

**WORK RELATED ASTHMA: FOLLOW-UP WORKER QUESTIONNAIRE**

**Confirm worker's date of birth and employer at the time of claim filing/provider report (see text box on the cover sheet), and list the employer below.**

**Employer:** \_\_\_\_\_

**Confirm: Have you been diagnosed with asthma by a physician?** \_\_\_ Yes \_\_\_ No

**WORKPLACE QUESTIONS**

**Reminder: All questions about the employer, work, or workplace refer to the employer at the time of claim filing/provider report.**

First, I'd like to ask you a few questions about your employer.

3. Are you still employed there? \_\_\_\_\_

4. What does the company do or manufacture?  
\_\_\_\_\_  
\_\_\_\_\_

5. When did you start working for this employer? \_\_/\_\_/\_\_\_\_, or age \_\_\_\_\_  >2 yr

6. What was your job title or occupation when your asthma symptoms first began?  
\_\_\_\_\_

7. When did you start working in that job title/occupation? \_\_/\_\_/\_\_\_\_, or age \_\_\_\_\_

8. What are your regular job tasks?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Please describe the substance and/or situation that you think caused your asthma at your current workplace. **(Make sure you obtain a detailed description of the task/situation, including listing any chemicals used or new processes/chemicals)**

Case ID # \_\_\_\_\_

10. Do you normally wear personal protective equipment, such as a respirator, while at work? Yes No Sometimes

11. Approximately how many other workers do similar tasks and have similar exposures to you? \_\_\_\_\_

11a. Of these workers, do any have similar symptoms as you?  
Yes No Unknown

11b. **If YES**, approximately how many? \_\_\_\_\_

**ASTHMA HISTORY** Next, I have some questions about your medical history:

12. When did a health care provider first diagnose you with asthma?

\_\_\_/\_\_\_/\_\_\_, or age \_\_\_\_, or Unknown

13. When did your asthma symptoms at work begin?  >2 yr

\_\_\_/\_\_\_/\_\_\_, or age \_\_\_\_, or Unknown

14. Did you ever suffer from asthma symptoms before you started working for your employer? Yes No

*(If No, this is NOA)*

**If NO, go to question 15.**

14a. **If YES**, did you have any asthma symptoms or use any asthma medications during the two years prior to working for your employer? Yes No

14b(1): **If YES**, did you experience an increase in symptoms when you started working with your employer? Yes No

14b(2): Did you experience an increase in the use of your asthma medications when you started working with your employer? Yes No

*(If Yes, this is a case of WAA)*

15. When you first started having asthma symptoms at work, did they start after a large exposure to a substance you're not normally exposed to, or exposed to in that amount (i.e., something out of the ordinary)?

Yes (upset condition) No (regular tasks)

**If NO, go to question 16.**

15a. **If YES** (upset condition), how soon after the incident did your asthma symptoms start?

12 hours or less     12-24 hours     more than 1 day, specify \_\_\_\_\_

15b. After this incident, did your asthma symptoms ever go away completely

Yes  No

15c. **If YES**, did your symptoms last less than 3 months?  Yes  No

*Case is RADS if symptoms develop w/in 24 hrs and persists for at least 3 mo*

16. Are you still exposed to the substance(s) or situation that you think caused your asthma?     Yes  No  Unknown

16a. **If NO**, why not?

- No longer employed there
- Reassigned to another job with same employer
- Chemical substituted
- New ventilation system
- New respirators/face mask
- Out on compensation
- One time/short term exposure
- Refused
- Unknown
- Other, specify \_\_\_\_\_

**SYMPTOM PATTERN**

20. Did your doctor do any breathing tests to diagnose your asthma? (possibly a “pulmonary function test” or PFT)

Yes  No  Unknown

**2011 NEW QUESTIONS**

If claimant a) has worked for employer more than 2 years (Q5)  Yes

AND...

b) experienced symptoms at work more than 2 yrs (Q13)  Yes

Then ask questions 90 and 91:

90. Did you experience an increase in asthma symptoms in the 2 years *prior to filing your claim*?

Yes  No  Unknown

91. Did you experience an increase in the use of your asthma medications in the 2 years *prior to filing your claim*?

Yes  No  Unknown

**SMOKING**

25. Have you smoked at least 100 cigarettes in your life?  Yes  No  
**(If NO, skip to Employer Contact Consent)**

25a. **If YES**, are you a current smoker?  Yes  No

25b. **If NO**, how old were you when you quit? \_\_\_\_\_

25c. How old were you when you started smoking on a regular basis? \_\_\_\_\_

## **SOCIAL/ECONOMICAL**

Finally, we're interested in finding out if there are any differences in work-related asthma occurrence among people of different races and ethnicities or among individuals of different socioeconomic position. So, we have just a few questions about that.

26. What is the highest grade of school you completed?

- Never attended school, or only kindergarten
- Grades 1-8 (Elementary)
- Grades 9-11 (Some high school)
- Grade 12 or GED (High school graduate)
- College 1 year to 3 years (Some college or technical school)
- College 4 years or more (College graduate)
- Refused

27. What is your annual household income from all sources?

**Note: If worker cannot work now, find out what the family income was while he/she was still regularly employed.**

- Less than \$10,000
- \$10,000 to less than \$15,000
- \$15,000 to less than \$20,000
- \$20,000 to less than \$25,000
- \$25,000 to less than \$35,000
- \$35,000 to less than \$50,000
- \$50,000 to less than \$75,000
- \$75,000 or more
- Don't know/Not sure
- Refused

28. What race are you?

- American Indian, Alaskan Native
- Asian
- Black
- White
- Native Hawaiian or Pacific Islander
- Other
- Refused

29. Are you of Hispanic origin?       Yes  No

Case ID # \_\_\_\_\_

**EMPLOYER CONTACT CONSENT**

I just have one final question for you.

30. After reviewing your responses, we may determine that it would be important to contact your employer to ensure no other employees will become sick. We would never reveal your name to your employer. **Do we have your permission to contact your employer?**    Yes No

30a. **IF YES**, Where is your employer located (city and state)?

\_\_\_\_\_

30b. What is your employer's telephone number? \_\_\_\_\_

30c. **IF NO**, what are your concerns with our contacting your employer?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Thank you so much for your time and assistance with this questionnaire. Have a nice day. Goodbye.