

## Telephone Introduction for Patient Interviews

### *OCCUPATIONAL ASTHMA*

1. Hello, my name is \_\_\_\_\_. I'm calling for Mr./Ms./Mrs. \_\_\_\_\_. Is he/she in?
  - (NO) I'm calling on behalf of the State of Michigan. When is a good time to reach him/her? Please tell him/her I called. Here is my phone number (toll free). He/she may call me at 1-800-446-7805.
  - (YES) I'm calling on behalf of the State of Michigan. We are doing a special investigation into breathing problems. Recently we sent you a letter asking for your help with this investigation.
  
2. Do you remember receiving the letter?
  - (YES) Good. I'd like to take a moment to describe what you can do to help.  
**(go to part 3)**
  - (NO) Let me see...I see that we mailed the letter to you on (date) to (address). Is that your correct address? If not, I will send you another copy of the letter. While I have you on the phone, let me explain briefly what the letter is about.  
**(go to part 3)**
  
3. Your participation in this investigation is completely voluntary. If you decide to participate, I will go through a questionnaire by phone. This takes approximately 30 minutes, and would complete your participation in the investigation. You indicate your voluntary participation by answering the questions. You can end your participation or refuse to answer individual questions at any time. All information you give us will be kept confidential. We do not share information from this investigation with any employers or insurance companies. The State of Michigan will use this information to understand more about lung diseases and what can be done to prevent others from becoming sick. If you became sick at work and are still working at the location where you developed this work-related condition, you may benefit if the results of this investigation lead to changes in your workplace.
  
4. Will you help us by participating in this questionnaire?
  - (YES) Great, I will begin the questions now. (If as you start they indicate this isn't a good time, arrange a time to call back.
  - (NO) I see. May I ask what your concerns are?

# **OCCUPATIONAL ASTHMA QUESTIONNAIRE**

**FOR CODING ONLY**

ID # A \_\_\_\_ \_ \_\_\_\_ \_

Disease: \_\_\_\_ \_

Interviewer: \_\_\_\_ \_ \_\_\_\_ \_ (initials)

Interview from Medical Records? N 1 Y 2

Interview Date/Medical Records:

\_\_\_\_ \_ - \_\_\_\_ \_ - \_\_\_\_ \_ \_\_\_\_ \_

**BACKGROUND INFORMATION**

1. I want to confirm the spelling of your name:

\_\_\_\_ \_  
 First Middle

1. \_\_\_\_ \_  
 Last

2. I want to confirm your address:

\_\_\_\_ \_  
 City State Zip

3. I want to confirm your home phone number:

( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

4. What is your social security number?  
 (when possible, obtain from medical record in chart)

4. \_\_\_\_ \_ \_\_\_\_ \_ - \_\_\_\_ \_ \_\_\_\_ \_ - \_\_\_\_ \_ \_\_\_\_ \_

**DEMOGRAPHIC INFORMATION**

5. What is your gender? (do not ask if obvious)

5. Male 1 Female 2

6. What is your date of birth? \_\_\_\_ \_ \_\_\_\_ \_ - \_\_\_\_ \_ \_\_\_\_ \_ -

6. \_\_\_\_ \_ \_\_\_\_ \_ \_\_\_\_ \_ (CCYY)

7. How would you be classified—the choices are:

7. White 1  
 African American 2  
 Asian/Pacific Islander 3  
 White Hispanic 4  
 Other\* 5  
 Alaskan/American Indian 6  
 African American Hispanic 7  
 Other Hispanic\* 8  
 DK 9

\*If OTHER, please specify:  
 \_\_\_\_\_

**WORK**

I would like to begin by asking you a few questions about the job you were working in when your breathing problems first started.

8. What was your employer's name when your breathing problems first began?  
\_\_\_\_\_

9. What is the employer's address?  
\_\_\_\_\_  
\_\_\_\_\_  
City State Zip

10. What does this company do or manufacture?  
Main Product:  
\_\_\_\_\_

11. What is/was your job title when your breathing problems first began?  
\_\_\_\_\_

12. What are/were your duties?  
\_\_\_\_\_

13. What month and year did you start to work **at this company**?

14. What month and year did you start to work as a (specific job) **at the location where your breathing problems first began**?

