

Asbestos Worker *Initial* Medical Questionnaire

1. Name (last, first, middle initial)		2. SSAN		3. Badge or Company ID Number		4. Present Occupation / Job Title	
5. Current Employer		6. Address			7. Zip Code		8. Telephone Number
9. Interviewer (if applicable)		10. Date (month / day / year)		11. Date of Birth (month / day / year)		12. Place of Birth (city and state)	
13. Sex male female	14. Marital Status single married widowed divorced / separated			15. Race White Asian Indian Black Hispanic Other		16. Highest grade completed in school?	

			YES	NO	N/A
17. Occupational History					
a. Have you ever worked full time (30 hours per week or more) for six months or more?					
b. If yes, have you ever worked for a year or more in any dusty job? If yes, complete (1) – (3)					
(1) specify job / industry	(2) total years worked:	(3) dust exposure: ___ mild ___ moderate ___ severe			
c. Have you ever been exposed to gas or chemical fumes in your work? If yes, complete (1) – (3)					
(1) specify job / industry:	(2) total years worked:	(3) exposure: ___ mild ___ moderate ___ severe			
d. What has been your usual occupation, the one you have worked at the longest?					
(1) Job occupation:		(2) Number of years employed in this occupation?			
(3) Position / job title:					
(4) Business, field, or industry:					
e. Have you ever worked (yes or no and years worked, such as 1989 –1994)					
		Years worked			
(1) in a mine					
(2) in a quarry					
(3) in a foundry					
(4) in a pottery					
(5) in a cotton, flax, or hemp mill					
(6) with asbestos					

			YES	NO	N/A
18. Medical history					
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 suffered from (mark all that apply)					
(1) ___ epilepsy (or fits, seizures, or convulsions)					
(2) ___ rheumatic fever					
(3) ___ kidney disease					
(4) ___ bladder disease					
(5) ___ diabetes					
(6) ___ jaundice					
19. If you get a cold, does it usually go to your chest? (Usually means more than half the time)					
20. Chest illnesses					
a. During the past three years, have you had any chest illnesses that have kept you off work, indoors at home, or in bed?					
b. If yes, did you produce phlegm with any of these illnesses?					
c. In the last three years, how many such illnesses with increased phlegm did you have which lasted a week or more?					
21. Did you have any lung trouble before the age of 16?					
22. Have you ever had any of the following?					
a. attacks of bronchitis – if yes, complete (1) and (2)					
(1) Age at first attack		(2) Was it confirmed by a doctor?			
b. attacks of pneumonia (include bronchopneumonia) – if yes complete (1) and (2)					
(1) Age at first attack		(2) Was it confirmed by a doctor?			
c. hay fever – if yes, complete (1) and (2)					
(1) Age at first attack		(2) Was it confirmed by a doctor?			
23. Have you ever had chronic bronchitis?					
a. If yes, do you still have it?					
b. Was it confirmed by a doctor?					
c. At what age did it start?		List age:			

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	YES	NO	N/A			
24. Have you ever had emphysema?						
a. If yes, do you still have it?						
b. Was it confirmed by a doctor?						
c. At what age did it start? List age:						
25. Have you ever had asthma?						
a. If yes, do you still have it?						
b. Was it confirmed by a doctor?						
c. At what age did it start? List age:						
d. If you no longer have it, at what age did it stop? List age:						
26. Have you ever had?						
a. Any other chest illnesses? Please specify:						
b. Any chest operations? Please specify:						
c. Any chest injuries? Please specify:						
27. Heart trouble						
a. Has a doctor ever told you that you had heart trouble?						
b. If yes, have you ever had treatment for heart trouble in the past ten years?						
28. High blood pressure						
a. Has a doctor ever told you that you have high blood pressure?						
b. If yes, have you ever had treatment for high blood pressure in the past ten years?						
29. When did you last have your chest x-rayed? (year)						
30. Chest x-ray						
a. Where did you last have your chest x-ray? (if known)						
b. What was the outcome?						
31. Were either of your natural parents told 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 at death					
	Cause of death					

