Respiratory Questionnaire

Can you read? (Please check the appropriate box) ☐ Yes ☐ No

Your employer must allow you to answer this questionnaire during normal working hours, or at a time and place that is convenient to you. To maintain your confidentiality, your employer or supervisor must not look at or review your answers, and your employer must tell you how to deliver or send this questionnaire to the health care professional who will review it.

Part A. Section 1. (Mandatory) The following information must be provided by every employee who has been selected to use any type of respirator.

Name				Sex Male	Date
Phone	On-Site		Off-Site		DOB
Employer			Job Title		
Blood Pressure			Height		Weight	

Please check the type of respirator you will use (you can check more than one category):

☐ a. N, R, or P disposable respirator (filter mask, non-cartridge type only)

☐ b. Other type (for example, half- or full-faceplate type, powered air-purifying, supplied-air, self-containing breathing apparatus)

Have you ever worn a respirator: ☐ Yes ☐ No If yes, what type:

Part A. Section 2. (Mandatory) Questions 1 through 9 below must be answered by every employee who has been selected to use any type of respirator (please check Yes or No).

Please indicate if you have ever had any of the following medical conditions. Check if YES and circle the appropriate condition.

1. Do you currently smoke tobacco, or have you smoked tobacco in the last month?					☐ Yes ☐ No
2. Have you ever had any of the following conditions?					☐ Yes ☐ No
a. Seizures (fits)					☐ Yes ☐ No
b. Diabetes (sugar disease)					☐ Yes ☐ No
c. Allergic reactions that interfere with your breathing					☐ Yes ☐ No
d. Claustrophobia (fear of closed-in places)					☐ Yes ☐ No
e. Trouble smelling odors					☐ Yes ☐ No
3. Have you ever had any of the following pulmonary or lung problems					☐ Yes ☐ No
a. Asbestosis	☐ Yes	☐ No	g. Silicosis		☐ Yes ☐ No
b. Asthma	☐ Yes	☐ No	h. Pneumothorax (collapsed lung)		☐ Yes ☐ No
c. Chronic bronchitis	☐ Yes	☐ No	i. Lung cancer		☐ Yes ☐ No
d. Emphysema	☐ Yes	☐ No	j. Broken ribs		☐ Yes ☐ No
e. Pneumonia	☐ Yes	☐ No	k. Any chest injuries or surgeries		☐ Yes ☐ No
f. Tuberculosis	☐ Yes	☐ No	l. Any other lung problems that you have been told about		☐ Yes ☐ No
4. Do you currently have any of the following symptoms or pulmonary or lung illness?					☐ Yes ☐ No
a. Shortness of breath	☐ Yes	☐ No	h. Coughing that wakes you early in the morning		☐ Yes ☐ No
b. Shortness of breath when walking fast on level ground or walking up a slight hill on incline	☐ Yes	☐ No	i. Coughing that occurs mostly when you are laying down		☐ Yes ☐ No
c. Shortness of breath when walking with other people at an ordinary pace on level ground	☐ Yes	☐ No	j. Coughing up blood in the last month		☐ Yes ☐ No
d. Have to stop for breath when walking at your own pace on level ground	☐ Yes	☐ No	k. Wheezing		☐ Yes ☐ No
e. Shortness of breath when washing or dressing yourself	☐ Yes	☐ No	l. Wheezing that interferes with your job		☐ Yes ☐ No
f. Shortness of breath that interferes with your job	☐ Yes	☐ No	m. Chest pain when you breathe deeply		☐ Yes ☐ No
g. Coughing that produces phlegm (thick sputum)	☐ Yes	☐ No	n. Any other symptoms that you think may be related to lung problems		☐ Yes ☐ No

