Attachment 16 –

Respiratory Assessment Form – Form 2.13

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)

NIOSH

Return To:

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)
Medical Record Number	Birth Date	Date Completed
Email Address		

Mark an X for the best answer.

Medical Conditions

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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?	No	Yes	
If YES, answer 2a and 2b.			
2a. Do you cough on <u>most days</u> * 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	No	Yes
colds? If YES, answer 3a and 3b.		
3a. Do you bring up chest phlegm on <u>most days</u> * for 3 or more	No	Yes
months during the year?		
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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Public reporting burden of this collection of information is estimated to average 5minutes 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).

	In the last 12 months, have you had wheezing or	No	Yes	
chest at any time? If YES, answer 4a and 4b.				
	4a. Mark one: Yes, I have wheezing <u>only</u> when I	have a cold		Yes
	OR Yes, I have wheezing sometimes have a cold	when I don't		Yes
	4b. Does the wheezing always clear when you cough?		No	Yes
	When you are away from the mine on days off, is this wheezing or whistling (mark one)	The same	Worse	Better
6. In the past 12 months, have you had an episode of asthma or an asthma attack?		No	Yes	
6a. If YES, about how old were you when you first had an attack of asthma?		Age		
 Are you currently taking any medicine for your breathing? (including inhalers, aerosols, or pills) 		No	Yes	
	7a. If YES, mark what you are currently taking:	Inhalers	Aerosols	Pills
	Are you troubled by shortness of breath when hu ground or walking up a slight hill? If YES, answer		No	Yes
8a. Do you have to walk slower than people of your age on level ground because of shortness of breath? If YES, answer 8b.		No	Yes	
	8b. About how many years have you had this shortness of breath?		Years	
noki	ng History			
	Have you ever smoked cigarettes regularly? (Ma	rk NO if vou	No	Yes
	smoked less than 100 cigarettes in your entire life = 5 packs) If YES, answer 9a thru 9d.			
9a. On average, for the entire time that you smoked, about how many cigarettes did you smoke per day?		Cigarettes per	. Day	
	(1 pack = 20 cigarettes)			
		ed smoking	Age	-
	(1 pack = 20 cigarettes) 9b. About how old were you when you first starte	ed smoking	Age No	Yes
	 (1 pack = 20 cigarettes) 9b. About how old were you when you first starter cigarettes regularly? 9c. Do you still smoke cigarettes? If NO, about how old were you when you cor smoking? 			Yes
	 (1 pack = 20 cigarettes) 9b. About how old were you when you first starter cigarettes regularly? 9c. Do you still smoke cigarettes? If NO, about how old were you when you cor 		No	Yes
	 (1 pack = 20 cigarettes) 9b. About how old were you when you first starter cigarettes regularly? 9c. Do you still smoke cigarettes? If NO, about how old were you when you cor smoking? If YES, would you like to quit smoking now? 9d. During the time you were a smoker, did you smoking for 6 months or more? 	Pres Yes ever stop	No Age	
	 (1 pack = 20 cigarettes) 9b. About how old were you when you first starte cigarettes regularly? 9c. Do you still smoke cigarettes? If NO, about how old were you when you cor smoking? If YES, would you like to quit smoking now? 9d. During the time you were a smoker, did you 	Yes ever stop	No Age Maybe	No Yes Years
10.	 (1 pack = 20 cigarettes) 9b. About how old were you when you first starter cigarettes regularly? 9c. Do you still smoke cigarettes? If NO, about how old were you when you cor smoking? If YES, would you like to quit smoking now? 9d. During the time you were a smoker, did you smoking for 6 months or more? If YES, about how long did you stop smoking (Mark the total number of years that you stop 	Yes ever stop g altogether? pped smoking	No Age Maybe	No Yes

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