OSHA INITIAL ASBESTOS MEDICAL QUESTIONNAIRE

1. NAME _____

2. SOCIAL SECURITY NUMBER # _____

3. CLOCK NUMBER FULL TIME ☐ PART TIME ☐

4. PRESENT OCCUPATION _____

5. PLANT / Department _____

6. ADDRESS _____

_____

_____

(City, ST Zip)

8. TELEPHONE NUMBER _____

9. INTERVIEWER _____

10. DATE _____

11. Date of Birth _____

12. Place of Birth _____

13. Sex Male ☐ Female ☐

14. What is your marital status? Single ☐ Married ☐ Widowed ☐ Separated/ Divorced ☐

15. Race White ☐ Black ☐ Asian ☐ Hispanic ☐ Indian ☐ Other ☐

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

OCCUPATIONAL HISTORY

	Yes	No
17A. Have you ever worked full time (30 hours per week or more) for 6 months or more?	☐	☐
IF YES TO 17A: B. Have you ever worked for a year or more in any dusty job?	☐	☐
	Does Not Apply ☐	

Specify job/industry _____

Total Years Worked _____

Was dust exposure: Mild ☐ Moderate ☐ Severe ☐

C. Have you ever been exposed to gas or chemical fumes in your work? Yes ☐ No ☐

Specify job/industry _____

Total Years Worked _____

Was exposure: Mild ☐ Moderate ☐ Severe ☐

D. What has been your usual occupation or job -- the one you have worked at the longest?

Job occupation _____

Number of years employed in this occupation _____

Position/job title _____

Business, field or industry _____

Record the years in which you have worked in any of these industries

Have you ever worked:	YEARS (e.g. 1960-1969)	YES	NO
E. In a mine?	_____	☐	☐
F. In a quarry?	_____	☐	☐
G. In a foundry?	_____	☐	☐
H. In a pottery?	_____	☐	☐
I. In a cotton, flax or hemp mill?	_____	☐	☐
J. With asbestos?	_____	☐	☐

18. PAST MEDICAL HISTORY

	YES	NO
A. Do you consider yourself to be in good health	☐	☐

If "NO" state reason :

B. Have you any defect of vision?	☐	☐

If "YES" state nature of defect:

C. Have you any hearing defect?	☐	☐

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

	N/A	YES	NO
19A. If you get a cold, does it "usually" go to your chest? (Usually means more than 1/2 the time)	☐	☐	☐
20A. During the past 3 years, have you had any chest illnesses that have kept you off work, indoors at home, or in bed?	☐	☐	☐

IF YES TO 20A:

B. Did you produce phlegm with any of these chest illnesses?	☐	☐	☐
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 _____

	N/A	YES	NO
21. Did you have any lung trouble before the age of 16?	☐	☐	☐
22. Have you ever had any of the following?			
1A. Attacks of bronchitis?	☐	☐	☐
IF YES TO 1A:			
B. Was it confirmed by a doctor?	☐	☐	☐
C. At what age was your first attack?		Age in years _____	
2A. Pneumonia (include bronchopneumonia)?	☐	☐	☐
IF YES TO 2A:			
B. Was it confirmed by a doctor?	☐	☐	☐
C. At what age did you first have it?		Age in years _____	
3A. Hay Fever?	☐	☐	☐
IF YES TO 3A:			
B. Was it confirmed by a doctor?	☐	☐	☐
C. At what age did it start?		Age in years _____	
23A. Have you ever had chronic bronchitis?	☐	☐	☐
IF YES TO 23A:			
B. Do you still have it?	☐	☐	☐
C. Was it confirmed by a doctor?	☐	☐	☐
D. At what age did it start?		Age in years _____	
24A. Have you ever had emphysema?	☐	☐	☐
IF YES TO 24A:			
B. Do you still have it?	☐	☐	☐
C. Was it confirmed by a doctor?	☐	☐	☐
D. At what age did it start?		Age in years _____	

	N/A	YES	NO
25A. Have you ever had asthma?	☐	☐	☐
IF YES TO 25A:			
B. Do you still have it?	☐	☐	☐
C. Was it confirmed by a doctor?	☐	☐	☐