Name		Sex	Date
Phone	On-Site	Off-Site	DOB

5. Have you ever had any of the following cardiovascular or heart problems?			
a. Heart attack	☐ Yes ☐ No	e. Swelling in your legs or feet (not caused by walking)	☐ Yes ☐ No
b. Stroke	☐ Yes ☐ No	f. Heart arrhythmia (heart beating irregularly)	☐ Yes ☐ No
c. Angina	☐ Yes ☐ No	g. High blood pressure	☐ Yes ☐ No
d. Heart failure	☐ Yes ☐ No	h. Any other heart problem that you have been told about	☐ Yes ☐ No
6. Have you ever had any of the following cardiovascular or heart symptoms?			
a. Frequent pain or tightness in your chest	☐ Yes ☐ No	d. In the past two years, have you noticed your heart skipping or missing a beat	☐ Yes ☐ No
b. Pain or tightness in your chest during physical activity	☐ Yes ☐ No	e. Heartburn or indigestion that is not related to eating	☐ Yes ☐ No
c. Pain or tightness in your chest that interferes with your job	☐ Yes ☐ No	f. Any other symptoms that you think may be related to heart or circulation problems	☐ Yes ☐ No
7. Do you currently take medication for any of the following problems?			
a. Breathing or lung problems	☐ Yes ☐ No	c. Blood pressure	☐ Yes ☐ No
b. Heart trouble	☐ Yes ☐ No	d. Seizures (fits)	☐ Yes ☐ No
If yes, please list the medications:			
8. If you have used a respirator, have you ever had any of the following problems?			
a. Eye irritation	☐ Yes ☐ No	d. General weakness or fatigue	☐ Yes ☐ No
b. Skin allergies or rashes	☐ Yes ☐ No	e. Any other problem that interferes with your use of a respirator	☐ Yes ☐ No
c. Anxiety	☐ Yes ☐ No	f. I have never used a respirator	☐ Yes ☐ No
9. Would you like to talk to the health care professional who will review this questionnaire about your answers?			☐ Yes ☐ No
Questions 10 to 15 below must be answered by every employee who has been selected to use either a full-faceplate respirator or a self-contained breathing apparatus (SCBA). For employees who have selected to use other types of respirators, answering these questions is voluntary.			
10. Have you ever lost vision in either eye (temporarily or permanently)?			☐ Yes ☐ No
11. Do you currently have any of the following vision problems?			
a. Wear contact lenses	☐ Yes ☐ No	c. Color blind	☐ Yes ☐ No
b. Wear glasses	☐ Yes ☐ No	d. Any other eye or vision problems	☐ Yes ☐ No
12. Have you ever had an injury to your ears, including a ruptured ear drum?			☐ Yes ☐ No
13. Do you currently have any of the following hearing problems?			
a. Difficulty hearing	☐ Yes ☐ No		
b. Wearing a hearing aid	☐ Yes ☐ No		
c. Any other hearing or ear problems	☐ Yes ☐ No		
14. Have you ever had a back injury?			☐ Yes ☐ No
If yes, please describe here:			
15. Do you currently have any of the following musculoskeletal problems?			
a. Weakness in arms, hands, legs, or feet	☐ Yes ☐ No	f. Difficulty fully moving your head side to side	☐ Yes ☐ No
b. Back pain	☐ Yes ☐ No	g. Difficulty bending at your knees	☐ Yes ☐ No
c. Difficulty fully moving your arms and legs	☐ Yes ☐ No	h. Difficulty squatting to the ground	☐ Yes ☐ No
d. Pain or stiffness when you lean forward or backward at the waist	☐ Yes ☐ No	i. Difficulty climbing a flight of stairs or ladder carrying more than 25 lbs.	☐ Yes ☐ No
e. Difficulty fully moving your head up and down	☐ Yes ☐ No	j. Any other muscle or skeletal problem that interferes with using a respirator	☐ Yes ☐ No

Name		Sex	Date
Phone	On-Site	Off-Site	DOB

Part B. The following questions must be answered by every employee who has been selected to use either a full-faceplate respirator or a self-contained breathing apparatus (SCBA). For employees who have selected to use other types of respirators, answering these questions is voluntary.

