

Control of Asbestos Regulations 2012

Regulation 22(1)

Respiratory Symptom Questionnaire - Licensed Work

Respiratory Symptoms

1. Have you ever, or since your last examination had:

(a) an injury or operation affecting your chest?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
(b) pleurisy?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
(c) pulmonary tuberculosis	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
2. Do you usually cough during the day (or at night when on night work)

	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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3. Do you usually bring up any phlegm from your chest on most days (or nights) for as much as three months each year?

	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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4. Do you usually get short of breath when walking with people of your own age on level ground?

	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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5. During the past three years, or since your last examination, have you had any chest illness, which has kept you from your usual activities for as much as a week? *If NO, go to question 8*

	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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6. Did you bring up more phlegm than usual in any of these illnesses? *If NO, go to question 8*

	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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7. How many illnesses like this have you had in the past three years or since your last examination?

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Smoking

8. Have you ever smoked? *If NO, please go to Q11 Occupational History on next page*

	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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9. (a) Do you smoke at present?

	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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- (b) Have you given up smoking in the last month?

	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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- (c) How old were you when you started smoking regularly? *Enter age in years (a regular smoker is defined as one who has smoked as much as one cigarette a day, one small cigar a day or one ounce of tobacco a month, for as long as a year)*

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- (d) How many manufactured cigarettes do you usually smoke or were you smoking per day?

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- (e) How much tobacco do you usually smoke or were you smoking per day? *Enter number of grams (1 ounce = 28 grams)*

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- (f) How much pipe tobacco do you usually smoke or were you smoking per day? *Enter number of grams (1 ounce = 28 grams)*

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- (g) How many small cigars do you usually smoke or were you smoking per day?

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- (h) How many large cigars do you usually smoke or were you smoking per week?

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Ex-Smokers only

10. How old were you when you last smoked?

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11. Occupational History (Mandatory on first examination - ie date started, date finished, employer name and address, job details)