

§ 1910.1001

29 CFR Ch. XVII (7-1-13 Edition)

Part 1
INITIAL MEDICAL QUESTIONNAIRE

1. NAME _____

2. SOCIAL SECURITY # _____
1 2 3 4 5 6 7 8 9

2. ~~1.~~ CLOCK NUMBER _____
10 11 12 13 14 15

3. ~~4.~~ PRESENT OCCUPATION _____

4. ~~5.~~ PLANT _____

5. ~~6.~~ ADDRESS _____

6. ~~7.~~ _____ (Zip Code)

7. ~~8.~~ TELEPHONE NUMBER _____

8. ~~9.~~ INTERVIEWER _____

9. ~~10.~~ DATE _____
16 17 18 19 20 21

10. ~~11.~~ Date of Birth _____
Month Day Year 22 23 24 25 26 27

11. ~~12.~~ Place of Birth _____

12. ~~13.~~ Sex 1. Male ___ 2. Female ___

13. ~~14.~~ What is your marital status? 1. Single ___ 2. Married ___ 3. Widowed ___ 4. Separated/Divorced ___

14. ~~15.~~ Race (check all that apply) 1. White ___ 2. Black ___ 3. Asian ___ 4. Hispanic ___ 5. Indian ___ 6. Other ___

15. ~~16.~~ What is the highest grade completed in school? _____
(For example 12 years is completion of high school)

American Indian or Alaska Native

or Latino

or African American

Native Hawaiian or Other Pacific Islander

OCCUPATIONAL HISTORY

16A. ~~17A.~~ Have you ever worked full time (30 hours per week or more) for 6 months or more? 1. Yes ___ 2. No ___
IF YES TO 17A: 16A.

B. ~~17B.~~ Have you ever worked for a year or more in any dusty job? 1. Yes ___ 2. No ___ 3. Does Not Apply ___

Specify job/industry _____ Total Years Worked ___

Was dust exposure: 1. Mild ___ 2. Moderate ___ 3. Severe ___

C. Have you even been exposed to gas or chemical fumes in your work? 1. Yes ___ 2. No ___

Specify job/industry _____ Total Years Worked ___

Was exposure: 1. Mild ___ 2. Moderate ___ 3. Severe ___

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

1. Job occupation _____

2. Number of years employed in this occupation _____

3. Position/job title _____

4. Business, field or industry _____

(Record on lines the years in which you have worked in any of these industries, e.g. 1960-1969)

Have you ever worked:

	YES	NO
E. In a mine?.....	<input type="checkbox"/>	<input type="checkbox"/>
F. In a quarry?.....	<input type="checkbox"/>	<input type="checkbox"/>
G. In a foundry?.....	<input type="checkbox"/>	<input type="checkbox"/>
H. In a pottery?.....	<input type="checkbox"/>	<input type="checkbox"/>
I. In a cotton, flax or hemp mill?.....	<input type="checkbox"/>	<input type="checkbox"/>
J. With asbestos?.....	<input type="checkbox"/>	<input type="checkbox"/>

→ All text boxes replaced with underline fields

17. PAST MEDICAL HISTORY

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

If "NO" state reason _____

B. Have you any defect of vision?..... YES NO

If "YES" state nature of defect _____

C. Have you any hearing defect?..... YES NO

If "YES" state nature of defect _____

- D. Are you suffering from or have you ever suffered from:
- | | | |
|---|--------------------------|--------------------------|
| | YES | NO |
| a. Epilepsy (or fits, seizures, convulsions)? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Rheumatic fever? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Kidney disease? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Bladder disease? | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Diabetes? | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Jaundice? | <input type="checkbox"/> | <input type="checkbox"/> |

- 18.** ~~18.~~ CHEST COLDS AND CHEST ILLNESSES
- 18A.** ~~18A.~~ ^{" "} 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 ___
- 19A.** ~~20A.~~ During the past 3 years, have you had any chest illnesses that have kept you off work, indoors at home, or in bed? 1. Yes ___ 2. No ___
19A.
- IF YES TO **20A.**
- B.** Did you produce phlegm with any of these chest illnesses? 1. Yes ___ 2. No ___
3. Does Not Apply ___
- C.** In the last 3 years, how many such illnesses with (increased) phlegm did you have which lasted a week or more? Number of illnesses ___
No such illnesses ___
- 20.** ~~21.~~ Did you have any lung trouble before the age of 16? 1. Yes ___ 2. No ___
- 21.** ~~22.~~ Have you ever had any of the following?
- 1A.** Attacks of bronchitis? 1. Yes ___ 2. No ___
- IF YES TO **1A.**
- B.** Was it confirmed by a doctor? 1. Yes ___ 2. No ___
3. Does Not Apply ___
- C.** At what age was your first attack? Age in Years ___
Does Not Apply ___
- 2A.** Pneumonia (include bronchopneumonia)? 1. Yes ___ 2. No ___
- IF YES TO **2A.**
- B.** Was it confirmed by a doctor? 1. Yes ___ 2. No ___
3. Does Not Apply ___
- C.** At what age did you first have it? Age in Years ___
Does Not Apply ___