15. Was there a particular spill, leak or exposure after which your breathing problems began? (If NO, skip to Question 16)

- a. If YES, what month and year did this occur?
- b. If YES, what were the substances you were exposed to?

Substance 1: \_\_\_\_\_

Substance 2: \_\_\_\_\_

c. If YES, how soon after the exposure did your symptoms occur?

- 1. Immediately
- 2. Within 24 hours of exposure
- 3. Between 24 and 48 hours after exposure
- 4. Within one week after exposure
- 5. Longer than one week after exposure
- 6. Unknown

d. What month and year were you first exposed to spills or leaks of these substances? (best estimate)

e. How many times were you exposed to spills or leaks of these substances? (best estimate)

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9. \_\_\_\_\_ county code  
10. \_\_\_\_\_ SIC (1987)  
11. \_\_\_\_\_ SOC (1990)  
\_\_\_\_\_ COC (2000)  
\_\_\_\_\_ - \_\_\_\_\_ SOC (2000)  
\_\_\_\_\_ NAICS (2002)

13. \_\_\_\_\_ / \_\_\_\_\_ MM/CCYY

14. \_\_\_\_\_ / \_\_\_\_\_ MM/CCYY

15. No 1 Yes 2 DK 3

15a. \_\_\_\_\_ / \_\_\_\_\_ MM/CCYY

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15b. \_\_\_\_\_ Substance 1  
\_\_\_\_\_ Substance 2

15c. 1. 1  
2. 2  
3. 3  
4. 4  
5. 5  
6. 6

15d. \_\_\_\_\_ / \_\_\_\_\_ MM/CCYY

15e. \_\_\_\_\_ Substance 1 # times  
\_\_\_\_\_ Substance 2 # times

**SYMPTOMS** The next series of questions I will ask are about symptoms that you **may** have experienced.

16. Are/were you ever bothered by wheezing? **(If NO, go to question 17)** 16. No 1 Yes 2 DK 3
- a. If YES, month and year wheezing started: 16a. \_\_\_\_/\_\_\_\_ MM/CCYY  
Is wheezing still present? YES NO (circle answer)  
**(If YES, go to question 16c)**
- b. If wheezing NO LONGER present, month and year ended: 16b. \_\_\_\_/\_\_\_\_ MM/CCYY
- c. Are/were you bothered **worse at work** by wheezing? 16c. No 1 Yes 2 DK 3  
**(If NO, go to question 17)**
- d. If YES, month and year wheezing became worse at work: 16d. \_\_\_\_/\_\_\_\_ MM/CCYY  
Is wheezing still becoming worse at work? YES NO (circle answer)  
**(If YES, go to question 17)**
- e. If wheezing worse at work is NO LONGER present, 16e. \_\_\_\_/\_\_\_\_ MM/CCYY  
month and year ended:
17. Are/were you ever bothered by a cough? 17. No 1 Yes 2 DK 3  
**(If NO, go to question 18)**
- a. If YES, month and year cough started: 17a. \_\_\_\_/\_\_\_\_ MM/CCYY  
Is cough still present? YES NO (circle answer)  
**(If YES, go to question 17c)**
- b. If cough NO LONGER present, month and year ended: 17b. \_\_\_\_/\_\_\_\_ MM/CCYY
- c. Are/were you bothered **worse at work** by a cough? 17c. No 1 Yes 2 DK 3  
**(If NO, go to question 18)**
- d. If YES, month and year cough became worse at work: 17d. \_\_\_\_/\_\_\_\_ MM/CCYY  
Is cough still becoming worse at work? YES NO (circle answer)  
**(If YES, go to question 18)**
- e. If cough worse at work is NO LONGER present, 17e. \_\_\_\_/\_\_\_\_ MM/CCYY  
month and year ended:
18. Are/were you ever bothered by chest tightness? 18. No 1 Yes 2 DK 3  
**(If NO, go to question 19)**
- a. If YES, month and year chest tightness started: 18a. \_\_\_\_/\_\_\_\_ MM/CCYY  
Is chest tightness still present? YES NO (circle answer)  
**(If YES, go to question 18c)**
- b. If chest tightness NO LONGER present, month and year ended: 18b. \_\_\_\_/\_\_\_\_ MM/CCYY
- c. Are/were you bothered **worse at work** by chest tightness? 18c. No 1 Yes 2 DK 3  
**(If NO, go to question 19)**
- d. If YES, month and year chest tightness became worse at work: 18d. \_\_\_\_/\_\_\_\_ MM/CCYY  
Is chest tightness still becoming worse at work? YES NO (circle answer)  
**(If YES, go to question 19)**
- e. If chest tightness worse at work is NO LONGER present, 18e. \_\_\_\_/\_\_\_\_ MM/CCYY  
month and year ended:

