

Michigan State University
 University Physician's Office
 Occupational Health (517) 353-9137
 East Lansing, MI 48824-1037

**INITIAL MEDICAL QUESTIONNAIRE FOR
 INDIVIDUALS WHO WEAR A RESPIRATOR**

INSTRUCTIONS: Please answer all questions honestly and completely. Questions are for record keeping purposes and to check for heart or lung disease that may place you at risk of becoming ill when you wear a respirator. Information will be kept confidential and will be reviewed by professional medical personnel only. If you wish to talk to the Health Care Professional who will be reviewing this questionnaire, please call MSU Occupational Health at 353-9137.

Name:			
_____	_____	_____	
Last	First	Middle	
Address:			
_____	_____	_____	_____
Street	City	State	Zip
Home Phone: () _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		
ZPID or APID: _____	Date of Birth: _____		
Department: _____	Job Title: _____		
Phone number we can reach you at work: _____	Supervisor: _____		
Were you ever an MSU Student? Yes ___ No ___ If Yes, Student #: _____			
Height: (without shoes) _____			
Weight: (without shoes) _____			

IF "YES", WOULD YOU SHAVE YOUR BEARD IF YOU WERE REQUIRED TO FOR A JOB?

15. Yes No Do you consider yourself to be in good health?
IF "NO", STATE REASONS:

16. Do you have any defect of vision (other than corrective lenses)?
IF "YES", STATE THE NATURE OF THE DEFECT:

17. Do you have any defect of hearing?
IF "YES", STATE THE NATURE OF THE DEFECT:

18. Have you ever had any of the following conditions?

- 18a. Epilepsy (or fits, seizures, convulsions)?
 18b. Rheumatic Fever?
 18c. Kidney Disease?
 18d. Bladder Disease?
 18e. Diabetes?

IF "YES," Check treatment(s): DIET PILLS INSULIN

- 18f. Allergic reactions that interfere with your breathing?
 18g. Jaundice?
 18h. Trouble smelling odors?

19. Have you ever had emphysema?
IF "YES", ANSWER QUESTIONS 19A-19C. IF "NO", SKIP TO QUESTION 20.

- 19a. Do you still have it?
 19b. Did a doctor confirm it?
19c. At what age did it start? _____

20. Have you ever had asthma?
IF "YES", ANSWER QUESTIONS 20A-20D. IF "NO", SKIP TO QUESTION 21.

- 20a. Do you still have it?
 20b. Did a doctor confirm it?
20c. At what age did it start? _____
20d. If you no longer have it, at what age did it stop? _____

21. Have you ever had any of the following lung conditions?

- 21a. Chronic bronchitis
 21b. Pneumonia
 21c. Tuberculosis
 21d. Silicosis
 21e. Pneumothorax (ruptured or collapsed lung)
 21f. Lung cancer
 21g. Broken ribs

22. Do you currently have any of the following symptoms of pulmonary or lung illness?

- 22a. Shortness of breath that interferes with your job

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- 22b. Coughing that produces phlegm (thick sputum)
 22c. Coughing that wakes you early in the morning
 22d. Coughing that occurs mostly when you are lying down
 22e. Coughing up blood in the last month
 22f. Wheezing that interferes with your job

Yes No

- 22g. Chest pain when you breathe deeply
 22h. Any other symptoms that you think may be related to lung problems

23. Have you ever had any other chest illness?

IF "YES", PLEASE SPECIFY:

24. Have you ever had any surgery on your chest?

IF "YES", PLEASE SPECIFY:

25. Have you ever had any chest injuries?

IF "YES", PLEASE SPECIFY:

26. Have you ever had any of the following cardiovascular or heart problems?

- 26a. Stroke?
 26b. Angina? (Heart pain)
 26c. Heart failure?
 26d. Swelling in your legs or feet (not caused by walking)?
 26e. Heart arrhythmia (heart beating irregularly)?

27. Has a doctor ever told you that you had a heart attack?

28. Has a doctor ever told you that you had any other kind of heart trouble?

IF "YES," PLEASE SPECIFY:

29. Do you have irregular or skipped heartbeats?

30. What was your most recent blood pressure? ____/____

You must provide a blood pressure reading done within the past year. If you have not had a blood pressure reading in the last year, have a blood pressure taken and record the result on the questionnaire before sending the questionnaire to the Occupational Health Clinic. You may also call the Occupational Health Clinic (353-9137) to schedule a time to have your blood pressure taken and you may return the questionnaire at that time.

31. Has a doctor ever told you that you had high blood pressure?

32. Have you had any treatment for high blood pressure (hypertension) in the past ten years?

IF "YES," PLEASE LIST WHAT MEDICATION(S) YOU TAKE FOR YOUR HIGH BLOOD PRESSURE:

33. Do you ever have wheezy or whistling sounds in your chest?

IF "YES", ANSWER QUESTIONS 33A-33C. IF "NO", SKIP TO 34.

33a. When you have a cold

- 33b. Occasionally, apart from a cold
 33c. Most days or nights

IF YOU ANSWERED "YES" TO QUESTIONS A, B, OR C, THEN ANSWER QUESTION 33D.

- 33d. How many years has this been present? _____

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

IF "YES", ANSWER QUESTIONS 34A-34C. IF "NO", SKIP TO 35.

34a. How old were you when your first attack of wheezing occurred?

Age in years _____ Does not apply _____

Yes No

- 34b. Have you had two or more such episodes?
 34c. Have you required medicine or treatment for these attacks?

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

36. Do you have to walk slower than other people your age do on the level because of breathlessness?

37. Do you ever have to stop for breath when walking at your own pace on the level?

38. Do you ever have to stop for breath after walking about 100 yards (or after a few minutes) on the level?

39. Are you too breathless to leave the house or too breathless when you get dressed or climb the stairs?

40. When was your last general medical examination? _____

41. List all medications you take on a regular basis (include those you can buy without a prescription). If you don't know the name, list what the pill is for (i.e., "heart pill" or "water pill"). Use back if more room is needed.

_____ for _____ for _____
_____ for _____ for _____
_____ for _____ for _____

42. Have you ever had any of the following cardiovascular or heart symptoms?

- 42a. Pain or tightness in your chest that interferes with your job
 42b. Heartburn or indigestion that is not related to eating
 42c. Any other symptoms that you think may be related to heart or circulation problems.

IF "YES," PLEASE SPECIFY:

Within the past three months:

43. Have you had any pain or discomfort in your chest?

44. Have you ever had any pressure or heaviness in your chest?

**IF "YES" TO EITHER QUESTIONS 43 OR 44, ANSWER THE FOLLOWING QUESTIONS.
IF "NO" TO QUESTIONS 43 AND 44, SKIP TO QUESTION 51.**

45. Do you get pain, discomfort, pressure, or heaviness when you walk uphill or hurry?
 I never hurry or walk uphill

46. Do you get pain, discomfort, pressure, or heaviness when you walk at an ordinary pace on level ground?

47. What do you do if you get pain, discomfort, pressure, or heaviness while you are walking?

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- Stop or slow down
- Take nitroglycerine
- Keep going, without slowing down

48. If you stand still or sit down, what happens to this pain or discomfort?

- Not relieved Relieved

49. Yes No
 Did you see a doctor because of this pain or discomfort?
IF "YES," WHAT DID HE/SHE SAY IT WAS?

50. If disabled from walking by any condition other than heart or lung disease, describe the nature of the condition(s):

51. Would you like to talk to the health care professional that will review this questionnaire about your answers to this questionnaire?