Occupational Safety and Health Admin., Labor

§ 1910.1001

3A. Hay Fever? 1. Yes ___ 2. No ___

IF YES TO 3A:
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 ___

22A. ~~23A.~~ Have you ever had chronic bronchitis? 1. Yes ___ 2. No ___

IF YES TO ~~23A.~~ 22A.
B. Do you still have it? 1. Yes ___ 2. No ___
3. Does Not Apply ___

C. Was it confirmed by a doctor? 1. Yes ___ 2. No ___
3. Does Not Apply ___

D. At what age did it start? Age in Years ___
Does Not Apply ___

23A. ~~24A.~~ Have you ever had emphysema? 1. Yes ___ 2. No ___

IF YES TO ~~24A.~~ 23A.
B. Do you still have it? 1. Yes ___ 2. No ___
3. Does Not Apply ___

C. Was it confirmed by a doctor? 1. Yes ___ 2. No ___
3. Does Not Apply ___

D. At what age did it start? Age in Years ___
Does Not Apply ___

24A. ~~25A.~~ Have you ever had asthma? 1. Yes ___ 2. No ___

IF YES TO ~~25A.~~ 24A.
B. Do you still have it? 1. Yes ___ 2. No ___
3. Does Not Apply ___

C. Was it confirmed by a doctor? 1. Yes ___ 2. No ___
3. Does Not Apply ___

D. At what age did it start? Age in Years ___
Does Not Apply ___

E. If you no longer have it, at what age did it stop? Age stopped ___
Does Not Apply ___

25. ~~26.~~ Have you ever had: 1. Yes ___ 2. No ___

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 _____

26A. 27A. Has a doctor ever told you that you had heart trouble? 1. Yes ___ 2. No ___

IF YES TO 27A: 26A
 B. Have you ever had treatment for heart trouble in the past 10 years? 1. Yes ___ 2. No ___
 3. Does Not Apply ___

27A. 28A. Has a doctor ever told you that you had high blood pressure? 1. Yes ___ 2. No ___

IF YES TO 28A: 27A
 B. Have you had any treatment for high blood pressure (hypertension) in the past 10 years? 1. Yes ___ 2. No ___
 3. Does Not Apply ___

28. 29. When did you last have your chest X-rayed? (Year) 25 26 27 28

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

29. What was the outcome? _____

FAMILY HISTORY

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

	FATHER			MOTHER		
	1. Yes	2. No	3. Don't Know	1. Yes	2. No	3. Don't Know
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	___

Occupational Safety and Health Admin., Labor

§ 1910.1001

H. Please specify cause of death

COUGH

- 31A. 32A. Do you usually have a cough? (Count a cough with first smoke or on first going out of doors. Exclude clearing of throat.) [If no, skip to question 32C.] 1. Yes ___ 2. No ___
- 31C. B. 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 ___
- C. Do you usually cough at all on getting up or first thing in the morning? 1. Yes ___ 2. No ___
- D. Do you usually cough at all during the rest of the day or at night? 1. Yes ___ 2. No ___

IF YES TO ANY OF ABOVE (32A, B, C, or D), ANSWER THE FOLLOWING. IF NO TO ALL, CHECK DOES NOT APPLY AND SKIP TO NEXT PAGE

- E. Do you usually cough like this on most days for 3 consecutive months or more during the year? 1. Yes ___ 2. No ___ 3. Does not apply ___
- F. For how many years have you had the cough? Number of years ___ Does not apply ___

- 32A. 33A. 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.) (If no, skip to 32C) 1. Yes ___ 2. No ___
- 32C. B. Do you usually bring up phlegm like this as much as twice a day 4 or more days out of the week? 1. Yes ___ 2. No ___
- C. Do you usually bring up phlegm at all on getting up or first thing in the morning? 1. Yes ___ 2. No ___
- D. 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, C, or D), ANSWER THE FOLLOWING: IF NO TO ALL, CHECK DOES NOT APPLY AND SKIP TO 34A. NEXT PAGE

- 33A. E. Do you bring up phlegm like this on most days for 3 consecutive months or more during the year? 1. Yes ___ 2. No ___ 3. Does not apply ___

