Attachment D
Sample HHE Specific Worker Interview

Form Approved
OMB No. 0920-0260
Expires xx/xx/xxxx

Northport VAMC Employee Interview

1. Name: _____

2. Sex _____ 3. Age _____

4. Employer (circle): VA Contractor/other: _____

5. Year of hire: _____

6. Current Position: _____
   6a. Supervisory? [ ] yes [ ] no

7. How long in this position? _____

   7a. If less than 1yr, prior position at VA? _____

8. Current Work Area (location where the majority of your work is done)

_____

9. Description of Work Tasks: _____

_____

10. Do you wear any PPE not required at work? [ ]yes [ ]no
    If yes, type/why: _____

11. Any/type of workplace medical evaluation? _____

12. Any concerns about work exposures? [ ] yes [ ] no

    If yes, what concerns? _____

13. Do you have any health problems you think are related to work at Northport VAMC?
    [ ]yes [ ]no [ ] unsure ***IF NO, SKIP TO QU# 17***

Health problem	Onset	reported to spvr?	Saw Dr? (consent)
_____			

15. Did you change your work area due to a health problem? [ ] yes [ ] no

16. What do you think your symptoms or health problems are/were caused by?

_____

17. Do you have any allergies? [ ] no [ ] yes IF yes, to what? _____

18. Do you have: asthma? [ ] yes [ ] no
atopic eczema? [ ] yes [ ] no

19. Do you smoke? [ ] yes, currently [ ] not now but in past [ ] no, never

20. Do you have any chronic health problems you are followed by a doctor or take medication for? [ ] yes [ ] no
If yes, please explain: _____
_____

21. Please list any medication that you take regularly: _____
_____

22. Do you have any of the following symptoms <u>during work hours</u> currently? (Circle)

Eye irritation	Shortness of breath	Nausea
Nasal irritation	Chest tightness	Lightheaded or Dizzy
Throat irritation	Cough	Other:
Headache	Wheeze	

22a. mark "I" next to symptom if it improves on days off.

23. Are any of these symptoms seasonal? [ ] no [ ] yes If yes, which ones?

24. Have you had a skin rash in the past month? If yes, explain history:
_____
_____

25. Do you feel that your work environment is a comfortable temperature and humidity level?

[ ] yes [ ] no If no, explain: _____

26. Have you noticed black particles in your work area? [ ] yes [ ] no
If yes, when/where did you first notice them? _____

How often do you see them? _____
Related to any activities? _____

_____

27. Other health concerns related to work?