

**Part 2**

**PERIODIC MEDICAL QUESTIONNAIRE:**

1. NAME: \_\_\_\_\_

2. SOCIAL SECURITY NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

3. CLOCK NUMBER: \_\_\_\_\_

4. PRESENT OCCUPATION: \_\_\_\_\_

5. PLANT: \_\_\_\_\_

6. ADDRESS: \_\_\_\_\_

7. CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

8. TELEPHONE NUMBER: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ EXT. \_\_\_\_\_

9. INTERVIEWER: \_\_\_\_\_

10. DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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? 1.  Yes 2.  No

If "No", state reason: \_\_\_\_\_

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

- Epilepsy?  Yes  No
- Rheumatic Fever?  Yes  No
- Kidney Disease?  Yes  No
- Bladder Disease?  Yes  No
- Diabetes?  Yes  No
- Jaundice?  Yes  No
- Cancer?  Yes  No

**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:

- Asthma  Yes  No
- Bronchitis  Yes  No
- Hay Fever  Yes  No
- Other Allergies  Yes  No
- Pneumonia  Yes  No
- Tuberculosis  Yes  No
- Chest Surgery  Yes  No
- Other Lung Problems  Yes  No
- Heart Disease  Yes  No

Further Comment on Positive Answers

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Do You Have:

- Frequent Colds  Yes  No
- Chronic Cough  Yes  No
- Shortness of Breath When Walking or Climbing One Flight of Stairs  Yes  No

Do you:

- Wheeze  Yes  No
- Cough Up Phlegm  Yes  No
- Smoke Cigarettes  Yes  No

\_\_\_\_\_ Packs Per Day \_\_\_\_\_ How Many Years

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Signature \_\_\_\_\_