# Asbestos Surveillance: INITIAL MEDICAL QUESTIONNAIRE

WASHINGTON HEALTH SYSTEM
Occupational Medicine

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Name: _____ Social Security Number: _____

Present Occupation: _____ Clock Number: _____

Date of Birth (month, day, year): _____ Place of Birth _____

Plant/Company: _____ Telephone Number: _____

Address: _____
(City) (State) (Zip code)

Interviewer: _____ Today's Date: _____

## DEMOGRAPHICS

Sex: ☐ Male ☐ Female

Marital Status: ☐ Single ☐ Married ☐ Widowed ☐ Divorced ☐ Separated

Race: ☐ White ☐ Hispanic ☐ Black ☐ Indian ☐ Asian ☐ Other:_____

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

## OCCUPATIONAL HISTORY

| YES | NO | N/A | |
|---|---|---|---|
| ☐ | ☐ | | 1. Have you ever worked full time (30 hours per week or more) for 6 months or more? |
| ☐ | ☐ | ☐ | 1a. If yes, have you ever worked for a year or more in any **dusty** job? |
| | | | 1b. If yes, specify job/industry:_____<br>- Total years worked: _____<br>- Was the dust exposure:<br>☐ Mild<br>☐ Moderate<br>☐ Severe |
| ☐ | ☐ | | 2. Have you ever been exposed to **gas or chemical fumes** in your work? |
| | | | 2a. If yes, specify job/industry _____<br>- Total years worked: _____<br>- Was the exposure:<br>☐ Mild<br>☐ Moderate<br>☐ Severe |
| | | | 3. What has been your usual occupation or job -- the one you have worked at the longest?<br>Job occupation _____<br>Number of years employed in this occupation _____<br>Position/job title _____<br>Business, field or industry _____ |

| YES | NO | N/A | | |
|---|---|---|---|---|
| | | | 4. Have you ever worked in a: | State the years in which you have worked in any of these industries, e.g. 1960-1969) |
| ☐ | ☐ | | Mine? | Time Period:_____ |
| ☐ | ☐ | | Quarry? | Time Period:_____ |
| ☐ | ☐ | | Foundry? | Time Period:_____ |
| ☐ | ☐ | | Pottery? | Time Period:_____ |
| ☐ | ☐ | | Cotton, Flax or Hemp mill? | Time Period:_____ |
| ☐ | ☐ | | With Asbestos? | Time Period:_____ |

**PAST MEDICAL HISTORY**

| YES | NO | |
|---|---|---|
| ☐ | ☐ | 5. Do you consider yourself to be in good health?<br>If "NO" state reason _____ |
| ☐ | ☐ | 6. Have you any defect of vision?<br>If "YES" state nature of defect _____ |
| ☐ | ☐ | 7. Have you any hearing defect?<br>If "YES" state nature of defect _____ |
| | | 8. Are you suffering from or have you ever suffered from: |
| ☐ | ☐ | Epilepsy (or fits, seizures, convulsions)? |
| ☐ | ☐ | Rheumatic fever? |
| ☐ | ☐ | Kidney disease? |
| ☐ | ☐ | Bladder disease? |
| ☐ | ☐ | Diabetes? |
| ☐ | ☐ | Jaundice? |

