

Attachment D
Sample HHE Specific Worker Interview

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)

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0260). Do not send the completed form to this address.

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 during work hours 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?
