

OSHA Asbestos Initial Medical Questionnaire
(Appendix D to 29 CFR 1910.1001 and 29 CFR 1915.1001)

Part 1. The following information must be provided by every newly hired employee who is included in the employer's Asbestos Medical Surveillance Program. Please answer the questions you will be asked as completely and carefully as you can. If you do not understand a question, ask a WORKNET Occupational Medicine representative for assistance.

1. Name: _____

2. Social security number: _____

3. Clock number: _____

4. Present occupation: _____

5. Plant: _____

6. Address: _____

7. _____
(zip code)

8. Telephone number: _____

9. Interviewer: _____

10. Date: _____

11. Date of birth: _____
month day year

12. Place of birth _____

13. Sex:
a. Male _____ b. Female _____

14. What is your marital status:
a. Single _____ b. Married _____
c. Widowed _____ d. Separated/
Divorced _____

15. Race:

- | | | | |
|-----------|-------|-------------|-------|
| a. White | _____ | b. Black | _____ |
| c. Asian | _____ | d. Hispanic | _____ |
| e. Indian | _____ | f. Other | _____ |

16. What is the highest grade completed in school (for example 12 years is completion of high school): _____

OCCUPATIONAL HISTORY

17. A. Have you ever worked full time (30 hours per week or more) for 6 months or more:

- a. Yes _____ b. No _____

IF YES TO 17A:

B. Have you ever worked for a year or more in any dusty job:

- a. Yes _____ b. No _____ c. Does not apply _____

Specify job/industry _____ Total years worked _____

Was dust exposure:

- a. Mild _____ b. Moderate _____ c. Severe _____

C. Have you ever been exposed to gas or chemical fumes in your work:

- a. Yes _____ b. No _____

Specify job/industry _____ Total years worked _____

Was exposure:

- a. Mild _____ b. Moderate _____ c. Severe _____

D. What has been your usual occupation or job (the one you have worked the longest):

- a. Job occupation _____
b. Number of years employed in this occupation _____
c. Position/job title _____
d. Business, field or industry _____

Have you ever worked (record on lines the years in which you have worked in any of these industries, e.g., 1960-1969):

E. In a mine:

- a. Yes _____ b. No _____

F. In a quarry:
a. Yes _____ b. No _____

G. In a foundry:
a. Yes _____ b. No _____

H. In a pottery:
a. Yes _____ b. No _____

I. In a cotton, flax or hemp mill:
a. Yes _____ b. No _____

J. With asbestos:
a. Yes _____ b. No _____

18. PAST MEDICAL HISTORY

A. Do you consider yourself to be in good health:
a. Yes _____ b. No _____
If "No" state reason _____

B. Have you any defect in vision:
a. Yes _____ b. No _____
If "Yes" state nature of defect _____

C. Have you any hearing defect:
a. Yes _____ b. No _____
If "Yes" state nature of defect _____

D. Are you suffering from or have you ever suffered from:

	Yes	No
a. Epilepsy (or fits, seizures, convulsions):	_____	_____
b. Rheumatic fever:	_____	_____
c. Kidney disease:	_____	_____
d. Bladder disease:	_____	_____
e. Diabetes:	_____	_____
f. Jaundice	_____	_____

19. CHEST COLDS AND CHEST ILLNESSES

19. A. If you get a cold, does it "usually" go to your chest (usually means more than 1/2 the time):
a. Yes _____ b. No _____ c. Don't get colds _____

20. A. During the past 3 years, have you had any chest illnesses that have kept you off work, indoors at home, or in bed:
a. Yes _____ b. No _____

IF YES TO 20A:

- B. Did you produce phlegm (mucous) with any of these chest illnesses:
a. Yes _____ b. No _____ c. Does not apply _____

- C. In the last 3 years, how many such illnesses with (increased) phlegm did you have which lasted a week or more:
Number of illnesses _____ No such illnesses _____

21. Did you have any lung trouble before the age of 16:
a. Yes _____ b. No _____

22. Have you ever had any of the following:
1A. Attacks of bronchitis:
a. Yes _____ b. No _____

IF YES TO 1A:

- B. Was it confirmed by a doctor:
a. Yes _____ b. No _____ c. Does not apply _____

- C. At what age was your first attack:
Age in Years _____ Does not apply _____

- 2A. Pneumonia (include bronchopneumonia):
a. Yes _____ b. No _____

IF YES TO 2A:

- B. Was it confirmed by a doctor:
a. Yes _____ b. No _____ c. Does not apply _____

- C. At what age was your first have it:
Age in Years _____ Does not apply _____

- 3A. Hay fever:
a. Yes _____ b. No _____

IF YES TO 3A:

