



Questionnaire

Concerning skin and airway symptoms and work with denture-based polymers

General information:

This questionnaire has been developed and distributed by FEPPD (Federation of the European Dental Technicians) in an attempt to investigate skin and airway symptoms among dental technicians in Europe. In addition self experienced symptoms when working with denture-base polymers (i.e. methacrylates) will be evaluated.

The questionnaire will be answered anonymous but it is coded until reminders have been distributed and collected. After this process the code-key is destroyed and the answers handled strictly confidential.

The investigation will be performed as collaboration between FEPPD, DT Hana Dohálová, University of Bratislava, Slovakia and Prof Ortengren IKO/Tromsø University, Norway.

The investigation has been ethical approved by the St. Elizabeth University College of Health and Social Work, Bratislava, Slovakia.

General questions

(Please mark the appropriate alternative below or give a short answer on the dotted line)

Are you a Male Female

Concerning your age. Are you between? 20-29

30-39

40-49

50-59

60-69

At what year were you graduated/educated as a dental technician? _____

Are you still working as a dental technician Yes No

If yes are you working Full time Part time

If No, at what year did you stop working as a technician? _____

Questions concerning skin and airway symptoms (in general)

Skin symptoms

1. Do you often experience dry and rough skin on your hands? Yes No

2. Do you have or have you had, hand eczema? Yes No

If yes to question 2:

3. What year did the hand eczema start?

4. Have you on any occasion experienced hand eczema during the last 12 months? Yes No

5. If you have experienced hand eczema, but not during the last 12 months, when was your last experience of hand eczema?

6. Did you had your hand eczema diagnosed by a physician? Yes No

7. Have you, in relation to the hand eczema, been patch-tested at a dermatological clinic? Yes No

8. If yes, what substances were you positive against? (For dental materials please see questions 37-39)

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9. Have you been on sick leave because of your hand eczema? Yes No

10. Did you have experience of childhood eczema? Yes No

Airway symptoms

11. Have you during the last year have experience of blocked nose without having catch a cold? Yes No

12. Have you during the last year have experience of rhinitis (not asthma) without having catch a cold? Yes No

14. Have you during the last year experienced asthma? Yes No

15. Have you on any occasion during the last year experienced reiterate airway symptoms at work?

Yes No

If yes to question 15

16. What kind of symptoms do you experience

Blocked nose

Rhinitis

Asthma

17. How does the reaction change during the working day

Better

Worse

Unchanged

Do not know

18. How does the reaction change during leisure periods (more than 3 days)

Better

Worse

Unchanged

Do not know

19. Have your airway symptoms been diagnosed by a physician

Yes

No

20. Have you been on sick leave because of your airway symptoms?

Yes

No

21. Do you smoke?

Yes

No

22. If yes, how much?

Self-observed skin and airways symptoms related to denture base polymers (methacrylates) and other dental materials

Have you experienced any/some of following reactions when in contact with dental materials: (Mark with a cross or for other type of materials please give the type)

	Uncured Methacrylate based materials	Cured Methacrylate based materials	Other Materials Type
23. Rapid itching on the hands	<input type="checkbox"/>	<input type="checkbox"/>	_____
24. Aching/burning feeling on the hands or fingers?	<input type="checkbox"/>	<input type="checkbox"/>	_____
25. Itching in the face?	<input type="checkbox"/>	<input type="checkbox"/>	_____
26. Itching/swelling in or around the eyes?	<input type="checkbox"/>	<input type="checkbox"/>	_____
27. Blocked nose?	<input type="checkbox"/>	<input type="checkbox"/>	_____
28. Rhinitis	<input type="checkbox"/>	<input type="checkbox"/>	_____
29. Asthma	<input type="checkbox"/>	<input type="checkbox"/>	_____
30. Do you use protective gloves when working?	<input type="checkbox"/>	Never	
	<input type="checkbox"/>	<2 h/d	
	<input type="checkbox"/>	2±4 h/d	
	<input type="checkbox"/>	4±6 h/d	
	<input type="checkbox"/>	>6 h/d	
31. If yes, please give the type of gloves that you use?	<input type="checkbox"/>	Vinyl	
	<input type="checkbox"/>	Rubber latex	
	<input type="checkbox"/>	Both	
	<input type="checkbox"/>	Don/t know	
32. Have you experienced rapid onset of itching on the hands when in contact with protective gloves?		Yes	No
33. If yes, against what type of protective glove?	<input type="checkbox"/>	Vinyl	
	<input type="checkbox"/>	Rubber latex	
	<input type="checkbox"/>	Both	
34. What year did the trouble start?		

35. Have you experienced any other skin symptoms when in contact with protective gloves?

Yes No

36. If yes, against what type of protective glove?

- Vinyl
- Rubber latex
- Both

37. If you have or have had skin symptoms when in contact with dental materials or protective gloves, have you been in contact with a physician?

Yes No

38. Have you been patch-tested or prick-tested because of your skin symptoms towards dental materials in particular ?

Yes No

39. If yes, which substances were you positive against?

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41. Have you been on sick leave due to your skin symptoms towards dental materials ?

Yes No

42. Have you reported your skin symptoms as an occupational disease? Yes No

43. Have you experienced your skin symptoms so severe that you have had to change your activity?

Yes No

44. If you have or have had airway symptoms when in contact with dental materials or protective gloves, have you been in contact with a physician?

Yes No

45. Have you been prick-tested because of your airway symptoms against dental materials ?

Yes No

46. If yes, which substances were you positive against?

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47. Have you been on sick leave due to your airway symptoms against dental materials ? Yes No

48. Have you reported your airway symptoms as an occupational disease? Yes No

49. Have you experienced your airway symptoms so severe that you have had to change your activity? Yes No

Questions concerning handling descriptions, regulations etc.

50. Is there any national directive in your country that describe handling of and work with, methacrylates and other thermosetting polymer materials in dental technicians practice? Yes No

51. To your knowledge, is handling precautions and risk aspects when working with denture base polymers a part of the education (e.g. national education) for dental technicians? Yes No

52. To your knowledge is handling precautions and risk aspects when working with denture base polymers a part of the information given by the employer to those working with denture base polymers before they start working with those materials? Yes No

53. If yes, for how many hours approximately is such information given. <1 hour 1-4 hours >4 hours

54. To your opinion, do the manufactures of denture supply the consumers with the instructions for use that imply the concrete security and health aspects?

Many thanks for your cooperation