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)
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?  
   ___/___/____, 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)
Case ID # ______________________________

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? ____________
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
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.