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

Reset Form

Form Approved

		T-2		OMB No. 0920-0020	
D	ESPIRATORY ASSESSMENT FORM	Return To:			
K	ESPIRATURT ASSESSMENT FORM	NIOSH			
DEPARTMENT OF HEALTH AND HUMAN SERVICES		Coal Workers' Health Surveillance Program			
	ENTERS FOR DISEASE CONTROL AND PREVENTION AL INSTITUTE FOR OCCUPATIONAL SAFETY AND HEALTH	1095 Willowdale Road, M/S LB208			
	WORKERS' HEALTH SURVEILLANCE PROGRAM (CWHSP)	Morgantown, WV 26505 FAX: 304-285-6058			
Miner	Identification		erent control		
Miner's	Name (Last) (First)		(Middle)		
	Birth Date	Birth Date		Date Completed	
Email A	ddress		10.		
	81		ě.		
	Mark an X for th	e best answer.			
	al Conditions				
1.	Has a doctor, nurse, or other health profess	sional EVER told you	that you had	any of the	
	following?		NO	YES	
	Coronary heart disease?			123	
	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 Dise	ease)?			
			30 30	35 57 55	
	ratory Symptoms	la calcula	CANADA	A STORE OF	
2.	Do you usually have a cough, apart from co	olds?	No	Yes 🔲	
	If YES, answer 2a and 2b. 2a. Do you cough on most days* for 3 or m	are menthe during	No Yes		
	the year?	, C	T		
	2b. About how many years have you had this cough?		Years		
	20. About now many journato you mad a	no oougii.	0.0000000		
3.	Do you usually bring up phlegm from your chest, apart from		No _	Yes	
55%	colds? If YES, answer 3a and 3b.				
	3a. Do you bring up chest phlegm on most	No [Yes		
	months during the year?	ne year?			
	3b. About how many years have you had p	niegm like this?	Years		
* = 840	st days means 4 or more days each week.		4		
- 1410	or days modils 4 or more days each week.	200	2000 04 0000	- 12	

Public reporting burden of this collection of information is estimated to average Sminutes 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, Project Clearance Officer, 1600 Clifton Road, MS D-74, Atlanta, GA, 30333, ATTN: PRA (0920-0020).

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	iratory Symptoms (continued) In the last 12 months, have you had wheezing	No _	Yes		
0.573	chest at any time? If YES, answer 4a thru 4c.				
	4a. Mark one: Yes, I have wheezing only whe		Yes		
	OR Yes, I have wheezing sometim have a cold	es whe	n I don't		Yes [
	4b. Does the wheezing always clear when yo	u cougl	1?	No	Yes
	 When you are away from the mine on day off, is this wheezing or whistling (mark on 	~	The same	Worse	Better
5.	In the past 12 months, have you had an episo asthma attack?	No	Yes		
	5a. If YES, about how old were you when you of asthma?	Age	- 10 - 10 - 10		
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		nhalers	Aerosols	Pilis
7.	Are you troubled by shortness of breath when ground or walking up a slight hill? If YES, ansi	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	(2)
ok	king History				
	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 s many cigarettes did you smoke per day? (1 pack = 20 cigarettes)		NEWS TROUBLE OF	Cigarettes per i	Day
	many cigarettes did you smoke per day? (1 pack = 20 cigarettes) 8b. About how old were you when you first st cigarettes regularly?		NEWS TROUBLE OF	Cigarettes per i	Day
	many cigarettes did you smoke per day? (1 pack = 20 cigarettes) 8b. About how old were you when you first st cigarettes regularly? 8c. Do you still smoke cigarettes?	arted si	moking	274	Yes _
	many cigarettes did you smoke per day? (1 pack = 20 cigarettes) 8b. About how old were you when you first st cigarettes reqularly? 8c. Do you still smoke cigarettes? If NO, about how old were you when you smoking?	arted si	moking tely stopped	Age No Age	Yes _
	many cigarettes did you smoke per day? (1 pack = 20 cigarettes) 8b. About how old were you when you first st cigarettes reqularly? 8c. Do you still smoke cigarettes? If NO, about how old were you when you smoking? If YES, would you like to quit smoking now	comple	moking tely stopped	Age No Age Maybe	
	many cigarettes did you smoke per day? (1 pack = 20 cigarettes) 8b. About how old were you when you first st cigarettes reqularly? 8c. Do you still smoke cigarettes? If NO, about how old were you when you smoking? If YES, would you like to quit smoking not smoking the time you were a smoker, did you smoking for 6 months or more?	comple w?	tely stopped	Age No Age	Yes No Yes C
	many cigarettes did you smoke per day? (1 pack = 20 cigarettes) 8b. About how old were you when you first st cigarettes regularly? 8c. Do you still smoke cigarettes? If NO, about how old were you when you smoking? If YES, would you like to quit smoking now smoking for 6 months or more? If YES, about how long did you stop smoking for 6 months or more? If YES, about how long did you stop smoking for 6 months or more?	comple w? ou ever	tely stopped Yes Stop gether? d smoking	Age No Age Maybe	Yes C
9.	many cigarettes did you smoke per day? (1 pack = 20 cigarettes) 8b. About how old were you when you first st cigarettes regularly? 8c. Do you still smoke cigarettes? If NO, about how old were you when you smoking? If YES, would you like to quit smoking now smoking for 6 months or more? If YES, about how long did you stop smok (Mark the total number of years that you	comple w? ou ever king alto stopped tine pro	tely stopped Yes Stop gether? d smoking	Age No Age Maybe	Yes No Yes E

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