19. Are/were you ever bothered by shortness of breath?  
(If NO, go to question 20)
19. No 1 Yes 2 DK 3
- a. If YES, month and year shortness of breath started:  
19a. \_\_\_\_/\_\_\_\_ MM/CCYY
- Is shortness of breath still present? YES NO (circle answer)  
(If YES, go to question 19c)
- b. If shortness of breath NO LONGER present, month and year ended: 19b. \_\_\_\_/\_\_\_\_ MM/CCYY
- c. Are/were you bothered **worse at work** by shortness of breath?  
(If NO, go to question 20) 19c. No 1 Yes 2 DK 3
- d. If YES, month and year shortness of breath became worse at work: 19d. \_\_\_\_/\_\_\_\_ MM/CCYY
- Is shortness of breath still becoming worse at work? YES NO (circle answer)  
(If YES, go to question 20)
- e. If shortness of breath worse at work is NO LONGER present,  
month and year ended: 19e. \_\_\_\_/\_\_\_\_ MM/CCYY

20. (If no symptoms from questions 16-19 go to question 21)  
If you have/had wheezing, a cough, chest tightness or shortness  
of breath, please answer the following: (Interviewer: fill in the  
blank with the symptom(s) the patient has from questions 16-19)

- a. Did \_\_\_\_\_ get worse during the shift when you worked? 20a. No 1 Yes 2 DK 3
- b. Were \_\_\_\_\_ worse on Mondays or first day back to work  
(if you worked weekends) than other days? 20b. No 1 Yes 2 DK 3
- c. Did the \_\_\_\_\_ get better when you were away from work  
on the weekends or vacations? 20c. No 1 Yes 2 DK 3
- d. Did the \_\_\_\_\_ get worse when you went home after work? 20d. No 1 Yes 2 DK 3
- e. Did the \_\_\_\_\_ get worse throughout the work week? 20e. No 1 Yes 2 DK 3
21. Did you start on medication for your breathing problems? 21. No 1 Yes 2 DK 3

If YES, list medication(s) and month/year started:

Name of Medication	Month/Year Started
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

(Names of inhaled steroids: Advair, Aerobid, Alvesco, Asmanex, Azmacort, Flovent, Pulmicort, Qvar, Symbicort)

(Names of inhalants: AccuNeb, Alupent, Atrovent, Brovana, Combivent, DuoNeb, Foradil, Maxair,  
Perforomist, ProAir, Proventil, Serevent, Spiriva, Ventolin, Vospire, Xopenex)

(Names of oral medications: Accolate, Prednisone, Singulair, Theophylline, Uniphyl, Zflo)

(Names of injections: Epinephrine, Xolair)

22. Did you find many substances at work cause breathing problems or are your breathing problems specific to one or certain substances at work?
- \_\_\_ Many Substances      \_\_\_ Many Specific Substances  
 \_\_\_ One Substance        \_\_\_ Don't Know

Interviewer: **These are extremely important questions.** You need to obtain enough detail to be able to thoroughly describe each substance. Use the back of this page if necessary.

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23.      \_\_\_ \_\_\_ \_\_\_ Substance 1  
           \_\_\_ \_\_\_ \_\_\_ Substance 2

- 23.\* What substance(s) do you believe are causing the problems?

\_\_\_\_\_

\_\_\_\_\_

- a.        Were you exposed to spills or leaks of these substances?
- b.        If YES, how many times were you exposed to spills/leaks?

- 23a.    No 1    Yes 2    DK 3
- 23b.    \_\_\_ \_\_\_ # times exposed

- 24.\* What specific duty(ies) do you believe is/are causing your breathing problems?

