[3 A] INITIAL ASBESTOS AND/OR SILICA QUESTIONNAIRE

LADWP Occupational Health Services
111 N. Hope St. Rm 538, Los Angeles, CA 90012, (213) 367-2001

Name _____

Soc_Sec_No. _____ Employee Number _____

1 OCCUPATIONAL HISTORY

YES NO

☐ ☐ A Have you ever worked full time (30 hours per week or more) for 6 months or more?

☐ ☐ B. Have you ever worked for a year or more in any dusty job?

Does not apply ☐

Specify job / industry _____

Total Years Worked _____

Was the dust exposure:

☐ Mild
☐ Moderate
☐ Severe

☐ ☐ C Have you ever been exposed to gas or chemical fumes in your work?

Specify job / industry _____

Total Years Worked _____

Was the dust exposure:

☐ Mild
☐ Moderate
☐ Severe

D 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 _____

YES NO Have you ever worked: (indicate years, e.g. 1985-2000)

☐ ☐ E In a mine? .. .. Years: _____

☐ ☐ F In a quarry? .. .. Years: _____

☐ ☐ G In a foundry? .. .. Years: _____

☐ ☐ H In a pottery? .. .. Years: _____

☐ ☐ I In a cotton, flax or hemp mill? .. Years: _____

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YES	NO			
☐	☐	J	With asbestos? .. .. Years:	_____
☐	☐	K	With silica? .. .. Years:	_____

2 PAST MEDICAL HISTORY

YES	NO		
☐	☐	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 ever suffered from:

YES	NO		
☐	☐	a	Epilepsy (or fits, seizures, convulsions)?
☐	☐	b	Rheumatic fever?
☐	☐	c	Kidney disease (including stones or blood in urine)?
☐	☐	d	Bladder disease?
☐	☐	e	Diabetes?
☐	☐	f	Jaundice?
☐	☐	g	Head, neck, or spinal injury?
☐	☐	h	Dizziness or frequent headaches?
☐	☐	I	Cardiovascular disease (include heart, blood vessel, or high blood pressure) ?
☐	☐	j	Lung disease (include TB and asthma)?
☐	☐	k	Nervous stomach or ulcer?
☐	☐	l	Muscular disease?
☐	☐	m	Extensive confinement by illness or injury?
☐	☐	n	Permanent defect?
☐	☐	o	Psychiatric disorder?
☐	☐	p	Any other nervous disorder?
☐	☐	q	Problems with the use of alcohol or drugs?
☐	☐	r	Suffering from any other disease?
☐	☐	s	Any major illness in last 5 years?
☐	☐	t	Any operations in last 5 years?
☐	☐	u	Currently taking medicine?

Please explain all YES answers and include whether it is a current condition or problem.

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CHEST COLDS and CHEST ILLNESSES

YES	NO	Does Not Apply			
☐	☐	☐	3		If you get a cold, does it usually go to your chest? (Usually means more than 1/2 the time)
☐	☐	☐	4	A	During the past 3 years, have you had any chest illness that has kept you off work, indoors at home, or in bed?
☐	☐	☐		B	Did you produce phlegm with any of these chest illnesses?
		☐		C	In the last 3 years, how many such illnesses with (increased) phlegm did you have which lasted a week or more? # of illnesses _____
☐	☐		5		Did you have any lung trouble before the age of 16?

Have you had any of the following?

YES	NO	Does Not Apply			
☐	☐		6	1a	**Attacks of bronchitis?**
☐	☐	☐		2b	Was it confirmed by a doctor?
		☐		2c	At what age was your first attack? Age in years_____
☐	☐		6	2a	**Pneumonia (include bronchopneumonia)?**
☐	☐	☐		2b	Was it confirmed by a doctor?
		☐		2c	At what age did you first have it? Age in years_____
☐	☐		6	3a	**Hay Fever?**
☐	☐	☐		3b	Was it confirmed by a doctor?
		☐		3c	At what age did it start? Age in years_____
☐	☐		7	a	**Have you ever had chronic bronchitis?**
☐	☐	☐		b	Do you still have it?
☐	☐	☐		c	Was it confirmed by a doctor?
		☐		d	At what age did it start? Age in years_____

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YES	NO	Does Not Apply			
☐	☐		8	a	**Have you ever had emphysema?**
☐	☐	☐		b	Do you still have it?
☐	☐	☐		c	Was it confirmed by a doctor?
		☐		d	At what age did it start? Age in years_____
☐	☐		9	a	**Have you ever had asthma?**
☐	☐	☐		b	Do you still have it?
☐	☐	☐		c	Was it confirmed by a doctor?
		☐		d	At what age did it start? Age in years_____
		☐		e	If you no longer have it, at what age did it stop?
					Age stopped _____
☐	☐	☐	10	a	Have you ever had any other chest illness? If "YES", please specify _____
☐	☐	☐		b	Have you ever had any chest operations? If "YES", please specify _____
☐	☐	☐		c	Have you ever had any chest injuries? If "YES", please specify _____
☐	☐		11	a	Has a doctor ever told you that you had heart trouble?
☐	☐	☐		b	Have you ever had treatment for heart trouble in the past 10 years?
☐	☐		12	a	Has a doctor ever told you that you had high blood pressure?
☐	☐	☐		b	Have you ever had treatment for high blood pressure (hypertension) in the past 10 years?
			13		When did you last have your chest x-rayed? Year _____
			14		Where did you last have your chest x-rayed? _____
					What was the outcome? _____
					_____