**CHEST COLDS AND CHEST ILLNESSES**

| YES | NO | OTHER | |
|---|---|---|---|
| ☐ | ☐ | ☐ Don't get colds | 9. If you get a cold, does it "usually" go to your chest (e.g., more than 1/2 the time)? |
| ☐ | ☐ | | 10. During the past 3 years, have you had any chest illnesses that have kept you off work, indoors at home, or in bed? |
| ☐ | ☐ | ☐ Not Applicable | 10a. If yes, did you produce phlegm with any of these chest illnesses? |
| | | | 10b. In the last 3 years, how many such illnesses with (increased) phlegm did you have which lasted a week or more?<br>_____ Number of illnesses<br>_____ No such illnesses |
| ☐ | ☐ | | 11. Did you have any lung trouble before the age of 16? |
| | | | 12. Have you ever had any of the following? |
| ☐ | ☐ | | 12a. Attacks of **bronchitis**? |
| ☐ | ☐ | ☐ Not Applicable | 12ai. If yes, was it confirmed by a doctor? |
| | | | At what age was your first attack?<br>____ Age in Years<br>____ Does Not Apply |
| ☐ | ☐ | | 12b. **Pneumonia** (include **bronchopneumonia**)? |
| ☐ | ☐ | ☐ Not Applicable | 12bi. If yes, was it confirmed by a doctor? |
| | | | At what age did you first have it?<br>____ Age in Years<br>____ Does Not Apply |
| ☐ | ☐ | | 12c. **Hay Fever**? |
| ☐ | ☐ | ☐ Not Applicable | 12ci. If yes, was it confirmed by a doctor |
| | | | At what age did it start?<br>____ Age in Years<br>____ Does Not Apply |

| YES | NO | OTHER | |
|---|---|---|---|
| ☐ | ☐ | | 13. Have you ever had **chronic bronchitis**? |
| ☐ | ☐ | ☐ Not Applicable | 13a. If yes, do you still have it? |
| ☐ | ☐ | ☐ Not Applicable | 13b. If yes, was it confirmed by a doctor? |
| | | | At what age did it start?<br>____ Age in Years<br>____ Does Not Apply |
| ☐ | ☐ | | 14. Have you ever had **emphysema**? |
| ☐ | ☐ | ☐ Not Applicable | 14a. If yes, do you still have it? |
| ☐ | ☐ | ☐ Not Applicable | 14b. If yes, was it confirmed by a doctor? |
| | | | At what age did it start?<br>____ Age in Years<br>____ Does Not Apply |
| ☐ | ☐ | | 15. Have you ever had **asthma**? |
| ☐ | ☐ | ☐ Not Applicable | 15a. If yes, do you still have it? |
| ☐ | ☐ | ☐ Not Applicable | 15b. If yes, was it confirmed by a doctor? |
| | | | At what age did it start?<br>____ Age in Years<br>____ Does Not Apply<br>15c. If you no longer have it, at what age did it stop?<br>____ Age in Years<br>____ Does Not Apply |
| | | | 16. Have you ever had? |
| ☐ | ☐ | | 16a. Any other **chest illness**?<br>If yes, please specify: _____ |
| ☐ | ☐ | | 16b. Any **chest operations**?<br>If yes, please specify: _____ |
| ☐ | ☐ | | 16c. Any **chest injuries**?<br>If yes, please specify: _____ |
| ☐ | ☐ | | 17. Has a doctor ever told you that you had **heart trouble**? |
| ☐ | ☐ | ☐ Not Applicable | 17a. If yes, have you ever had treatment for heart trouble in the past 10 years? |
| ☐ | ☐ | | 18. Has a doctor told you that you had **high blood pressure**? |
| ☐ | ☐ | ☐ Not Applicable | 18a. Have you had any treatment for high blood pressure (hypertension) in the past 10 years? |
| | | | 19. When did you last have your **chest X-rayed**?<br>(Year) ___ ___ ___ ___ |
| | | | 19a. Where did you last have your chest X-rayed (if known)?<br>_____<br>19b. What was the outcome?<br>_____ |

**FAMILY HISTORY**

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

| Chronic Lung Conditions: | Father | | | Mother | | |
|---|---|---|---|---|---|---|
| | Yes | No | Don't know | Yes | No | Don't know |
| Chronic Bronchitis? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Emphysema? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Asthma? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Lung Cancer? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Other chest conditions? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

| | Yes | No | Don't know | | Yes | No | Don't know |
|---|---|---|---|---|---|---|---|
| Is parent currently alive? | □ | □ | □ | | □ | □ | □ |
| Specify Age if Living | | | | | | | |
| Age at Death | | | | | | | |
| Cause of Death | | | | | | | |

| COUGH | | | |
|---|---|---|---|
| **YES** | **NO** | **Does Not Apply** | |
| □ | □ | | 21. Do you usually have a cough?<br>(**INCLUDE** a cough with first smoke or on first going out of doors.<br>**EXCLUDE** clearing of throat.)<br>If no, skip to question 21b. |
| □ | □ | | 21a. Do you usually cough as much as 4 to 6 times a day 4 or more days out of the week? |
| □ | □ | | 21b. Do you usually cough at all on getting up or first thing in the morning? |
| □ | □ | | 21c. Do you usually cough at all during the rest of the day or at night? |
| | | | IF NO to all of the above (21 – 21c), check "Does Not Apply" and skip to #22.<br>IF YES to any of the above (21 – 21c), answer the following: |
| □ | □ | □ | 21d.Do you usually cough like this on most days for 3 consecutive months or more during the year? |
| | | | 21e. For how many years have you had the cough?<br>___ Number of years<br>___ Does not apply |
| **PHLEGM** | | | |
| □ | □ | | 22. Do you usually bring up phlegm from your chest?<br>(**INCLUDE** phlegm with the first smoke or on first going out of doors.<br>**INCLUDE** swallowed phlegm.<br>**EXCLUDE** phlegm from the nose.)<br>If no, skip to 22b. |
| □ | □ | | 22a. Do you usually bring up phlegm like this as much as twice a day 4 or more days out of the week? |
| □ | □ | | 22b. Do you usually bring up phlegm at all on getting up or first thing in the morning? |
| □ | □ | | 22c. Do you usually bring up phlegm at all on during the rest of the day or at night? |
| | | | IF NO to all of the above (22 – 22c), check "Does Not Apply" and skip to #23.<br>IF YES to any of the above (22 – 22c), answer the following: |
| □ | □ | □ | 22d. Do you bring up phlegm like this on most days for 3 consecutive months or more during the year? |
| | | | 22e. For how many years have you had trouble with phlegm?<br>___ Number of years<br>___ Does not apply |
| **COUGH & PHLEGM** | | | |
| □ | □ | | 23. Have you had periods or episodes of cough or increased (for persons who usually have cough and/or phlegm) cough and phlegm lasting for 3 weeks or more each year? |
| | | | 23a. If yes, for how long have you had at least 1 such episode per year?<br>___ Number of years<br>___ Does not apply |

| WHEEZING | | | |
|---|---|---|---|
| **YES** | **NO** | **Does Not Apply** | |
| | | | 24. Does your chest ever sound wheezy or whistling: |
| □ | □ | | When you have a cold? |
| □ | □ | | Occasionally apart from colds? |
| □ | □ | | Most days or nights? |

| YES | NO | Does Not Apply | |
|---|---|---|---|
| | | | 24a. If yes to any of the above, for how many years has this been present?<br>___ Number of years<br>___ Does not apply |
| ☐ | ☐ | | 25. Have you ever had an attack of wheezing that has made you feel short of breath? |
| | | | 25a. If yes, how old were you when you had your first such attack?<br>___ Number of years<br>___ Does not apply |
| ☐ | ☐ | ☐ | 26. Have you had 2 or more such episodes? |
| ☐ | ☐ | ☐ | 27. Have you ever required medicine or treatment for the(se) attack(s)? |

**BREATHLESSNESS**

| YES | NO | Does Not Apply | |
|---|---|---|---|
| | | | 28. If disabled from walking by any condition other than heart or lung disease, please describe and proceed to question # 30.<br>Nature of condition(s):<br>_____<br>_____ |
| ☐ | ☐ | | 29. Are you troubled by shortness of breath when hurrying on the level or walking up a slight hill? |
| ☐ | ☐ | ☐ | 29a. If yes, do you have to walk slower than people of your age on the level because of breathlessness? |
| ☐ | ☐ | ☐ | 29b. Do you ever have to stop for breath when walking at your own pace on the level? |
| ☐ | ☐ | ☐ | 29c. Do you ever have to stop for breath after walking about 100 yards (or after a few minutes) on the level? |
| ☐ | ☐ | ☐ | 29d. Are you too breathless to leave the house or breathless on dressing or climbing one flight of stairs? |

**TOBACCO SMOKING**

| YES | NO | Does Not Apply | |
|---|---|---|---|
| ☐ | ☐ | | 30. Have you ever smoked **cigarettes**?<br>(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.) |
| ☐ | ☐ | ☐ | 30a. If yes, do you now smoke cigarettes (as of one month ago)? |
| | | | 30b. How old were you when you first started regular cigarette smoking?<br>___ Age in years<br>___ Does not apply |
| | | | 30c. If you have stopped smoking cigarettes completely, how old were you when you stopped?<br>___ Age stopped<br>___ Check if still smoking<br>___ Does not apply |
| | | | 30d. How many cigarettes do you smoke per day now?<br>___ Cigarettes per day<br>___ Does not apply |
| | | | 30e. On the average of the entire time you smoked, how many cigarettes did you smoke per day?<br>___ Cigarettes per day<br>___ Does not apply |
| | | | 30f. Do or did you inhale the cigarette smoke?<br>☐ Does not apply<br>☐ Not at all<br>☐ Slightly<br>☐ Moderately<br>☐ Deeply |

| YES | NO | Does Not Apply | |
|---|---|---|---|
| ☐ | ☐ | | 31. Have you ever smoked a **pipe** regularly?<br>(Yes means more than 12 oz. of tobacco in a lifetime.) |
| | | | 31a. If yes, how old were you when you started to smoke a pipe regularly?<br>___ Age |
| | | | 31b. If you have stopped smoking a pipe completely, how old were you when you stopped?<br>___ Age stopped<br>___ Check if still smoking pipe<br>___ Does not apply |
| | | | 31c. On the average over the entire time you smoked a pipe, how much pipe tobacco did you smoke per week?<br>___ oz. per week (a standard pouch of tobacco contains 1 1/2 oz.)<br>___ Does not apply |
| | | | 31d. How much pipe tobacco are you smoking now?<br>___ oz. per week<br>___ Not currently smoking a pipe |
| | | | 31e. Do you or did you inhale the pipe smoke?<br>☐ Never smoked<br>☐ Not at all<br>☐ Slightly<br>☐ Moderately<br>☐ Deeply |
| ☐ | ☐ | | 32. Have you ever smoked cigars regularly?<br>(Yes means more than 1 cigar a week for a year) |
| | | | 32a. If yes, how old were you when you started smoking cigars regularly?<br>___ Age |
| | | | 32b. If you have stopped smoking a cigars completely, how old were you when you stopped?<br>___ Age stopped<br>___ Check if still smoking pipe<br>___ Does not apply |
| | | | 32c. On the average over the entire time you smoked cigars, how much cigars did you smoke per week?<br>___ Cigars per week<br>___ Does not apply |
| | | | 32d. How many cigars are you smoking per week now?<br>___ Cigars per week<br>___ Check if not smoking cigars currently |
| | | | 32e. Do or did you inhale the cigar smoke?<br>☐ Never smoked<br>☐ Not at all<br>☐ Slightly<br>☐ Moderately<br>☐ Deeply |

Proceed to next page.

I certify that the information I have provided on the above medical history pages is complete, true, and accurate to the best of my knowledge. I understand that falsification or omission of any of the preceding information would misinform the medical practitioner of my medical history and potentially result in harm to myself, for which I would not hold the medical practitioner responsible. Additionally, I understand the care and information I received today is not a substitute for the care and information that I receive from my primary care physician. I agree that the Health Examination requested by my company is made with my consent and that the examination, test(s), and/or result(s) may be released to the above-named company and/or its representatives.

_____ _____ _____

Patient Signature Printed Date/Time

**Technician / Staff explanation of any positive answer(s):**

_____ _____ _____

Reviewer's Signature Printed Date/Time