\_\_\_\_\_

\_\_\_\_\_

25. Do/did you wear protective equipment?

25.    No 1    Yes 2    DK 3

If YES, specify type(s): \_\_\_\_\_

\_\_\_\_\_

26. Is there a union at this facility?

26.    No 1    Yes 2    DK 3

If YES, what is the name of the union and local?

\_\_\_\_\_

27. How many people work at this facility? (best estimate)

27.    \_\_\_ \_\_\_ \_\_\_ \_\_\_ # people

28. How many people do similar work as you do and have similar **exposures** to the substance(s) causing your breathing problems? (best estimate) \_\_\_\_\_

29. Are there other people at work with SYMPTOMS similar to yours?

29.    No 1    Yes 2    DK 3

If YES, how many? (best estimate)

\_\_\_\_\_

- \_\_\_ \_\_\_ \_\_\_ # people

30. Does your employer know about your breathing problems?

30.    No 1    Yes 2    DK 3

If NO, why not? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

31. Are you still exposed to the substance(s) causing your breathing problems? (If YES, go to question 32) 31. No 1 Yes 2 DK 3
- 31a. If NO, give month and year LAST exposed and indicate why no longer exposed. 31a. \_\_\_\_/\_\_\_\_ MM/CCYY  
 CHOOSE ONLY ONE OF THE ANSWERS.
- |                                   |      |
|-----------------------------------|------|
| a. Reassigned/moved               | a. 1 |
| b. New chemical substituted       | b. 2 |
| c. New engineering controls       | c. 3 |
| d. New respirator/dust mask       | d. 4 |
| e. Fired*                         | e. 5 |
| f. Out on workers' compensation   | f. 6 |
| g. Sick/disability leave          | g. 7 |
| h. Quit on doctor's advice        | h. 8 |
| i. Quit on own for lung problems  | i. 9 |
| j. Quit on own for other reasons* | j. a |
| k. Other**                        | k. b |

\* If QUIT JOB or FIRED, indicate reason quit or fired:

\_\_\_\_\_

1. If QUIT JOB or FIRED, are you currently working? 31.1 No 1 Yes 2 DK 3

\*\* If OTHER, please explain:

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

32. Are your breathing problems still present? 32. No 1 Yes 2 DK 3
- a. If YES, are your symptoms less, the same or worse? 32a. Less 1  
 Same 2  
 Worse 3

- b. If NO, what month and year did you STOP having symptoms? 32b. \_\_\_\_/\_\_\_\_ MM/CCYY

33. Do you take medication(s) for breathing problems now? 33. No 1 Yes 2 DK 3

- a. If YES, are you taking less, the same or more? 33a. Less 1  
 Same 2  
 More 3

- b. List your current medication(s) and indicate if you use daily.  
 For steroids, indicate if inhale: \_\_\_\_ puffs/day; or if oral,  
 whether daily or \_\_\_\_ courses/year:

(Names of inhaled steroids: Advair, Aerobid, Asmanex, Azmacort, Flovent, Pulmicort, Qvar)  
 (Names of inhalants: AccuNeb, Alupent, Atrovent, Brovana, Combivent, DuoNeb, Foradil, Maxair,  
 Perforomist, ProAir, Proventil, Serevent, Spiriva, Symbicort, Ventolin, Vospire, Xopenex)  
 (Names of oral medications: Accolate, Prednisone, Singulair, Theophylline, Uniphyl, Zylflo)  
 (Names of injections: Epinephrine, Xolair)

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

- c. If NO, what month and year did you stop taking medication(s)? 33c. \_\_\_\_/\_\_\_\_ MM/CCYY

- |     |  |       |                   |
|-----|--|-------|-------------------|
| 34. | Have you had to seek medical treatment since starting in the job that is causing your breathing problems?<br><b>(If NO, go to question 35)</b> | 34.   | No 1 Yes 2 DK 3   |
| a.  | If YES, did you get care from an emergency room?<br>(Does not include urgent care facilities)  | 34a.  | No 1 Yes 2 DK 3   |
| 1)  | What is the month and year you FIRST went to the emergency room for breathing problems?  | 34a1. | ____/____ MM/CCYY |
| 2)  | How many times have you gone to the emergency room for breathing problems?   | 34a2. | ____ # times ER   |
| b.  | If YES, were you hospitalized?   | 34b.  | No 1 Yes 2 DK 3   |
| 1)  | What is the month and year you FIRST were hospitalized for breathing problems?   | 34b1. | ____/____ MM/CCYY |
| 2)  | How many times were you hospitalized for breathing problems?   | 34b2. | ____ # times HOSP |

