B. Any chest operations? 1. Yes __ 2. No __

If yes, please specify _____

C. Any chest injuries? 1. Yes __ 2. No __

If yes, please specify _____

27A. Has a doctor ever told you that you had heart trouble? 1. Yes __ 2. No __

IF YES TO 27A:
B. Have you ever had treatment for heart trouble in the past 10 years? 1. Yes __ 2. No __ 3. Does Not Apply __

28A. Has a doctor ever told you that you had high blood pressure? 1. Yes __ 2. No __

IF YES TO 28A:
B. Have you had any treatment for high blood pressure (hypertension) in the past 10 years? 1. Yes __ 2. No __ 3. Does Not Apply __

29. When did you last have your chest X-rayed? (Year) __ __ __ __ (25 26 27 28)

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 1. Yes	FATHER 2. No	FATHER 3. Don't Know	MOTHER 1. Yes	MOTHER 2. No	MOTHER 3. 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 __ Don't Know			__ Age if Living __ Age at Death __ Don't Know		

H. Please specify cause of death _____ _____

COUGH

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.] 1. Yes __ 2. No __

B. Do you usually cough as much as 4 to 6 times a day 4 or more days out of the week? 1. Yes __ 2. No __

C. Do you usually cough at all on getting up or first thing in the morning? 1. Yes __ 2. No __

D. Do you usually cough at all during the rest of the day or at night? 1. Yes __ 2. No __

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 PAGE

E. Do you usually cough like this on most days for 3 consecutive months or more during the year? 1. Yes __ 2. No __ 3. 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) 1. Yes __ 2. No __

B. Do you usually bring up phlegm like this as much as twice a day 4 or more days out of the week? 1. Yes __ 2. No __

C. Do you usually bring up phlegm at all on getting up or first thing in the morning? 1. Yes __ 2. No __

D. Do you usually bring up phlegm at all during the rest of the day or at night? 1. Yes __ 2. No __

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? 1. Yes __ 2. No __ 3. 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

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) — 1. Yes __ 2. No __

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

35A. Does your chest ever sound wheezy or whistling

1. When you have a cold? — 1. Yes __ 2. No __
2. Occasionally apart from colds? — 1. Yes __ 2. No __
3. Most days or nights? — 1. Yes __ 2. No __

If YES TO 1, 2, or 3 in 35A

B. For how many years has this been present? — Number of years __ / Does not apply __

36A. Have you ever had an attack of wheezing that has made you feel short of breath? — 1. Yes __ 2. No __

If YES TO 36A

B. How old were you when you had your first such attack? — Age in years __ / Does not apply __

C. Have you had 2 or more such episodes? — 1. Yes __ 2. No __ / 3. Does not apply __

D. Have you ever required medicine or treatment for the(se) attack(s)? — 1. Yes __ 2. No __ / 3. 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)_____

38A. Are you troubled by shortness of breath when hurrying on the level or walking up a slight hill? — 1. Yes __ 2. No __

If YES TO 38A

B. Do you have to walk slower than people of your age on the level because of breathlessness? — 1. Yes __ 2. No __ / 3. Does not apply __

C. Do you ever have to stop for breath when walking at your own pace on the level? — 1. Yes __ 2. No __ / 3. 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? — 1. Yes __ 2. No __ / 3. Does not apply __

E. Are you too breathless to leave the house or breathless on dressing or climbing one flight of stairs? — 1. Yes __ 2. No __ / 3. Does not apply __

TOBACCO SMOKING

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.) — 1. Yes __ 2. No __

If YES TO 39A

B. Do you now smoke cigarettes (as of one month ago) — 1. Yes __ 2. No __ / 3. 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? — 1. Does not apply __ / 2. Not at all __ / 3. Slightly __ / 4. Moderately __ / 5. Deeply __

40A. Have you ever smoked a pipe regularly? (Yes means more than 12 oz. of tobacco in a lifetime.) — 1. Yes __ 2. No __

Appendix D to 29 CFR §1910.1001, Attachment to Enclosure (9) to NVIC 6-87
Medical Surveillance Questionnaire

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 __

2. If you have stopped smoking a pipe completely, how old were you when you stopped? Age stopped __ / Check if still smoking pipe __ / Does not apply __

C On the average over the entire time you smoked a pipe, how much pipe tobacco did you smoke per week? __ oz. per week (a standard pouch of tobacco contains 1 1/2 oz.) / __ 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?
1. Never smoked __
2. Not at all __
3. Slightly __
4. Moderately __
5. Deeply __

41A. Have you ever smoked cigars regularly? (Yes means more than 1 cigar a week for a year) 1. Yes __ 2. No __

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

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

2. If you have stopped smoking cigars completely, how old were you when you stopped. Age stopped __ / Check if still smoking cigars __ / 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 smoking cigars currently __

E. Do or did you inhale the cigar smoke?
1. Never smoked __
2. Not at all __
3. Slightly __
4. Moderately __
5. Deeply __

Signature _____ Date _____

Part 2
PERIODIC MEDICAL QUESTIONNAIRE

1. NAME _____
2. SOCIAL SECURITY # __ __ __ __ __ __ __ __ __ (1 2 3 4 5 6 7 8 9)
3. CLOCK NUMBER __ __ __ __ __ (10 11 12 13 14 15)
4. PRESENT OCCUPATION _____
5. PLANT _____
6. ADDRESS _____
7. _____ (Zip Code)
8. TELEPHONE NUMBER _____
9. INTERVIEWER _____
10. DATE _____ __ __ __ __ __ (16 17 18 19 20 21)
11. What is your marital status? 1. Single __ 2. Married __ 3. Widowed __ 4. Separated/Divorced __

12. OCCUPATIONAL HISTORY

12A. In the past year, did you work full time (30 hours per week or more) for 6 months or more? 1. Yes __ 2. No __

IF YES TO 12A:

12B. In the past year, did you work in a dusty job? 1. Yes __ 2. No __ 3. Does Not Apply __

12C. Was dust exposure: 1. Mild __ 2. Moderate __ 3. Severe __

12D. In the past year, were you exposed to gas or chemical fumes in your work? 1. Yes __ 2. No __

12E. Was exposure: 1. Mild __ 2. Moderate __ 3. Severe __

12F. In the past year, what was your: 1. Job/occupation? _____ 2. Position/job title? _____

13. RECENT MEDICAL HISTORY

13A. Do you consider yourself to be in good health? Yes ___ No ___

If NO, state reason _____

13B. In the past year, have you developed:

	Yes	No
Epilepsy?	___	___
Rheumatic fever?	___	___
Kidney disease?	___	___
Bladder disease?	___	___
Diabetes?	___	___
Jaundice?	___	___
Cancer?	___	___

14. CHEST COLDS AND CHEST ILLNESSES

14A. If you get a cold, does it usually go to your chest? (Usually means more than 1/2 the time)
1. Yes ___ 2. No ___
3. Don't get colds ___

15A. During the past year, have you had any chest illnesses that have kept you off work, indoors at home, or in bed?
1. Yes ___ 2. No ___
3. Does Not Apply ___

IF YES TO 15A:

15B. Did you produce phlegm with any of these chest illnesses?
1. Yes ___ 2. No ___
3. Does Not Apply ___

15C. 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 or stairs	___	
Do you:		
Wheeze	___	
Cough up phlegm	___	
Smoke cigarettes	___	Packs per day ___ How many years ___

Date _____ Signature _____

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