



OSHA Questionnaire

Can you read (circle one): Yes/No

Part A. Section 1. (Mandatory) The following information must be provided by every employee who has been selected to use any type of respirator (please print).

1. Today's date: _____

2. Your name (print): _____

3. Your age and DOB: _____

4. Sex (circle one): Male / Female / Non-Binary

5. Your height: _____ ft. _____ in.

6. Your weight: _____ lbs.

7. Your job title: _____

8. A phone number where you can be reached by the health care professional who reviews this questionnaire (include the Area Code): _____

9. Has your employer told you how to contact the health care professional who will review this questionnaire (circle one): Yes/No

10. Check the type of respirator you will use (you can check more than one category):

a. _____ N, R, or P disposable respirator (filter-mask, non-cartridge type only).

b. _____ Other type (for example, half- or full-facepiece type, powered-air purifying, supplied-air, self-contained breathing apparatus).

11. Have you worn a respirator (circle one): Yes/No

If "yes," what type(s): _____

Part A. Section 2. (Mandatory) Questions 1 through 9 below must be answered by every employee who has been selected to use any type of respirator (please circle "yes" or "no").

1. Do you currently smoke tobacco, or have you smoked tobacco in the last month:	Yes	No
2. Have you ever had any of the following conditions?		
a. Seizures (fits):	Yes	No
b. Diabetes (sugar disease):	Yes	No
c. Allergic reactions that interfere with your breathing:	Yes	No
d. Claustrophobia (fear of closed-in places):	Yes	No
e. Trouble smelling odors:	Yes	No
3. Have you ever had any of the following pulmonary or lung problems?		
a. Asbestosis:	Yes	No
b. Asthma:	Yes	No
c. Chronic bronchitis:	Yes	No
d. Emphysema:	Yes	No
e. Pneumonia:	Yes	No
f. Tuberculosis or positive PPD:	Yes	No
g. Silicosis:	Yes	No
h. Pneumothorax (collapsed lung):	Yes	No
i. Lung cancer:	Yes	No
j. Broken ribs:	Yes	No
k. Any chest injuries or surgeries:	Yes	No
l. Any other lung problem that you've been told about:	Yes	No
4. Do you currently have any of the following symptoms of pulmonary or lung illness?		
a. Shortness of breath:	Yes	No
b. Shortness of breath when walking fast on level ground or walking up a slight hill / incline:	Yes	No
c. Shortness of breath when walking with other people at an ordinary pace on level ground:	Yes	No
d. Have to stop for breath when walking at your own pace on level ground:	Yes	No
e. Shortness of breath when washing or dressing yourself:	Yes	No
f. Shortness of breath that interferes with your job:	Yes	No
g. Coughing that produces phlegm (thick sputum):	Yes	No
h. Coughing that wakes you early in the morning:	Yes	No
i. Coughing that occurs mostly when you are lying down:	Yes	No
j. Coughing up blood in the last month:	Yes	No
k. Wheezing:	Yes	No
l. Wheezing that interferes with your job:	Yes	No
m. Chest pain when you breathe deeply:	Yes	No
n. Any other symptoms that you think may be related to lung problems:	Yes	No
5. Have you ever had any of the following cardiovascular or heart problems?		
a. Heart attack:	Yes	No
b. Stroke:	Yes	No
c. Angina:	Yes	No
d. Heart failure:	Yes	No
e. Swelling in your legs or feet (not caused by walking):	Yes	No
f. Heart arrhythmia (heart beating irregularly):	Yes	No
g. High blood pressure:	Yes	No
h. Any other heart problem that you've been told about:	Yes	No
6. Have you ever had any of the following cardiovascular or heart symptoms?		
a. Frequent pain or tightness in your chest:	Yes	No
b. Pain or tightness in your chest during physical activity:	Yes	No



- c. Pain or tightness in your chest that interferes with your job:
- d. In the past two years, have you noticed your heart skipping or missing a beat:
- e. Heartburn or indigestion that is not related to eating:
- f. Any other symptoms that you think may be related to heart or circulation problems:

7. Do you **currently** take medication for any of the following problems?

- Breathing or lung problems:
- Heart trouble:
- Blood pressure:
- Seizures (fits):

8. If you've used a respirator, have you **ever had** any of the following problems?
(If you've never used a respirator, check the following space and go to question 9)

- Eye irritation:
- Skin allergies or rashes:
- Anxiety:
- General weakness or fatigue:
- Any other problem that interferes with your use of a respirator:

9. Would you like to talk to the health care professional who will review this questionnaire about your answers to this questionnaire:

Questions 10 to 15 below must be answered by every employee who has been selected to use either a full-facepiece respirator or a self-contained breathing apparatus (SCBA). For employees who have been selected to use other types of respirators, answering these questions is voluntary.

Have you **ever had** any of the following conditions?

