 12 months, how often have you had respiratory troubles such as stuffy nose, coughing, wheezing, breathlessness, shortness of breath possibly caused by exposure to chemical products, dust, smoke or cold at work?	Never 0	Rarely 1	Sometimes 2	Often 3	(almost) Always 4
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See further overleaf .../

Chemical agents - working in cold or heat - microtrauma						
230	In the last 12 months, how often have you had skin complaints such as redness, itching, dehydration, flaking that may have been caused by exposure to chemical products at work ?	Never 0	Rarely 1	Sometimes 2	Often 3	(almost) Always 4

Ergonomic strain - working in cold							
	In the last 12 months, how often have you experienced severe pain, loss of strength or movement limitation that required treatment, and which you believe was caused by your work in:	240 the shoulders	Never 0	Rarely 1	Sometimes 2	Often 3	(almost) Always 4
		250 the elbows	Never 0	Rarely 1	Sometimes 2	Often 3	(almost) Always 4
		260 the wrists	Never 0	Rarely 1	Sometimes 2	Often 3	(almost) Always 4
		270 the fingers	Never 0	Rarely 1	Sometimes 2	Often 3	(almost) Always 4
	In the last 12 months, how often have you experienced severe pain, loss of strength or movement limitation that required treatment, and which you believe was caused by your work in:	280 the hips	Never 0	Rarely 1	Sometimes 2	Often 3	(almost) Always 4
		290 the knees	Never 0	Rarely 1	Sometimes 2	Often 3	(almost) Always 4
		300 the ankles	Never 0	Rarely 1	Sometimes 2	Often 3	(almost) Always 4
		310 the feet	Never 0	Rarely 1	Sometimes 2	Often 3	(almost) Always 4
320	In the last 12 months, how often have you suffered from severe neck pain or neck blockage, for which treatment was necessary and which you believe was caused by your work ?	Never 0	Rarely 1	Sometimes 2	Often 3	(almost) Always 4	
330	In the last 12 months, how often have you suffered from severe back pain that required treatment and which you believe was caused by your work ?	Never 0	Rarely 1	Sometimes 2	Often 3	(almost) Always 4	

Psychosocial risks						
340	In the last 12 months, how often have you felt restless, rushed or stressed as a result of work ?	Never 0	Rarely 1	Sometimes 2	Often 3	(almost) Always 4
350	In the last 12 months, how often have you felt mentally exhausted (feeling "worn out" or "empty") as a result of work ?	Never 0	Rarely 1	Sometimes 2	Often 3	(almost) Always 4
360	In the last 12 months, how often have you felt physically exhausted as a result of work (your body is tired)?	Never 0	Rarely 1	Sometimes 2	Often 3	(almost) Always 4

9000	Do you wish to be contacted by the occupational physician for a specific work-related problem ?	No 0	Yes 1
10000	Was this questionnaire easy for you to complete?	No 0	Yes 1

Print date:

Employee number:

Employee name: