Attachment 16 –
Respiratory Assessment Form – Form No. CDC/NIOSH (M) 2.13

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Form Approved
OMB No. 0920-0020

# RESPIRATORY ASSESSMENT FORM

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION
NATIONAL INSTITUTE FOR OCCUPATIONAL SAFETY AND HEALTH
COAL WORKERS' HEALTH SURVEILLANCE PROGRAM (CWHSP)

Return To:

NIOSH
Coal Workers' Health Surveillance Program
1095 Willowdale Road, M/S LB208
Morgantown, WV 26505
FAX: 304-285-6058

## Miner Identification

| Miner's Name (Last) | (First) | (Middle) |
|---|---|---|
| | | |
| | Birth Date | Date Completed |
| | | |
| Email Address | | |
| | | |

**Mark an X for the best answer.**

## Medical Conditions

1. Has a doctor, nurse, or other health professional EVER told you that you had any of the following?

| | NO | YES |
|---|---|---|
| Coronary heart disease? | ☐ | ☐ |
| Angina, also called angina pectoris? | ☐ | ☐ |
| A heart attack (myocardial infarction)? | ☐ | ☐ |
| A stroke? | ☐ | ☐ |
| High blood pressure or hypertension? | ☐ | ☐ |
| Asthma? | ☐ | ☐ |
| Emphysema? | ☐ | ☐ |
| Chronic bronchitis? | ☐ | ☐ |
| Rheumatoid arthritis? | ☐ | ☐ |
| COPD (Chronic Obstructive Pulmonary Disease)? | ☐ | ☐ |

## Respiratory Symptoms

| | | |
|---|---|---|
| 2. Do you usually have a cough, apart from colds? If YES, answer 2a and 2b. | No ☐ | Yes ☐ |
| 2a. Do you cough on most days* for 3 or more months during the year? | No ☐ | Yes ☐ |
| 2b. About how many years have you had this cough? | Years | |
| 3. Do you usually bring up phlegm from your chest, apart from colds? If YES, answer 3a and 3b. | No ☐ | Yes ☐ |
| 3a. Do you bring up chest phlegm on most days* for 3 or more months during the year? | No ☐ | Yes ☐ |
| 3b. About how many years have you had phlegm like this? | Years | |

* = Most days means 4 or more days each week.



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Print Form  Save Form  Next Page

Previous Page

| | | | | |
|---|---|---|---|---|
| **Respiratory Symptoms (continued)** | | | | |
| 4. In the last 12 months, have you had wheezing or whistling in your chest at any time? If YES, answer 4a thru 4c. | | | No ☐ | Yes ☐ |
| 4a. Mark one: Yes, I have wheezing only when I have a cold | | | | Yes ☐ |
| OR Yes, I have wheezing sometimes when I don't have a cold | | | | Yes ☐ |
| 4b. Does the wheezing always clear when you cough? | | | No ☐ | Yes ☐ |
| 4c. When you are away from the mine on days off, is this wheezing or whistling (mark one) | The same ☐ | | Worse ☐ | Better ☐ |
| 5. In the past 12 months, have you had an episode of asthma or an asthma attack? | | | No ☐ | Yes ☐ |
| 5a. If YES, about how old were you when you first had an attack of asthma? | | | Age | |
| 6. Are you currently taking any medicine for your breathing? (including inhalers, aerosols, or pills) | | | No ☐ | Yes ☐ |
| 6a. If YES, mark what you are currently taking: | Inhalers ☐ | | Aerosols ☐ | Pills ☐ |
| 7. Are you troubled by shortness of breath when hurrying on level ground or walking up a slight hill? If YES, answer 7a. | | | No ☐ | Yes ☐ |
| 7a. Do you have to walk slower than people of your age on level ground because of shortness of breath? If YES, answer 7b. | | | No ☐ | Yes ☐ |
| 7b. About how many years have you had this shortness of breath? | | | Years | |
| **Smoking History** | | | | |
| 8. Have you ever smoked cigarettes regularly? (Mark NO if you smoked less than 100 cigarettes in your entire life; 100 cigarettes = 5 packs) If YES, answer 8a thru 8d. | | | No ☐ | Yes ☐ |
| 8a. On average, for the entire time that you smoked, about how many cigarettes did you smoke per day? (1 pack = 20 cigarettes) | | | Cigarettes per Day | |
| 8b. About how old were you when you first started smoking cigarettes regularly? | | | Age | |
| 8c. Do you still smoke cigarettes? | | | No ☐ | Yes ☐ |
| If NO, about how old were you when you completely stopped smoking? | | | Age | |
| If YES, would you like to quit smoking now? | Yes ☐ | | Maybe ☐ | No ☐ |
| 8d. During the time you were a smoker, did you ever stop smoking for 6 months or more? | | | No ☐ | Yes ☐ |
| If YES, about how long did you stop smoking altogether? (Mark the total number of years that you stopped smoking during the time you were a smoker) | | | | Years |
| 9. Do you use any other inhaled tobacco or nicotine products (pipes, cigars, electronic cigarettes, e-cigarettes etc.)? | | | No ☐ | Yes ☐ |
| 9a. If YES, do you use them (mark one) | Every Day ☐ | | Most Days ☐ | Some Days ☐ |

* = Most days means 4 or more days each week.

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