	YES	NO	N/A
32. Cough			
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 32.c.			
b. Do you usually cough as much as four to six times per day, four or more days 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 the above (32 a, b, c, or d), answer the following. If no to all, mark "N/A" and skip to item 33.			
e. Do you usually cough like this on most days for three consecutive months or more during the year?			
f. For how many years have you had the cough? List Years:			
33. Phlegm			
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, go to item 33.c.			
b. Do you usually bring up phlegm like this as much as twice a day four 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 during the rest of the day or at night?			
If yes to any of the above (33 a, b, c, or d), answer the following. If no to all, mark "N/A" and skip to item 33.			
e. Do you usually bring up phlegm like this on most days for three consecutive months or more during the year?			
f. How many years have you had trouble with phlegm? List years:			
34. Episodes of cough and phlegm			
a. Have you had periods or episodes of (increased*) cough and phlegm lasting for three weeks or more each year? <small>* For persons who usually have cough and/or phlegm</small>			
b. How long have you had at least one such episode per year? Number of years:			
35. Wheezing / whistling			
a. Does your chest ever sound wheezy or whistling			
(1) When you have a cold			
(2) Occasionally apart from colds			
(3) Most days or nights			
b. If yes to 35.a.(1), (2), or (3) for how many years has this been present? Number of years:			
36. Wheezing / shortness of breath			
a. Have you ever had an attack of wheezing that has made you feel short of breath?			
b. If yes, how old were you when you had your first such attack? Age:			

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	YES	NO	N/A
36. Wheezing / shortness of breath continued			
c. Have you had two or more such episodes?			
d. Have you ever required medicine or treatment for the(se) attack(s)?			
37. If disabled from walking by any condition other than heart or lung disease, please describe the nature of condition(s) and proceed to question 39.a.			
38. Breathlessness			
a. Are you troubled by shortness of breath when hurrying on the level or walking up a slight hill?			
b. If yes, do you have to walk slower than people of your age on the level because of breathlessness?			
c. Do you have to stop for breath when walking at your own pace on the level?			
d. Do you ever have to stop for breath after walking about 100 yards (or after a few minutes) on the level?			
e. Are you too breathless to leave the house or breathless on dressing or climbing one flight of stairs?			
39. Cigarette smoking			
a. Have you ever smoked cigarettes? (No means less than 20 packs of cigarettes or 12 ounces of tobacco in a lifetime or less than 1 cigarette per day for 1 year)			
b. If yes, do you now smoke cigarettes? (as of one month ago)			
c. How old were you when you first started regular cigarette smoking? Age:			
d. If you have stopped smoking cigarettes completely, how old were you when you stopped smoking? (List age in (1) or mark "X" in (2))			
(1) age in years		(2) __ still smoking	
e. How many cigarettes do you smoke per day now?			
f. On the average of the entire time you smoked, how many cigarettes did you smoke per day?			
g. Do or did you inhale cigarette smoke (X one)?			
__ (1) not at all __ (2) slightly __ (3) moderately __ (4) deeply			
40. Pipe smoking			
a. Have you ever smoked a pipe regularly? Yes means more than 12 ounces of tobacco in a lifetime.			
b. How old were you when you first started pipe smoking? Age:			
c. If you have stopped smoking a pipe completely, how old were you when you stopped? (List age in (1) or mark "X" in (2))			
(1) age in years		(2) __ still smoking	
d. On the average of the entire time you smoked, how much pipe tobacco did you smoke per week? (Ounces per week – a standard pouch of tobacco contains 1.5 ounces)			
e. How much pipe tobacco do you smoke per week now?			

	YES	NO	N/A
40. Pipe smoking continued			
f. Do or did you inhale pipe smoke (X one)?			
__ (1) not at all __ (2) slightly __ (3) moderately __ (4) deeply			
41. Cigar smoking			
a. Have you ever smoked cigars regularly? Yes means more than one cigar per week for a year.			
b. How old were you when you first started regular cigar smoking? Age:			
c. If you have stopped smoking cigars completely, how old were you when you stopped. (List age in (1) or mark "X" in (2))			
(1) age in years		(2) __ still smoking	
d. On the average of the entire time you smoked, how many cigars did you smoke per week?			
e. How many cigars do you smoke per week now?			
f. Do or did you inhale cigar smoke (X one)?			
__ (1) not at all __ (2) slightly __ (3) moderately __ (4) deeply			
42. Signature	43. Date		

(02.07.2006)