**TOBACCO SMOKING**

- |     |  |     |                             |
|-----|--|-----|-----------------------------|
| 35. | Have you ever smoked cigarettes? (NO means less than 5 packs of cigarettes or 12 oz. Or tobacco in a lifetime.)<br><b>(If NO, go to question 41)</b> | 35. | No 1 Yes 2 DK 3             |
| 36. | Do you now smoke cigarettes? (NO means not in the last month)  | 36. | No 1 Yes 2 DK 3             |
| 37. | How old were you when you FIRST started smoking cigarettes?  | 37. | ____ age started smoking    |
| 38. | If you have STOPPED SMOKING COMPLETELY, how old were you when you stopped?   | 38. | ____ age stopped smoking    |
| 39. | How many cigarettes do you smoke per day? (20 cigarettes/pack)<br>(Only ask if the patient currently smokes.)  | 39. | ____ cigarettes per day     |
| 40. | On the average of the entire time you have smoked, how many cigarettes did you smoke per day? (20 cigarettes/pack)                                   | 40. | ____ average cigarettes/day |

**BREATHLESSNESS**

- |     |   |     |                 |
|-----|---|-----|-----------------|
| 41. | Are you disabled from walking by any condition other than a lung disease?<br><br>If YES, nature of condition: _____<br><br><b>(If YES, go to question 47)</b> | 41. | No 1 Yes 2 DK 3 |
| 42. | Are you troubled by shortness of breath when hurrying on level ground or walking up a slight hill?  | 42. | No 1 Yes 2 DK 3 |
| 43. | Do you have to walk more slowly than people of your own age on level ground because of breathlessness?  | 43. | No 1 Yes 2 DK 3 |
| 44. | Do you ever have to stop for breath when walking at your own pace on level ground?  | 44. | No 1 Yes 2 DK 3 |
| 45. | Do you ever have to stop for breath after walking about 100 yards (or after walking a few minutes) on level ground?   | 45. | No 1 Yes 2 DK 3 |
| 46. | Are you ever too breathless to leave the house or breathless upon dressing or undressing?   | 46. | No 1 Yes 2 DK 3 |



## PHLEGM (MUCUS)

47. Do you usually bring up phlegm or mucus from your chest?  
(Count phlegm or mucus with first getting up in the morning and first smoke or on the first going-out-of-doors. Exclude phlegm or mucus from the nose. Count swallowed phlegm or mucus.)  
(If YES, go to question 48; if NO, go to question 50)
47. No 1 Yes 2 DK 3
48. Do you bring up phlegm or mucus like this on most days for 3 months in a row or more during the year?
48. No 1 Yes 2 DK 3
49. How many years have you had trouble with phlegm or mucus?  
(If patient doesn't know, find out if more or less than 2 years.)
49. \_\_\_ # of years

## LUNG DISEASES

For each of the lung diseases below, indicate YES or NO to indicate whether or not you have ever had the condition. If YES, answer the additional related questions. If NO, go to the next condition. (If patient doesn't know what the condition is, answer DK.)

50. Have you ever had attacks of bronchitis?
50. No 1 Yes 2 DK 3
- a. Was your bronchitis confirmed by a doctor?
- 50a. No 1 Yes 2 DK 3
- b. At what age was your first attack?
- 50b. \_\_\_ age started
51. Have you ever had pneumonia/bronchopneumonia?
51. No 1 Yes 2 DK 3
- a. Was your pneumonia confirmed by a doctor?
- 51a. No 1 Yes 2 DK 3
- b. At what age did you first have pneumonia?
- 51b. \_\_\_ age started
52. Have you ever had hay fever?
52. No 1 Yes 2 DK 3
- a. Was your hay fever confirmed by a doctor?
- 52a. No 1 Yes 2 DK 3
- b. At what age did your hay fever start?
- 52b. \_\_\_ age started
53. Have you ever had emphysema?
53. No 1 Yes 2 DK 3
- a. Do you still have emphysema?
- 53a. No 1 Yes 2 DK 3
- b. Was it confirmed by a doctor?
- 53b. No 1 Yes 2 DK 3
- c. At what age did your emphysema start?
- 53c. \_\_\_ age started
54. Did you ever have asthma before you started working at the job that is causing/caused your symptoms?
54. No 1 Yes 2 DK 3

