

IF YES TO 12A:

B. In the past year, did you work in a dust:

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

C. Was the dust exposure:

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

D. In the past year, were you exposed to gas or chemical fumes in your work:

- a. Yes _____ b. No _____

E. Was exposure:

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

F. In the past year, what was your:

1. Job/occupation: _____

2. Position/job title: _____

13. RECENT MEDICAL HISTORY

13. A. Do you consider yourself to be in good health:

- a. Yes _____ b. No _____

If no, state reason _____

B. In the past year, have you developed:

- | | Yes | No |
|---------------------|-------|-------|
| a. Epilepsy: | _____ | _____ |
| b. Rheumatic fever: | _____ | _____ |
| c. Kidney disease: | _____ | _____ |
| d. Bladder disease: | _____ | _____ |
| e. Diabetes: | _____ | _____ |
| f. Jaundice: | _____ | _____ |
| g. Cancer: | _____ | _____ |

14. CHEST COLDS AND CHEST ILLNESSES

14. A. If you get a cold, does it “usually” go to your chest (usually means more than ½ the time):

- a. Yes _____ b. No _____ c. Don't get colds _____

15. A. During the past year, have you had any chest illnesses that have kept you off work, indoors at home, or in bed:
 a. Yes _____ b. No _____ c. Does not apply _____
- B. Did you produce phlegm (mucous) with any of these chest illnesses:
 a. Yes _____ b. No _____ c. Does not apply _____
- C. In the past year, how many such illnesses with (increased) phlegm did you have which lasted a week or more:
 Number of illnesses _____ No such illnesses _____

16. RESPIRATORY SYSTEM

In the past year have you had:

Yes or No

Further Comment on Positive Answers

Asthma _____

Bronchitis _____

Hay Fever _____

Other Allergies _____

Pneumonia _____

Tuberculosis _____

Chest Surgery _____

Other Lung Problems _____

Heart Disease _____

Do you have:

Yes or No

Further Comment on Positive Answers

Frequent Colds _____

Chronic Cough _____

Shortness of breath
 When walking or
 Climbing one Flight
 Of Stairs _____

Do you:

Yes or No

Further Comment on Positive
Answers

Wheeze _____

Cough up phlegm _____

Smoke cigarettes _____

Packs per day _____

How many years _____

Signature _____ Date _____

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