1. In your present job, are you working at high altitudes (over 5,000 ft.) or in a place that has lower than normal amounts of Oxygen?				☐ Yes	☐ No
a. If yes, do you have feelings of dizziness, shortness of breath, pounding in your chest, or other symptoms when you are working under these conditions?				☐ Yes	☐ No
2. At work or at home, have you ever been exposed to hazardous solvents, hazardous airborne chemicals (e.g. gases, fumes, or dust), or have you come into skin contact with hazardous chemicals?				☐ Yes	☐ No
b. If yes, name the chemicals if you know them:					
3. Have you ever worked with any of the materials or under any of the conditions listed below?				☐ Yes	☐ No
a. Asbestos	☐ Yes	☐ No	f. Coal (for example, mining)	☐ Yes	☐ No
b. Silica (e.g. in sandblasting)	☐ Yes	☐ No	g. Iron	☐ Yes	☐ No
c. Tungsten/Cobalt (e.g. grinding or welding materials)	☐ Yes	☐ No	h. Tin	☐ Yes	☐ No
d. Berylium	☐ Yes	☐ No	i. Dusty environments	☐ Yes	☐ No
e. Aluminum	☐ Yes	☐ No	j. Any other hazardous exposures	☐ Yes	☐ No
If you answered yes to letter j. please describe the exposures:					
4. List any second jobs or side businesses you have:					
5. List your previous occupations:					
6. List your current and previous hobbies:					
7. Have you ever been in the military services?				☐ Yes	☐ No
a. If yes, were you exposed to biological or chemical agents (either in training or combat)?				☐ Yes	☐ No
8. Have you ever worked on a HAZMAT team?				☐ Yes	☐ No
9. Other than medications for breathing and lung problems, heart trouble, blood pressure, and seizures mentioned earlier in this questionnaire, are you taking any other medications for any reason (including over-the-counter medications)?				☐ Yes	☐ No
a. If yes, please list the medications:					
10. Will you be using any of the following items with your respirator?					
a. HEPA filters				☐ Yes	☐ No
b. Canisters (for example, gas masks)				☐ Yes	☐ No
c. Cartridges				☐ Yes	☐ No
11. How often are you expected to use the respirator(s)? Please check yes or no for all answers that apply to you.					
a. Escape only (No rescue)	☐ Yes	☐ No	d. Less than 3 hrs. per week	☐ Yes	☐ No
b. Emergency rescue only	☐ Yes	☐ No	e. 2 to 4 hrs. per day	☐ Yes	☐ No
c. Less than 5 hrs. per week	☐ Yes	☐ No	f. Over 4 hrs. per day	☐ Yes	☐ No
12. During the period you are using the respirator(s), is your work effort:					
a. Light (less than 200 kcal per hour)	☐ Yes	☐ No	If yes, how long does this period last during the average shift? Hrs. Min.		
• Examples of a light work effort are sitting while writing, typing, drafting, or performing light assembly work; or standing while operating a drill press (1 to 3 lbs.) or controlling machines.					
b. Moderate (200 to 350 kcal per hour)	☐ Yes	☐ No	If yes, how long does this period last during the average shift? Hrs. Min.		
• Examples of a moderate work effort are sitting while nailing or filling; driving a truck or bus in urban traffic; standing while drilling, nailing, performing assembly work, or transferring a moderate load (approx. 35 lbs.) at trunk level; walking on a level surface about 2 mph or down a 5-degree grade about 3 mph; or pushing a wheelbarrow with a heavy load (approx. 50 lbs.).					
c. Heavy (above 350 kcal per hour)	☐ Yes	☐ No	If yes, how long does this period last during the average shift? Hrs. Min.		
• Examples of heavy work are lifting a heavy load (approx. 50 lbs.) from the floor to your waist or shoulder; working on a loading dock; shoveling; standing while bricklaying or chipping castings; walking up an 8-degree grade about 2 mph; climbing stairs with a heavy load (approx. 50 lbs.).					

Name		Sex	Date
Phone	On-Site	Off-Site	DOB

13. Will you be wearing protective clothing and/or equipment (other than respirator) when you're using your respirator?	☐ Yes	☐ No
If yes, describe this protective clothing and/or equipment:		
14. Will you be working under hot conditions (temperatures exceeding 77ºF)?	☐ Yes	☐ No
15. Will you be working under humid conditions?	☐ Yes	☐ No
16. Describe the work you will be doing while you are using your respirator(s):		
17. Describe any special or hazardous conditions you might encounter when you are using your respirator(s) (for example, confined spaces, life-threatening gases):		
The name of any other toxic substances that you will be exposed to while using your respirator(s):		

I certify that my responses to this questionnaire are true and complete to the best of my knowledge.

Printed Name	Signature	Date