APPENDIX D
FEDERAL REGISTER 1910.1001
MEDICAL QUESTIONNAIRE MANDATORY

INITIAL ASBESTOS MEDICAL QUESTIONNAIRE

1. Name _____
2. Social Security Number _____
3. Clock Number _____
4. Present Occupation _____
5. Plant _____
6. Address _____

   _____ Zip _____
7. Telephone Number _____
8. Interviewer _____
9. Date _____
10. Date of Birth _____
11. Place of Birth _____
12. Sex - Male ☐ Female ☐
13. What is your marital status? Single ☐ Separated ☐ Married ☐ Divorced ☐ Widowed ☐
14. Race - White ☐ Hispanic ☐ Black ☐ Indian ☐ Asian ☐ Other ☐
15. What is the highest grade completed in school? _____
    (For example – 12 years is completion of high school)

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OCCUPATIONAL HISTORY

16A. Have you ever worked full time (30 hours per week or more) for 6 months or more? Yes ☐ No ☐

IF YES TO 16A:

16B. Have you ever worked for a year or more in any dusty job? Yes ☐ No ☐ Does Not Apply ☐

Specific job/industry_____Total Years Worked _____

Was dust exposure: Mild ☐ Moderate ☐ Severe ☐

16C. Have you ever been exposed to gas or chemical fumes in your work? Yes ☐ No ☐

Specific job/industry_____Total Years Worked _____

Was exposure: Mild ☐ Moderate ☐ Severe ☐

16D. What has been your usual occupation or job – 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 _____
   (Record on lines the years in which you have worked in any of these industries, e.g. 1960-1969)

Have you ever worked:	Yes	No
16E. In a mine?	☐	☐
16F. In a quarry?	☐	☐
16G. In a foundry?	☐	☐
16H. In a pottery?	☐	☐
16I. In a cotton, flax, or hemp mill?	☐	☐
16J. With asbestos?	☐	☐

PAST MEDICAL HISTORY

		Yes	No
17A.	Do you consider yourself to be in good health?	☐	☐
	If no, state reason _____		
17B.	Have you any defect of vision?	☐	☐
	If yes, state reason _____		
17C.	Have you any hearing defect?	☐	☐
	If yes, state reason _____		

17D.	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?	☐	☐

CHEST COLDS AND CHEST ILLNESSES

18.	If you get a cold, does it usually go to your chest? (Usually means more than ½ the time)	Yes ☐ No ☐ Don't get colds ☐
19A.	During the past 3 years, have you had any chest illness that have kept you off work, indoors at home, or in bed?	Yes ☐ No ☐
	IF YES TO 19A:	
19B.	Did you produce phlegm with any of these chest illnesses?	Yes ☐ No ☐ Does not apply ☐
19C.	In the last 3 years, how many such illnesses with (increased) phlegm did you have which lasted a week or more?	Number of illnesses___ No such illnesses ☐
20.	Did you have any lung trouble before the age of 16?	Yes ☐ No ☐

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21. Have you ever had any of the following?

1A. Attacks of bronchitis? Yes ☐ No ☐

IF YES TO 1A:

1B. Was it confirmed by a doctor? Yes ☐ No ☐ Does not apply ☐

1C. At what age was your first attack? Age in year's _____ Does not apply ☐

2A. Pneumonia (include bronchopneumonia)? Yes ☐ No ☐

IF YES TO 2A:

2B. Was it confirmed by a doctor? Yes ☐ No ☐ Does not apply ☐

2C. At what age did you first have it? Age in year's _____ Does not apply ☐

3A. Hay Fever? Yes ☐ No ☐

IF YES TO 3A:

3B. Was it confirmed by a doctor? Yes ☐ No ☐ Does not apply ☐

3C. At what age did it start? Age in year's _____ Does not apply ☐

22. Have you ever had chronic bronchitis? Yes ☐ No ☐

IF YES TO 22:

1A. Do you still have it? Yes ☐ No ☐ Does not apply ☐

1B. Was it confirmed by a doctor? Yes ☐ No ☐ Does not apply ☐

1C. At what age did it start? Age in year's _____ Does not apply ☐

23. Have you ever had emphysema? Yes ☐ No ☐

IF YES TO 23:

1A. Do you still have it? Yes ☐ No ☐ Does not apply ☐

1B. Was it confirmed by a doctor? Yes ☐ No ☐ Does not apply ☐

1C. At what age did it start? Age in year's _____ Does not apply ☐

24. Have you ever had asthma? Yes ☐ No ☐

IF YES TO 24:

1A. Do you still have it? Yes ☐ No ☐ Does not apply ☐

1B. Was it confirmed by a doctor? Yes ☐ No ☐ Does not apply ☐

1C. At what age did it start? Age in year's _____ Does not apply ☐

1D. If you no longer have it, at what age did it stop? Age stopped _____

25. Have you ever had:

1A. Any other chest illness? Yes ☐ No ☐

If yes, please specify _____

1B. Any chest operations? Yes ☐ No ☐

If yes, please specify _____

1C. Any chest injuries? Yes ☐ No ☐

If yes, please specify _____

26. Has a doctor ever told you that you had heart trouble? Yes ☐ No ☐

IF YES TO 26

1A. Have you ever had treatment for heart trouble in the the past 10 years? Yes ☐ No ☐ Does not apply ☐

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27. Has a doctor ever told you that you had high blood pressure? Yes ☐ No ☐

IF YES TO 27:

1A. Have you had any treatment for high blood pressure (hypertension) in the past 10 years? Yes ☐ No ☐ Does not apply ☐

28. When did you last have your chest x-rayed? Year _____

29. Where did you last have your chest x-rayed (if known)? _____

What was the outcome? _____

FAMILY HISTORY

30. 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, if applicable

Father_____Mother _____

COUGH

31A. 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 31C.) Yes ☐ No ☐

31B. Do you usually cough as much as 4 to 6 times a day 4 or more days out of the week? Yes ☐ No ☐

31C. Do you usually cough at all on getting up or first thing in the morning? Yes ☐ No ☐

31D. Do you usually cough at all during the rest of the day or at night? Yes ☐ No ☐

IF YES TO ANY OF THE ABOVE (31A, B, C, OR D), ANSWER THE FOLLOWING. IF NO TO ALL, CHECK DOES NOT APPLY AND SKIP TO 33A.

