

**Ithaca College**  
**Environmental Health and Safety**  
**Respirator Use: Initial Medical Questionnaire**

1. Name \_\_\_\_\_

2. Social Security Number \_\_\_\_ - \_\_\_\_ - \_\_\_\_

3. Clock Number \_\_\_\_\_

4. Present Occupation \_\_\_\_\_

5. Plant \_\_\_\_\_

6. Address \_\_\_\_\_

7. \_\_\_\_\_  
(City) (State) (Zip Code)

8. Telephone Number \_\_\_\_ - \_\_\_\_ - \_\_\_\_

9. Interviewer \_\_\_\_\_

10. Date \_\_\_\_\_

11. Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month Day Year

12. Place of Birth \_\_\_\_\_

13. Sex 1. Male \_\_\_\_ 2. Female \_\_\_\_

14. What is your marital status?  
1. Single \_\_\_\_ 2. Married \_\_\_\_ 3. Widowed \_\_\_\_ 4. Separated or Divorced

15. Race 1. White \_\_\_\_ 2. Black \_\_\_\_ 3. Asian \_\_\_\_ 4. Latino \_\_\_\_ 5. Native American \_\_\_\_ 6. Other \_\_\_\_

16. What is the highest grade completed in school?  
(For example, 12 years is completion of high school) \_\_\_\_\_

**OCCUPATIONAL HISTORY**

17. Have you ever worked full time (30 hours per week or more) for six (6) months or more?  
1. Yes \_\_\_\_ 2. No \_\_\_\_

If yes:

A. Have you ever worked for a year or more in any dusty job?  
1. Yes \_\_\_\_ 2. No \_\_\_\_  
3. Does not apply \_\_\_\_

Specify job or industry \_\_\_\_\_

Total years worked \_\_\_\_\_

Was dust exposure 1. Mild \_\_\_\_ 2. Moderate \_\_\_\_ 3. Severe \_\_\_\_

B. Have you ever been exposed to gas or chemical fumes in your work? 1. Yes \_\_\_\_ 2. No \_\_\_\_

Specify job or industry \_\_\_\_\_

Total years worked \_\_\_\_\_

Was exposure. 1. Mild \_\_\_\_ 2. Moderate \_\_\_\_ 3. Severe \_\_\_\_

C. What has been your usual occupation or job -- the job you have worked at the longest?

1. Job occupation \_\_\_\_\_
2. Number of years employed in this occupation \_\_\_\_\_
3. Position or job title \_\_\_\_\_
4. Business, field, or industry \_\_\_\_\_

**If applicable, record on the following lines the years in which you have worked in any of these industries (e.g. 1960-1969).**

Have you ever worked	YES	NO
D. In a mine?	_____	_____
E. In a quarry?	_____	_____
F. In a foundry?	_____	_____
G. In a pottery?	_____	_____
H. In a cotton, flax, or hemp mill?	_____	_____
I. With asbestos?	_____	_____

**PAST MEDICAL HISTORY**

	YES	NO
18. Do you consider yourself to be in good health?	_____	_____

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

A. Have you any defect of vision? If "Yes" state nature of defect _____	_____	_____
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B. Have you any hearing defect? If "Yes," state nature of defect _____	_____	_____
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C. Are you suffering from or have you ever suffered from	YES	NO
1. Epilepsy (fits. seizures, convulsions)?	_____	_____
2. Rheumatic fever?	_____	_____
3. Kidney disease?	_____	_____
4. Bladder disease?	_____	_____
5. Diabetes?	_____	_____
6. Jaundice?	_____	_____

**CHEST COLDS AND CHEST ILLNESSES**

19. If you get a cold, does it usually go to your chest?  
("Usually" means more than half the time) 1. Yes \_\_\_\_\_ 2. No \_\_\_\_\_ 3. Don't get colds \_\_\_\_\_

20. During the past three (3) years, have you had any chest illnesses that have kept you off work, indoors at home, or in bed? 1. Yes \_\_\_\_\_ 2. No \_\_\_\_\_

If yes:

A. Did you produce phlegm with any of these chest illnesses?	1. Yes _____	2. No _____	3. Does not apply _____
B. In the last three (3) years, how many such illnesses with (increased) phlegm did you have that lasted a week or more?	Number of illnesses _____	No such illnesses _____	

21. Did you have any lung trouble before the age of 16? 1. Yes \_\_\_\_\_ 2. No \_\_\_\_\_

22. Have you ever had any of the following?

1A. Attacks of bronchitis? If yes:	1. Yes _____	2. No _____	
2A. Was it confirmed by a doctor?	1. Yes _____	2. No _____	3. Does not apply _____
3A. At what age was your first attack?	Age in years _____	Does not apply _____	
1B. Pneumonia (including bronchopneumonia)? If yes:	1. Yes _____	2. No _____	
2B. Was it confirmed by a doctor?	1. Yes _____	2. No _____	3. Does not apply _____
3B. At what age did you first have it?	Age in years _____	Does not apply _____	