D. At what age did it start?

Age in Years _____

E. If you no longer have it, at what age did it stop?

Age Stopped _____

26. Have you ever had:

	N/A	YES	NO
A. Any other chest illness? If yes, please specify	☐	☐	☐
B. Any chest operations? If yes, please specify	☐	☐	☐
C. Any chest injuries? If yes, please specify	☐	☐	☐
27A. Has a doctor ever told you that you had heart trouble?	☐	☐	☐
IF YES TO 27A:			
B. Have you ever had treatment for heart trouble in the past 10 years?	☐	☐	☐
28A. Has a doctor told you that you had high blood pressure?	☐	☐	☐
IF YES TO 28A:			
B. Have you had any treatment for high blood pressure (hypertension) in the past 10 years?	☐	☐	☐

29. When did you last have your chest X-rayed?

Year (yyyy) _____

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
A. Chronic Bronchitis?	☐	☐	☐	☐	☐	☐
B. Emphysema	☐	☐	☐	☐	☐	☐
C. Asthma?	☐	☐	☐	☐	☐	☐
D. Lung cancer?	☐	☐	☐	☐	☐	☐
E. Other chest conditions?	☐	☐	☐	☐	☐	☐
F. Is parent currently alive?	☐	☐	☐	☐	☐	☐
G. Please Specify	Age if Living _____			Age if Living _____		
	Age at Death _____			Age at Death _____		
	Don't Know _____			Don't Know _____		

H. Please specify cause of death _____

COUGH

	Yes	No
32A. 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.	☐	☐
B. Do you usually cough as much as 4 to 6 times a day 4 or more days out of the week?	☐	☐
C. Do you usually cough at all on getting up or first thing in the morning?	☐	☐
D. Do you usually cough at all during the rest of the day or at night?	☐	☐

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 NEXT QUESTION

	Yes	No
E. Do you usually cough like this on most days for 3 consecutive months or more during the year?	☐	☐
	Does Not Apply	☐

F. For how many years have you had the cough?	Number of Years	_____
	Does Not Apply	☐
33A. 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.	☐	☐
B. Do you usually bring up phlegm like this as much as twice a day 4 or more days out of the week?	☐	☐
C. Do you usually bring up phlegm at all on getting up or first thing in the morning?	☐	☐
D. Do you usually bring up phlegm at all on during the rest of the day or at night?	☐	☐
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?	☐	☐
	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

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

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

IF YES TO 1, 2, or 3 in 35A:

B. For how many years has this been present? Number of years _____

Does Not Apply ☐

	Yes	No
36A. Have you ever had an attack of wheezing that has made you feel short of breath?	☐	☐

IF YES TO 36A:

B. How old were you when you had your first such attack? Age in years _____

Does Not Apply ☐

	Yes	No
C. Have you had 2 or more such episodes?	☐	☐
	Does Not Apply	☐
D. Have you ever required medicine or treatment for the(se) attack(s)?	☐	☐
	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):

_____

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

IF YES TO 38A

B. Do you have to walk slower than people of your age on the level because of breathlessness?	☐	☐
	Does Not Apply	☐
C. Do you ever have to stop for breath when walking at your own pace on the level?	Yes ☐	No ☐
	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?	☐	☐
	Does Not Apply	☐

E. Are you too breathless to leave the house or breathless on dressing or climbing one flight of stairs? ☐ ☐

Does Not Apply ☐

TOBACCO SMOKING

	Yes	No
39A. 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.)	☐	☐

IF YES TO 39A

B. Do you now smoke cigarettes (as of one month ago) ☐ ☐

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?

Does Not Apply ☐
Not at all ☐
Slightly ☐
Moderately ☐
Deeply ☐

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

IF YES TO 40A:
FOR PERSONS WHO HAVE EVER SMOKED A PIPE

B. 1. How old were you when you started to smoke a pipe regularly? Age started _____

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 1 1/2 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?

Never smoked ☐

Not at all ☐

Slightly ☐

Moderately ☐

Deeply ☐

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

IF YES TO 41A:
FOR PERSONS WHO HAVE EVER SMOKED CIGARS

B. 1. How old were you when you started smoking cigars regularly?

Age started _____

2. If you have stopped smoking cigars completely, how old were you when you stopped smoking cigars?

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 currently smoking cigars ☐

E. Do or did you inhale the cigar smoke?

Never smoked ☐

Not at all ☐
Slightly ☐
Moderately ☐
Deeply ☐

Signature

_____ Date _____