- B. Was it confirmed by a doctor:
a. Yes _____ b. No _____ c. Does not apply _____

- C. At what age did it start:
Age in Years _____ Does not apply _____
23. A. Have you ever had chronic bronchitis:
a. Yes _____ b. No _____
- IF YES TO 23A:
- B. Do you still have it:
a. Yes _____ b. No _____ c. Does not apply _____
- C. Was it confirmed by a doctor:
a. Yes _____ b. No _____ c. Does not apply _____
- D. At what age did it start:
Age in Years _____ Does not apply _____
24. A. Have you ever had emphysema:
a. Yes _____ b. No _____
- IF YES TO 24A:
- B. Do you still have it:
a. Yes _____ b. No _____ c. Does not apply _____
- C. Was it confirmed by a doctor:
a. Yes _____ b. No _____ c. Does not apply _____
- D. At what age did it start:
Age in Years _____ Does not apply _____
25. A. Have you ever had asthma:
a. Yes _____ b. No _____
- IF YES TO 25A:
- B. Do you still have it:
a. Yes _____ b. No _____ c. Does not apply _____
- C. Was it confirmed by a doctor:
a. Yes _____ b. No _____ c. Does not apply _____
- D. At what age did it start:
Age in Years _____ Does not apply _____

E. If you no longer have it, at what age did it stop:
Age stopped _____ Does not apply _____

26. Have you ever had:

A. Any other chest illness:

a. Yes _____ b. No _____

If yes, please specify _____

B. Any other chest operations:

a. Yes _____ b. No _____

If yes, please specify _____

C. Any chest injuries:

a. Yes _____ b. No _____

If yes, please specify _____

27. A. Has a doctor ever told you that you had heart trouble:

a. Yes _____ b. No _____

IF YES TO 27A:

B. Have you ever had treatment for heart trouble in the past 10 years:

a. Yes _____ b. No _____ c. Does not apply _____

28. A. Has your doctor told you that you had high blood pressure:

a. Yes _____ b. No _____

IF YES TO 28A:

B. Have you had any treatment for high blood pressure (hypertension) in the past 10 years:

a. Yes _____ b. No _____ c. Does not apply _____

29. When did you last have your chest x-rayed (year): _____

30. Where did you last have your chest x-rayed (if known): _____

What was the outcome: _____

FAMILY HISTORY

31. Were either of your natural parents ever told by a doctor that they had a chronic lung condition such as:

	Father			Mother		
	Yes	No	Don't Know	Yes	No	Don't Know
Chronic bronchitis:						
Emphysema:						
Asthma:						
Lung cancer:						
Other chest conditions:						
Is parent currently alive:						
Please specify:	Age if living			Age if living		
	Age at Death			Age at Death		
	Don't Know			Don't Know		
Please specify cause of death:						

COUGH

32. A. Do you usually have a cough (Count a cough with first smoke or on first going out of doors. Exclude clearing of throat.) (If no, skip to question 32C):
 a. Yes ____ b. No ____
- B. Do you usually cough as much as 4 to 6 times a day 4 or more days out of the week:
 a. Yes ____ b. No ____
- C. Do you usually cough at all on getting up or first thing in the morning:
 a. Yes ____ b. No ____
- D. Do you usually cough at all during the rest of the day or at night:
 a. Yes ____ b. No ____

IF YES TO ANY OF ABOVE (32A, B, C, OR D), ANSWER THE FOLLOWING. IF NO TO ALL, CHECK "DOES NOT APPLY" AND SKIP TO WHEEZING SECTION

E. Do you usually cough like this on most days for 3 consecutive months or more during the year:
a. Yes _____ b. No _____ C. Does not apply _____

F. For how many years have you had the cough:
Number of years _____ Does not apply _____

33. A. Do you usually bring up phlegm from your chest (Count phlegm with the first smoke or on first going out of doors. Exclude phlegm from the nose. Count swallowed phlegm.) (If no, skip to 33C):
a. Yes _____ b. No _____

B. Do you usually bring up phlegm like this as much as twice a day 4 or more days out of the week:
a. Yes _____ b. No _____

C. Do you usually bring up phlegm at all on getting up or first thing in the morning:
a. Yes _____ b. No _____

D. Do you usually bring up phlegm at all during the rest of the day or at night:
a. Yes _____ b. No _____

IF YES TO ANY OF THE ABOVE (33A, B, C, OR D), ANSWER THE FOLLOWING. IF NO TO ALL, CHECK "DOES NOT APPLY" AND SKIP TO 34A:

E. Do you bring up phlegm like this on most days for 3 consecutive months or more during the year:
a. Yes _____ b. No _____ C. Does not apply _____

