

Attachment 8

Guidelines for Spirometry

NAME: _____ Weight: _____ Height: _____

GUIDELINES FOR SPIROMETRY IN THE EC WHSP MOBILE (02/2014)

Spirometry will NOT be performed under the following circumstances:

- Oxygen use (make note on Miner ID Card)
- Blood Pressure reading higher than **160/100** _____/_____
- Heart Rate reading higher than **110** _____
- Failure to obtain a Blood Pressure reading

Proceed with the following questions. Even if one of the questions, or elements above, excludes the miner from performing spirometry, complete all questions.

1) Have you had any surgeries in the last 90 days?

____ Yes ____ No -- If no, proceed to #2

If yes, what type of surgery?

For abdominal, hernia, chest, back, neck, eye-type surgeries --
< 90 days ago = NO spirometry

For all other surgeries:

Are you released from the doctor's care?

____ Yes = spirometry ____ No = NO spirometry

2) Have you ever had any heart trouble?

____ Yes ____ No -- If no, proceed to #3

If yes, what type of trouble?

For former miners: Yes = NO spirometry

For working miners: Have you had any heart issues in the last 6 months?

____ Yes = NO spirometry ____ No = spirometry

3) Have you ever had a stroke?

____ Yes ____ No -- If no, proceed to #4

If yes, when? _____

For working miners: < 3 months = NO spirometry
> 3 months = spirometry

For former miners: NO spirometry regardless of time

4) Have you had a cold, flu, or respiratory infection in your chest in the last 3 weeks?

____ Yes ____ No -- If no, proceed to #5

If yes, for working and former miners -- NO spirometry

6) Have you ever had a collapsed lung that was not by an injury or surgery (spontaneous pneumothorax)?

____ Yes ____ No -- If no, proceed to #7

If yes, for working and former miners -- NO spirometry

7) Have you ever been told by a doctor that you had an aneurysm in your head or stomach?

____ Yes ____ No -- If no, proceed to #8

If yes, for working and former miners -- NO spirometry

8) Are you having any asthma or allergy symptoms?

____ Yes (Circle which one above) ____ No

9) Have you ever smoked cigarettes regularly?

(Mark NO if smoked less than 100 cigarettes in entire 100 cigarettes = 5 packs)

____ Yes ____ No = Never - Questionnaire complete

If yes,

Do you still smoke cigarettes (as of 1 month ago)?

____ Yes = Current ____ No = Former

How old were you when you first started smoking cigarettes regularly? _____ years old

For Former Only:

How old were you when you stopped smoking cigarettes completely? _____ years old

For Current and Former:

Taking into consideration times you may have stopped smoking cigarettes for 6 months or more, how many years have you/did you smoke cigarettes? _____ years

On average, for the entire time that you smoked, how many cigarettes did you smoke per day?

_____ per day (20 cigarettes = 1 pack)

For Current Only: