

Respiratory health questionnaire

1. Do you work regular hours (day, evening or night) or on a shift pattern?
 - a. Regular hours day
 - b. Regular hours evening
 - c. Regular hours night
 - d. Shift pattern no night shifts
 - e. Shift pattern with night shifts

2. Please indicate for each day, when you would like to receive notifications about the morning questionnaire. The notification about the evening questionnaire will appear 14 hours later. If you don't change anything, you will be notified at 7am in the morning and 9pm in the evening. Please be aware that the morning questionnaire is open 6am-12noon and the evening questionnaire is open 7pm-11pm.
 - a. Morning: [HH] : [MM 0/15/30/45]

Daily morning questions

1. At what time did you go to sleep in the last 24 hours?
 - a. 15 minute options, [HH] : [MM 0/15/30/45]

2. At what time did you get up in the last 24 hours?
 - a. 15 minute options, [HH] : [MM 0/15/30/45]

3. How would you rate your sleep quality (referring to your last sleep)?
 - a. Very good
 - b. Fairly good
 - c. Fairly bad
 - d. Very bad

4. How often were you woken by your respiratory symptoms during the night?
 - a. VAS: 0 not woken at all, 100 awake all night

5. How bad were your respiratory symptoms when you woke up this morning?
 - a. VAS: 0 no symptoms , 100 very severe symptoms

Daily evening questions

6. Did you wear any personal protective equipment today?
 - a. Yes, but only due to COVID-19 precautions
 - b. Yes
 - c. No

7. What personal protective equipment did you wear?
 - a. Body protection
 - b. Hand protection
 - c. Foot protection
 - d. Eye and face protection
 - e. Head protection
 - f. Hearing protection
 - g. Respiratory protection

8. Did you commute to work today?
 - a. Yes
 - b. No

9. When did you leave home today to go to work?
 - a. [HH] : [MM 0/15/30/45]

10. At what time did you arrive at work?
 - a. [HH] : [MM 0/15/30/45]

11. Which mode of transport did you use to get to work?
 - a. Car
 - b. Bus
 - c. Train
 - d. Subway
 - e. Tram
 - f. Cycle
 - g. Walk
 - h. Other

12. When did you leave work today to go home?
 - a. [HH] : [MM 0/15/30/45]

13. At what time did you arrive at home?
- [HH] : [MM 0/15/30/45]
14. Which mode of transport did you use to get home?
- Car
 - Bus
 - Train
 - Subway
 - Tram
 - Cycle
 - Walk
 - Other
15. How many alcoholic beverages did you consume in the last 24 hours?
- numbers _____
16. Did you exercise in the last 24 hours?
- Yes
 - No
17. What intensity level of exercise did you do and how long for? (Vigorous physical activities refer to activities that take hard physical effort and make you breathe much harder than normal, for example, running; Moderate activities refer to activities that take moderate physical effort and make you breathe somewhat harder than normal, for example, brisk walking or light cycling; Light activities require the least amount of effort such as walking slowly or light garden/house work.)
- Vigorous/HH:MM [0/15/30/45]
 - Moderate/HH:MM [0/15/30/45]
 - Light/HH:MM [0/15/30/45]
18. In general, how was your mood today?
- VAS: 0 very negative, 100 very positive
19. In general, how relaxed or tensed were you today?
- VAS: 0 very tense, 100 very relaxed
20. In general, how energetic did you feel today?
- VAS: 0 very tired, 100 very energized

21. How much were nose symptoms bothering you today?
a. VAS: 0 not at all bothersome, 100 extremely bothersome
22. How much were eye symptoms bothering you today?
a. VAS: 0 not at all bothersome, 100 extremely bothersome
23. How much were respiratory symptoms bothering you today?
a. VAS: 0 not at all bothersome, 100 extremely bothersome
24. How limited were you in your activities today because of your respiratory symptoms?
a. VAS: 0 not limited at all, 100 totally limited
25. How much shortness of breath did you experience today?
a. VAS: 0 none, 100 a very great deal
26. How much of the time did you wheeze today?
a. VAS: 0 not at all, 100 all the time
27. Please score how many puffs of short acting bronchodilator you have used in the past 24 hours.
- 0 none
 - 1 1–2 puffs
 - 2 3–4 puffs
 - 3 5–8 puffs
 - 4 9–12 puffs
 - 5 13–16 puffs
 - 6 More than 16 puffs