31E. Do you usually cough like this on most days for 3 consecutive months or more during the year? Yes ☐ No ☐ Does not apply ☐

31F. For how many years have you had the cough? Number of year's ____ Does not apply ☐

32A. 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 32C.) Yes ☐ No ☐

32B. Do you usually bring up phlegm like this as much as twice a day 4 or more days out of the week? Yes ☐ No ☐

32C. Do you usually bring up phlegm at all on getting up or first thing in the morning? Yes ☐ No ☐

32D. Do you usually bring up phlegm at all during the rest of the day or at night? Yes ☐ No ☐

IF YES TO ANY OF THE ABOVE (32A, B, C, OR D), ANSWER THE FOLLOWING. IF NO TO ALL, CHECK DOES NOT APPLY AND SKIP TO 33A.

32E. Do you bring up phlegm like this on most days for 3 consecutive months or more during the year? Yes ☐ No ☐ Does not apply ☐

32F. For how many years have you had trouble with phlegm? Number of year's Does not apply ☐

EPISODES OF COUGH AND PHLEGM

33A. 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) Yes ☐ No ☐

IF YES TO 33A:

33B. For how long have you had at least 1 such episode per year? Number of year's ____ Does not apply ☐

WHEEZING

34A. Does your chest ever sound wheezy or whistling?

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

IF YES TO 1, 2, OR 3 IN 34A:

34B. For how many years has this been present? Number of year's ____ Does not apply ☐

35A. Have you ever had an attack of wheezing that has made you feel short of breath? Yes ☐ No ☐

IF YES TO 35A:

35B. How old were you when you had your first such attack? Age in year's _____ Does not apply ☐

35C. Have you had 2 or more such episodes? Yes ☐ No ☐ Does not apply ☐

35D. Have you ever required medicine or treatment for the(se) attack(s)? Yes ☐ No ☐ Does not apply ☐

BREATHLESSNESS

36. If disabled from walking by any condition other than heart or lung disease, please describe and proceed to 38A.

Nature of condition(s) _____

37A. Are you troubled by shortness of breath when hurrying on the level or walking up a slight hill? Yes ☐ No ☐

IF YES TO 37A:

37B. Do you have to walk slower than people of your age on the level because of breathlessness? Yes ☐ No ☐ Does not apply ☐

37C. Do you ever have to stop for breath when walking at your own pace on the level? Yes ☐ No ☐ Does not apply ☐

37D. Do you ever have to stop for breath after walking about 100 yards (or after a few minutes) on the level? Yes ☐ No ☐ Does not apply ☐

37E. Are you too breathless to leave the house or breathless on dressing or climbing one flight of stairs? Yes ☐ No ☐ Does not apply ☐

TOBACCO SMOKING

38A. 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.) Yes ☐ No ☐

IF YES TO 38A:

38B. Do you now smoke cigarettes (as of one month ago?) Yes ☐ No ☐ Does not apply ☐

38C. How old were you when you first started regular cigarette smoking? Age in year's _____ Does not apply ☐

38D. If you have stopped smoking cigarettes completely, how old were you when you stopped? Age stopped _____ Still smoking Does not apply

38E. How many cigarettes do you smoke per day now? Cigarettes per day ____ Does not apply ☐

38F. On the average of the entire time you smoked, how many cigarettes did you smoke per day? Cigarettes per day ____ Does not apply ☐

38G. Do or did you inhale the cigarette smoke:
Does not apply ☐ Not at all ☐ Slightly ☐ Moderately ☐ Deeply ☐

39A. Have you ever smoked a pipe regularly? (Yes, means more than 12 oz of tobacco in a lifetime.) Yes ☐ No ☐

IF YES TO 39A:

FOR PERSONS WHO HAVE EVER SMOKED A PIPE

39B. 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 _____
Still smoking pipe
Does not apply ☐

39C. 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 ½ oz) _____oz per week
Does not apply ☐

39D. How much pipe tobacco are you smoking now? _____oz per week
Not currently smoking a pipe ☐

39E. Do you or did you inhale the pipe smoke?
Never smoked ☐ Not at all ☐ Slightly ☐ Moderately ☐ Deeply ☐

40A. Have you ever smoked cigars regularly? Yes ☐ No ☐
(Yes, means more than 1 cigar a week for a year)

IF YES TO 40A:

FOR PERSONS WHO HAVE EVER SMOKED CIGARS

40B. 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 _____
Still smoking cigars
Does not apply ☐

40C. On the average over the entire time you smoked cigars, how many cigars did you smoke per week? Cigars per week _____
Does not apply ☐

40D. How many cigars are you smoking per week now? Cigars per week _____
Not currently smoking cigars ☐

40E. Do you or did you inhale the cigar smoke?
Never smoked ☐ Not at all ☐ Slightly ☐ Moderately ☐ Deeply ☐

Signature_____Date _____