F. For how many years have you had trouble with phlegm:
Number of years _____ Does not apply _____

EPISODES OF COUGH AND PHLEGM

34. A. Have you had periods or episodes of (increased*) cough and phlegm lasting for 3 weeks or more each year (*For persons who usually have a cough and/or phlegm):
a. Yes _____ b. No _____

IF YES TO 34A:

B. For how long have you had at least 1 such episode per year:
Number of years _____ Does not apply _____

WHEEZING

35. A. Does your chest ever sound wheezy or whistling:
1. When you have a cold:
a. Yes _____ b. No _____
 2. Occasionally apart from colds:
a. Yes _____ b. No _____
 3. Most days or nights:
a. Yes _____ b. No _____

IF YES TO 1, 2, OR 3 IN 35A:

B. For how many years has this been present:
Number of years _____ Does not apply _____

36. A. Have you ever had an attack of wheezing that has made you feel short of breath:
a. Yes _____ b. No _____

IF YES TO 36A:

B. How old were you when you had your first such attack:
Age in years _____ Does not apply _____

C. Have you had 2 or more such episodes:
a. Yes _____ b. No _____ c. Does not apply _____

D. Have you ever required medicine or treatment for the(se) attack(s):
a. Yes _____ b. No _____ c. Does not apply _____

BREATHLESSNESS

37. If disabled from walking by any condition other than heart or lung disease, please describe and proceed to question 39A:

Nature of condition(s): _____

38. A. Are you troubled by shortness of breath when hurrying on the level or walking up a slight hill:
a. Yes _____ b. No _____

IF YES TO 38A

- B. Do you have to walk slower than people of your age on the level because of breathlessness:
a. Yes _____ b. No _____ c. Does not apply _____

- C. Do you ever have to stop for breath when walking at your own pace on the level:
a. Yes _____ b. No _____ c. Does not apply _____

- D. Do you ever have to stop for breath after walking about 100 yards (or after a few minutes) on the level:
a. Yes _____ b. No _____ c. Does not apply _____

- E. Are you too breathless to leave the house or breathless on dressing or climbing one flight of stairs:
a. Yes _____ b. No _____ c. Does not apply _____

TOBACCO SMOKING

39. A. Have you ever smoked cigarettes (No means less than 20 packs of cigarettes or 12 oz. of tobacco in a lifetime or less than 1 cigarette a day for 1 year):
a. Yes _____ b. No _____

IF YES TO 39A:

- B. Do you now smoke cigarettes (as of one month ago):
a. Yes _____ b. No _____ c. Does not apply _____

- C. How old were you when you first started regular cigarette smoking:
Age in years _____ Does not apply _____

- D. If you have stopped smoking cigarettes completely, how old were you when you stopped:
Age stopped _____ Check if still smoking _____ Does not apply _____

- E. How many cigarettes do you smoke per day now:
Cigarettes per day _____ Does not apply _____

F. On the average of the entire time you smoked, how many cigarettes did you smoke per day:
Cigarettes per day _____ Does not apply _____

G. Do or did you inhale the cigarette smoke:
Not at all _____ Slightly _____ Moderately _____
Deeply _____ Does not apply _____

40. A. Have you ever smoked a pipe regularly (Yes means more than 12 oz. of tobacco in a lifetime):
a. Yes _____ b. No _____

IF YES TO 40A:

B. 1. How old were you when you started to smoke a pipe regularly:
Age _____
2. If you have stopped smoking a pipe completely, how old were you when you stopped:
Age stopped _____ Check if still smoking _____ Does not apply _____

C. On the average over the entire time you smoked a pipe, how much pipe tobacco did you smoke per week (a standard pouch of tobacco contains 1½ oz.):
_____ oz. per week Does not apply _____

D. How much pipe tobacco are you smoking now:
_____ oz. per week Not currently smoking a pipe _____

E. Do you or did you inhale the pipe smoke:
Not at all _____ Slightly _____ Moderately _____
Deeply _____ Never smoked _____

41. A. Have you ever smoked cigars regularly (Yes means more than 1 cigar a week for a year):
a. Yes _____ b. No _____

IF YES TO 41A:

B. 1. How old were you when you started to smoke cigars regularly:
Age _____
2. If you have stopped smoking cigars completely, how old were you when you stopped:
Age stopped _____ Check if still smoking _____ Does not apply _____

C. On the average over the entire time you smoked cigars, how many cigars did you smoke per week:

____ cigars per week

Does not apply ____

D. How many cigars are you smoking per week now:

____ cigars per week

Check if not smoking cigars currently ____

E. Do you or did you inhale the cigar smoke:

Not at all ____

Slightly ____

Moderately ____

Deeply ____

Never smoked ____

Signature _____ Date _____

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