- 1A. Hay Fever? 1. Yes \_\_\_ 2. No \_\_\_  
 If yes:
- 2B. Was it confirmed by a doctor? 1. Yes \_\_\_ 2. No \_\_\_  
 3. Does not apply \_\_\_
- 3C. At what age did it start? Age in years \_\_\_ Does not apply \_\_\_
23. Have you ever had chronic bronchitis? 1. Yes \_\_\_ 2. No \_\_\_  
 If yes:
- A. Do you still have it? 1. Yes \_\_\_ 2. No \_\_\_  
 3. Does not apply \_\_\_
- B. Was it confirmed by a doctor? 1. Yes \_\_\_ 2. No \_\_\_  
 3. Does not apply \_\_\_
- C. At what age did it start? Age in years \_\_\_ Does not apply \_\_\_
24. Have you ever had emphysema? 1. Yes \_\_\_ 2. No \_\_\_  
 If yes:
- A. Do you still have it? 1. Yes \_\_\_ 2. No \_\_\_  
 3. Does not apply \_\_\_
- B. Was it confirmed by a doctor? 1. Yes \_\_\_ 2. No \_\_\_  
 3. Does not apply \_\_\_
- C. At what age did it start? Age in years \_\_\_ Does not apply \_\_\_
25. Have you ever had asthma? 1. Yes \_\_\_ 2. No \_\_\_  
 If yes:
- A. Do you still have it? 1. Yes \_\_\_ 2. No \_\_\_  
 3. Does not apply \_\_\_
- B. Was it confirmed by a doctor? 1. Yes \_\_\_ 2. No \_\_\_  
 3. Does not apply \_\_\_
- C. At what age did it start? Age in years \_\_\_ Does not apply \_\_\_
- D. If you no longer have it, at what age did it stop? Age stopped \_\_\_ Does not apply \_\_\_
26. Have you ever had:
- A. Any other chest illness? 1. Yes \_\_\_ 2. No \_\_\_  
 If yes, please specify \_\_\_\_\_
- B. Any chest operations? 1. Yes \_\_\_ 2. No \_\_\_  
 If yes, please specify \_\_\_\_\_
- C. Any chest injuries? 1. Yes \_\_\_ 2. No \_\_\_  
 If yes, please specify \_\_\_\_\_
27. Has a doctor ever told you that you had heart trouble? 1. Yes \_\_\_ 2. No \_\_\_  
 If yes:
- A. Have you ever had treatment for heart trouble in the past 10 years? 1. Yes \_\_\_ 2. No \_\_\_  
 3. Does not apply \_\_\_
28. Has a doctor told you that you had high blood pressure? 1. Yes \_\_\_ 2. No \_\_\_  
 If yes:
- A. Have you had any treatment for high blood pressure (hypertension) in the past 10 years? 1. Yes \_\_\_ 2. No \_\_\_  
 3. Does not apply \_\_\_
29. What year did you last have your chest X-rayed? \_ \_ \_ \_

30. Where did you last have your chest X-rayed (if known)? \_\_\_\_\_

What was the outcome? \_\_\_\_\_

**FAMILY HISTORY**

**For the next question, please check the appropriate column:**

**1. Yes 2. No 3. Don't know 1. Yes 2. No 3. Don't know**

FATHER

MOTHER

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

- |                                   |       |               |     |       |               |     |
|-----------------------------------|-------|---------------|-----|-------|---------------|-----|
| 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. | _____ |               |     | _____ |               |     |

**COUGH**

32. Do you usually have a cough?

(Count a cough with first smoke or on first going outdoors. Exclude clearing of throat.)

1. Yes \_\_\_ 2. No \_\_\_

If no, skip to question 32B.

A. 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 \_\_\_

B. Do you usually cough at all on getting up or first thing in the morning?

1. Yes \_\_\_ 2. No \_\_\_

C. Do you usually cough at all during the rest of the day or at night?

1. Yes \_\_\_ 2. No \_\_\_

**If yes to any of the above (32A, B, or C), answer the following. If no to all, check "does not apply" and skip to 34A.**

D. Do you usually cough like this on most days for three (3) consecutive months or more during the year?

1. Yes \_\_\_ 2. No \_\_\_ 3. Does not apply \_\_\_

E. For how many years have you had the cough?

Number of years \_\_\_ Does not apply \_\_\_

33. 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.)

1. Yes \_\_\_ 2. No \_\_\_

If no, skip to 33B.