10. Have you **ever lost** vision in either eye (temporarily or permanently):

11. Do you **currently** have any of the following vision problems?

- Wear contact lenses:
- Wear glasses:
- Color blind:
- Any other eye or vision problem:

12. Have you **ever had** an injury to your ears, including a broken ear drum:

13. Do you **currently** have any of the following hearing problems?

- a. Difficulty hearing:
- b. Wear a hearing aid:
- c. Any other hearing or ear problem:

14. Have you **ever had** a back injury:

15. Do you **currently** have any of the following musculoskeletal problems?

- a. Weakness in any of your arms, hands, legs, or feet:
- b. Back pain:
- c. Difficulty fully moving your arms and legs:
- d. Pain or stiffness when you lean forward or backward at the waist:
- e. Difficulty fully moving your head up or down:
- f. Difficulty fully moving your head side to side:
- g. Difficulty bending at your knees:
- h. Difficulty squatting to the ground:
- i. Climbing a flight of stairs or a ladder carrying more than 25 lbs.:
- j. History of Rheumatoid Arthritis:
- k. Any other muscle or skeletal problem that interferes with using a respirator:

Yes	No
Yes	No
Yes	No
Yes	No
Yes	No
Yes	No
Yes	No
Yes	No

Yes	No
Yes	No
Yes	No
Yes	No
Yes	No
Yes	No

[illegible]

Yes	No
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If "yes," name the chemicals if you know them: _____

17. Have you ever worked with any of the materials, or under any of the conditions, listed below:

- a. Asbestos:
- b. Silica (**e.g.**, in sandblasting):
- c. Tungsten/cobalt (e.g., grinding or welding this material):
- d. Beryllium:
- e. Aluminum:
- f. Coal (for example, mining):
- g. Iron:
- h. Tin:
- i. Dusty environments:
- j. Any other hazardous exposures:

[illegible]

If "yes," describe these exposures: _____

18. List any second jobs or side businesses you have: _____

19. List your previous occupations/jobs: _____

20. List your current and previous hobbies:

21. Have you been in the military services?

If "yes," were you exposed to biological or chemical agents (either in training or combat):

22. Have you ever worked on a HAZMAT team?

23. Other than medications for breathing and lung problems, heart trouble, blood pressure, and seizures mentioned earlier in this questionnaire, are you taking any other medications for any reason (including over-the-counter medications):

If "yes," name the medications if you know them:

24. Will you be using any of the following items with your respirator(s)?

- HEPA Filters: Yes/No
- Canisters (for example, gas masks): Yes/No
- Cartridges: Yes/No

25. How often are you expected to use the respirator(s) (circle "yes" or "no" for all answers that apply to you)?

- Escape only (no rescue): Yes/No
- Emergency rescue only: Yes/No
- Less than 5 hours **per week**: Yes/No
- Less than 2 hours **per day**: Yes/No
- 2 to 4 hours per day: Yes/No
- Over 4 hours per day: Yes/No

[illegible]

26. During the period you are using the respirator(s), is your work effort:

- a. Light (less than 200 kcal per hour):
Examples of a light work effort are **sitting** while writing, typing, drafting, or performing light assembly work; or **standing** while operating a drill press (1-3 lbs.) or controlling machines.
- b. Moderate (200 to 350 kcal per hour):
Examples of moderate work effort are **sitting** while nailing or filing; **driving** a truck or bus in urban traffic; **standing** while drilling, nailing, performing assembly work, or transferring
- c. Heavy (above 350 kcal per hour)
Examples of heavy work are **lifting** a heavy load (about 50 lbs.) from the floor to your waist or shoulder; working on a loading dock; **shoveling; standing** while bricklaying or chipping castings; **walking** up an 8-degree grade about 2 mph; climbing stairs with a heavy load (about 50 lbs.).

Yes	No
Yes	No
Yes	No
Yes	No

27. Will you be wearing protective clothing and/or equipment (other than the respirator) when you're using your respirator?

If "yes," describe this protective clothing and/or equipment: _____

28. Will you be working under hot conditions (temperature exceeding 77 deg. F):

29. Will you be working under humid conditions:

30. Describe the work you'll be doing while you're using your respirator(s):

Yes	No
Yes	No

31. Describe any special or hazardous conditions you might encounter when you're using your respirator(s) (for example, confined spaces, life-threatening gases):

32. Provide the following information, if you know it, for each toxic substance that you'll be exposed to when you're using your respirator(s):

Name of the first toxic substance: _____

Estimated maximum exposure level per shift: _____

Duration of exposure per shift: _____

Name of the second toxic substance: _____

Estimated maximum exposure level per shift: _____

Duration of exposure per shift: _____

Name of the third toxic substance: _____

Estimated maximum exposure level per shift: _____

Duration of exposure per shift: _____

The name of any other toxic substances that you'll be exposed to while using your respirator: _____

33. Describe any special responsibilities you'll have while using your respirator(s) that may affect the safety and well-being of others (for example, rescue, and security):

34. In your present job, are you working at high altitudes (over 5,000feet) or in a place that has lower than normal amounts of oxygen:

If "yes," do you have feelings of dizziness, shortness of breath, pounding in your chest, or other symptoms when you're working under these conditions:

Yes	No
Yes	No