F. For how many years have you had trouble with phlegm? Number of years ___
Does not apply ___

EPISODES OF COUGH AND PHLEGM

33A. ~~34A.~~ Have you had periods or episodes of (increased*) cough and phlegm lasting for 3 weeks or more each year? 1. Yes ___ 2. No ___
*(For persons who usually have cough and/or phlegm)

If YES TO ~~34A~~ **33A**
B. For how long have you had at least 1 such episode per year? Number of years ___
Does not apply ___

WHEEZING

34A. ~~35A.~~ Does your chest ever sound wheezy or whistling 1. Yes ___ 2. No ___
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 35A
B. For how many years has this been present? Number of years ___
Does not apply ___

35A. ~~36A.~~ Have you ever had an attack of wheezing that has made you feel short of breath? 1. Yes ___ 2. No ___

IF YES TO ~~36A~~ **35A**
B. How old were you when you had your first such attack? Age in years ___
Does not apply ___

C. Have you had 2 or more such episodes? 1. Yes ___ 2. No ___
3. Does not apply ___

D. Have you ever required medicine or treatment for the(se) attack(s)? 1. Yes ___ 2. No ___
3. Does not apply ___

BREATHLESSNESS

36. ~~37.~~ If disabled from walking by any condition other than heart or lung disease, please describe and proceed to question ~~39A.~~ **38A**
Nature of condition(s) _____

37A. ~~39A.~~ Are you troubled by shortness of breath when hurrying on the level or walking up a slight hill? 1. Yes ___ 2. No ___

Occupational Safety and Health Admin., Labor

§ 1910.1001

IF YES TO ~~38A~~ 37A

- B. 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 ___
- C. 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 ___
- D. 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 ___
- E. 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

38A. ~~38A~~ Have you ever smoked cigarettes? (No means less than 20 packs of cigarettes or 12 oz. of tobacco in a lifetime or less than 1 cigarette a day for 1 year.) 1. Yes ___ 2. No ___

IF YES TO ~~37A~~ 38A

- B. Do you now smoke cigarettes (as of one month ago) 1. Yes ___ 2. No ___
3. Does not apply ___
- C. How old were you when you first started regular cigarette smoking? Age in years ___
Does not apply ___
- D. If you have stopped smoking cigarettes completely, how old were you when you stopped? Age stopped ___
Check if still smoking ___
Does not apply ___
- E. How many cigarettes do you smoke per day now? Cigarettes per day ___
Does not apply ___
- F. On the average of the entire time you smoked, how many cigarettes did you smoke per day? Cigarettes per day ___
Does not apply ___
- G. Do or did you inhale the cigarette smoke? 1. Does not apply ___
2. Not at all ___
3. Slightly ___
4. Moderately ___
5. Deeply ___

39A. ~~40A~~ Have you ever smoked a pipe regularly? (Yes means more than 12 oz. of tobacco in a lifetime.) 1. Yes ___ 2. No ___

IF YES TO ^{39A} ~~40A~~:
FOR PERSONS WHO HAVE EVER SMOKED A PIPE

- B. 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 ___
Check if still smoking pipe ___
Does not apply ___
- C. On the average over the entire time you smoked a pipe, how much pipe tobacco did you smoke per week? ___ oz. per week (a standard pouch of tobacco contains 1 1/2 oz.)
___ Does not apply
- D. How much pipe tobacco are you smoking now? oz. per week ___
Not currently smoking a pipe ___
- E. Do you or did you inhale the pipe smoke? 1. Never smoked ___
2. Not at all ___
3. Slightly ___
4. Moderately ___
5. Deeply ___
- ^{40A} 41A. Have you ever smoked cigars regularly? (Yes means more than 1 cigar a week for a year) 1. Yes ___ 2. No ___

→ moved to right

IF YES TO ~~41A~~ ^{40A}:
FOR PERSONS WHO HAVE EVER SMOKED CIGARS

- B. 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 *smoking cigars?* Age stopped ___
Check if still ~~smoking cigars~~ ___
Does not apply ___
- C. On the average over the entire time you smoked cigars, how many cigars did you smoke per week? Cigars per week ___
Does not apply ___
- D. How many cigars are you smoking per week now? Cigars per week ___
Check if not smoking cigars currently ___
- E. Do or did you inhale the cigar smoke? 1. Never smoked ___
2. Not at all ___
3. Slightly ___
4. Moderately ___
5. Deeply ___