A. Do you usually bring up phlegm like this as much as twice a day, four (4) or more days out of the week?

1. Yes \_\_\_ 2. No \_\_\_

B. Do you usually bring up phlegm at all on getting up or first thing in the morning?

1. Yes \_\_\_ 2. No \_\_\_

C. 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, or C), answer the following. If no to all of the above, check "does not apply" and skip to 34.**

D. Do you bring up phlegm like this on most days for three (3) consecutive months or more during the year?

1. Yes \_\_\_ 2. No \_\_\_ 3. Does not apply \_\_\_

E. For how many years have you had trouble with phlegm?

Number of years \_\_\_ Does not apply \_\_\_

**EPISODES OF COUGH AND PHLEGM**

34. Have you had periods or episodes of (increased\*) cough and phlegm lasting for three (3) weeks or more each year?

\*For persons who usually have cough or phlegm 1. Yes\_\_\_ 2. No\_\_\_

If yes:

A. For how long have you had at least one (1) such episode per year?  
Number of years\_\_\_ Does not apply \_\_\_

**WHEEZING**

35. 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 35:

A. For how many years has this been present? Number of years\_\_\_ Does not apply \_\_\_

36. Have you ever had an attack of wheezing that has made you feel short of breath?

1. Yes\_\_\_ 2. No\_\_\_

If yes:

A. How old were you when you had your first such attack? Age in years\_\_\_ Does not apply \_\_\_

B. Have you had two (2) or more such episodes?  
1. Yes\_\_\_ 2. No\_\_\_ 3. Does not apply \_\_\_

C. 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 39.

Nature of condition(s)\_\_\_\_\_

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38. Are you troubled by shortness of breath when hurrying on the level or walking up a slight hill?

1. Yes\_\_\_ 2. No\_\_\_

If yes:

A. 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 \_\_\_

B. 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 \_\_\_

C. 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 \_\_\_

D. 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**

39. Have you ever smoked cigarettes?

("No" means less than 20 packs of cigarettes, 12 ounces of tobacco in a lifetime, less than 1 cigarette a day for 1 year.) 1. Yes\_\_\_ 2. No\_\_\_

If yes:

A. Do you now smoke cigarettes (as of one month ago)?  
1. Yes\_\_\_ 2. No\_\_\_ 3. Does not apply \_\_\_

B. At what age did you first start regular cigarette smoking?  
Age in years\_\_\_ Does not apply \_\_\_

C. If you have stopped smoking cigarettes completely, how old were you when you stopped?  
Age stopped\_\_\_ Check if still smoking\_\_\_  
Does not apply \_\_\_

D. How many cigarettes do you smoke per day now?

Cigarettes per day \_\_\_\_\_ Does not apply \_\_\_\_\_

E. On the average of the entire time you smoked, how many cigarettes did you smoke per day?

Cigarettes per day \_\_\_\_\_ Does not apply \_\_\_\_\_

F. Do or did you inhale the cigarette smoke?

1. Does not apply \_\_\_\_\_ 2. Not at all \_\_\_\_\_ 3. Slightly \_\_\_\_\_ 4. Moderately \_\_\_\_\_ 5. Deeply \_\_\_\_\_

40. Have you ever smoked a pipe regularly?

("Yes" means more than 12 ounces of tobacco in a lifetime. A standard pouch of tobacco contains 1.5 ounces.)

1. Yes \_\_\_\_\_ 2. No \_\_\_\_\_

If yes, for persons who have ever smoked a pipe:

A.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 \_\_\_\_\_

B. On the average over the entire time you smoked a pipe, how much pipe tobacco did you smoke per week?

Ounces per week \_\_\_\_\_ Does not apply \_\_\_\_\_

C. How much pipe tobacco are you smoking now?

Ounces per week \_\_\_\_\_

Not currently pipe smoking \_\_\_\_\_

D. Do you or did you inhale the pipe smoke?

1. Never smoked \_\_\_\_\_ 2. Not at all \_\_\_\_\_ 3. Slightly \_\_\_\_\_ 4. Moderately \_\_\_\_\_ 5. Deeply \_\_\_\_\_

41. Have you ever smoked cigars regularly?

(Yes means more than one (1) cigar a week for a year.)

1. Yes \_\_\_\_\_ 2. No \_\_\_\_\_

If yes, for persons who have ever smoked cigars:

A.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 \_\_\_\_\_

B. On the average over the entire time you smoked cigars, how many cigars did you smoke per week?

Cigars per week \_\_\_\_\_

Does not apply \_\_\_\_\_

C. How many cigars do you smoke per week now?

Cigars per week \_\_\_\_\_

Not smoking cigars currently \_\_\_\_\_

D. Do or did you inhale the cigar smoke?

1. Never smoked \_\_\_\_\_ 2. Not at all \_\_\_\_\_ 3. Slightly \_\_\_\_\_ 4. Moderately \_\_\_\_\_ 5. Deeply \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_