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COUGH

YES	NO	Does Not Apply		
☐	☐	☐	16 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 16c)
☐	☐	☐	16 b	Do you usually cough as much as 4 to 6 times a day 4 or more days out of the week?
☐	☐	☐	16 c	Do you usually cough at all on getting up or first thing in the morning?
☐	☐	☐	16 d	Do you usually cough at all during the rest of the day or at night?

IF YES TO ANY OF ABOVE (16a, 16b, 16c, or 16d), ANSWER THE FOLLOWING.
IF NO TO ALL CHECK DOES NOT APPLY

☐	☐	☐	16 e	Do you usually cough like this on most days for 3 consecutive months or more during the year?
		☐	16 f	For how many years have you had the cough? # of years _____
☐	☐	☐	17 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)
☐	☐	☐	17 b	Do you usually bring up phlegm like this as much as twice a day 4 or more days out of the week?
☐	☐	☐	17 c	Do you usually bring up phlegm at all on getting up or first thing in the morning?
☐	☐	☐	17 d	Do you usually bring up phlegm at all during the rest of day or at night?
☐	☐	☐	17 e	Do you bring up phlegm like this on most days for 3 consecutive months or more during the year?
		☐	17 f	For how many years have you had trouble with phlegm? # of yrs _____

EPISODES OF COUGH AND PHLEGM

YES	NO	Does Not Apply		
☐	☐	☐	18 a	Have you had periods or episodes of (increased) cough and phlegm lasting for 3 weeks or more each year?
		☐	18 b	For how long have you had at least 1 such episode per year? Number of years _____

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WHEEZEING

YES	NO	Does Not Apply		
			19 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?
		☐	19 b	For how many years has this been present Number of years_____
☐	☐	☐	20 a	Have you ever had an attack of wheezing that has made you feel short of breath?
		☐	20 b	How old were you when you had your first such attack?
				Age _____
☐	☐	☐	20 c	Have you had 2 or more such episodes?
☐	☐	☐	20 d	Have you ever required medicine or treatment for the(se) attach(s)?

BREATHLESSNESS

YES	NO	Does Not Apply		
		☐	21	If disabled from walking by any condition other than heart or lung disease, please describe nature of condition(s)
				_____
☐	☐	☐	22 a	Are you trouble by shortness of breath when hurrying on level or walking up a slight hill?
☐	☐	☐	22 b	Do you have to walk slower than people of your age on the level because of breathlessness?
☐	☐	☐	22 c	Do you ever have to stop for breath when walking at your own pace on the level?
☐	☐	☐	22 d	Do you ever have to stop for breath after walking about 100 yards (or after a few minutes) on the level?
☐	☐	☐	22 e	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		
☐	☐	☐	23 a	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)
☐	☐	☐	23 b	Do you now smoke cigarettes (as of one month ago) ?
		☐	23 c	How old were you when you first started regular cigarette smoking? Age in years_____
		☐	23 d	If you have stopped smoking cigarettes completely, how old were you when you stopped? Age when stopped_____

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TOBACCO SMOKING

YES	NO	Does Not Apply		
		☐	23 e	How many cigarettes do you smoke per day now? Number _____
		☐	23 f	On the average of the entire time you smoked, how many cigarettes did you smoke per day? Cigarettes per day _____
		☐	23 g	Do or did you inhale the cigarette smoke? ☐ Not at all ☐ Slightly ☐ Moderately ☐ Deeply
☐	☐	☐	24 a	Have you ever smoked a pipe regularly? (Yes means more than 12 oz of tobacco in a lifetime)
		☐	24 b 1	How old were you when you started to smoke a pipe regularly? Age _____
		☐	24 b 2	If you have stopped smoking a pipe completely, how old were you when you stopped? Age when stopped _____ Check if still smoking pipe ☐
		☐	24 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 contains 1 1/2 oz Oz _____
		☐	24 d	How much pipe tobacco are you smoking now? Oz _____
☐	☐	☐	25 a	Have you ever smoked cigars regularly? (Yes means more than 1 cigar a week for a year)
		☐	25 b 1	How old were you when you started smoking cigars regularly? Age _____
		☐	25 b 2	If you have stopped smoking cigars completely, how old were you when you stopped? Age when stopped _____ Check if still smoking cigars ☐
		☐	25 c	On the average over the entire time you smoked cigars, how many cigars did you smoke per week? Cigars per week? _____
		☐	25 d	How may cigars are you smoking now? Cigars per week? _____
		☐	25 e	Do or did you inhale the cigar smoke? ☐ Not at all ☐ Slightly ☐ Moderately ☐ Deeply

Signature _____ Date _____