Signature _____

Date _____

Part 2
PERIODIC MEDICAL QUESTIONNAIRE

1. NAME _____

2. SOCIAL SECURITY # _____
 1 2 3 4 5 6 7 8 9

2. 3. CLOCK NUMBER _____
 10 11 12 13 14 15

3. 4. PRESENT OCCUPATION _____

4. 5. PLANT _____

5. 6. ADDRESS _____

6. 7. _____
 (Zip Code) *moved to left*

7. 8. TELEPHONE NUMBER _____

8. 9. INTERVIEWER _____

9. 10. DATE _____
 16 17 18 19 20 21

10. 11. What is your marital status? 1. Single _____ 4. Separated/
 2. Married _____ Divorced _____
 3. Widowed _____

11. 12. OCCUPATIONAL HISTORY

11.A. 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:

11.B. 12B. In the past year, did you work in a dusty job? 1. Yes _____ 2. No _____
 3. Does Not Apply _____

11.C. 12C. Was dust exposure: 1. Mild _____ 2. Moderate _____ 3. Severe _____

11.D. 12D. In the past year, were you exposed to gas or chemical fumes in your work? 1. Yes _____ 2. No _____

11.E. 12E. Was exposure: 1. Mild _____ 2. Moderate _____ 3. Severe _____

11.F. 12F. In the past year, what was your: 1. Job/occupation? _____
 2. Position/job title? _____

12. ~~12.~~ 13. RECENT MEDICAL HISTORY

12A. ~~13A.~~ Do you consider yourself to be in good health? Yes ___ No ___

If NO, state reason _____

12B. ~~13B.~~ In the past year, have you developed:

	Yes	No
Epilepsy?	___	___
Rheumatic fever?	___	___
Kidney disease?	___	___
Bladder disease?	___	___
Diabetes?	___	___
Jaundice?	___	___
Cancer?	___	___

13. ~~14.~~ 14. CHEST COLDS AND CHEST ILLNESSES

13A. ~~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 ___

14A. ~~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.~~ 14A.

14B. ~~15B.~~ Did you produce phlegm with any of these chest illnesses?

1. Yes ___ 2. No ___
3. Does Not Apply ___

14C. ~~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 ___

15. ~~16.~~ 16. RESPIRATORY SYSTEM

In the past year have you had:

	Yes or No	Further Comment on Positive Answers
Asthma	___	
Bronchitis	___	
Hay Fever	___	
Other Allergies	___	

	<u>Yes or No</u>	<u>Further Comment on Positive Answers</u>
Pneumonia	_____	
Tuberculosis	_____	
Chest Surgery	_____	
Other Lung Problems	_____	
Heart Disease	_____	
Do you have:		
	<u>Yes or No</u>	<u>Further Comment on Positive Answers</u>
Frequent colds	_____	
Chronic cough	_____	
Shortness of breath when walking or climbing one flight or stairs	_____	
Do you:		
Wheeze	_____	
Cough up phlegm	_____	
Smoke cigarettes	_____	Packs per day _____ How many years _____

Date _____

Signature _____

APPENDIX E TO §1910.1001—INTERPRETATION AND CLASSIFICATION OF CHEST ROENTGENOGRAMS—MANDATORY

(a) Chest roentgenograms shall be interpreted and classified in accordance with a professionally accepted Classification system and recorded on an interpretation form following the format of the CDC/NIOSH (M) 2.8 form. As a minimum, the content within the bold lines of this form (items 1 through 4) shall be included. This form is not to be submitted to NIOSH.

(b) Roentgenograms shall be interpreted and classified only by a B-reader, a board eligible/certified radiologist, or an experienced physician with known expertise in pneumoconioses.

(c) All interpreters, whenever interpreting chest roentgenograms made under this section, shall have immediately available for reference a complete set of the ILO-U/C International Classification of Radiographs for Pneumoconioses, 1980.

APPENDIX F TO §1910.1001—WORK PRACTICES AND ENGINEERING CONTROLS FOR AUTOMOTIVE BRAKE AND CLUTCH INSPECTION, DISASSEMBLY, REPAIR AND ASSEMBLY—MANDATORY

This mandatory appendix specifies engineering controls and work practices that must be implemented by the employer during automotive brake and clutch inspection, disassembly, repair, and assembly operations. Proper use of these engineering controls and work practices by trained employees will reduce employees' asbestos exposure below the permissible exposure level during clutch and brake inspection, disassembly, repair, and assembly operations. The employer shall institute engineering controls and work practices using either the method set forth in paragraph [A] or paragraph [B] of this appendix, or any other method which the employer can demonstrate to be equivalent in terms of reducing employee exposure to asbestos as defined and which meets the requirements described in paragraph [C] of