### If YES:

- a. Was your asthma confirmed by a doctor?
- 54a. No 1 Yes 2 DK 3
- b. At what age did your asthma start?
- 54b. \_\_\_ age started
- c. Did your asthma ever stop?
- 54c. No 1 Yes 2 DK 3
- 1) If YES, at what age did it stop?
- 54c1. \_\_\_ age stopped
- 2) If NO, have your symptoms become worse or more frequent, or have you increased your medication(s) since starting this job? (skip question 55, go to question 55a)
- 54c2. No 1 Yes 2 DK 3

55. Have you been given a doctor's diagnosis of asthma since you started working in this job? 55. No 1 Yes 2 DK 3
- a. If YES, did your doctor tell you that your asthma was work-related? 55a. No 1 Yes 2 DK 3
- b. If NO, what did your doctor say you had?
- 

56. Have you ever had any other chest illnesses? 56. No 1 Yes 2 DK 3
- If YES, specify: \_\_\_\_\_

57. Do/did your parents, brothers, sisters or children have asthma, hay fever or skin allergies? (Count only blood relatives.) 57. No 1 Yes 2 DK 3

If YES, list relative's name and illness below:

Relative	Type of Illness(es)
_____	_____
_____	_____
_____	_____

58. Have you ever been told that you have allergies? 58. No 1 Yes 2 DK 3

- a. If YES, at what age did your allergies begin? (Answer YES only if prior to current symptoms for which you are interviewing the patient.) 58a. \_\_\_\_ age began

- b. If YES, what substance(s) are you allergic to? (This question refers to non-occupational allergens like dust, pollen, etc.)

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59. Do you have pets in your house? 59. No 1 Yes 2 DK 3

If YES:

Type	# of Years
_____	_____
_____	_____

**COMPENSATION**

60. Have you filed a workers' compensation claim for a lung problem? 60. No 1 Yes 2 DK 3

61. If YES, what is the status of your claim? 61. Denied 1  
Awarded 2  
Pending 3

62. How have/will you pay for medical costs related to your breathing problems? 62. Self/Family 1  
3rd party insurance 2  
Workers' Comp 3  
Other\* 4
- \*If OTHER, please specify: \_\_\_\_\_

**HEALTH CARE**

63. Could you tell use the name and location of any physician and/or hospital where you received care for your lung condition, and whether you had breathing and/or skin tests and the years you had those tests. (Concentrate on testing performed in the last five years. Not necessary to obtain longer back than five years, unless nothing in the last five years).

Health Care Provider: \_\_\_\_\_ Skin Test YES NO  
\_\_\_\_\_  
Breathing Test YES NO  
\_\_\_\_\_  
Dates: \_\_\_\_\_

Health Care Provider: \_\_\_\_\_ Skin Test YES NO  
\_\_\_\_\_  
Breathing Test YES NO  
\_\_\_\_\_  
Dates: \_\_\_\_\_

Health Care Provider: \_\_\_\_\_ Skin Test YES NO  
\_\_\_\_\_  
Breathing Test YES NO  
\_\_\_\_\_  
Dates: \_\_\_\_\_

Health Care Provider: \_\_\_\_\_ Skin Test YES NO  
\_\_\_\_\_  
Breathing Test YES NO  
\_\_\_\_\_  
Dates: \_\_\_\_\_

**LIFETIME OCCUPATIONAL HISTORY  
INSTRUCTIONS**

64. Please complete the following table below (list all jobs at which you have worked for three months or more after completing school. Include time in the Armed Services, and any periods of time that you were laid off or not working. Start with your first full time job after leaving school and come up to your most recent job. If you had more than one job at the same company, use a new space for that job. Include any part time job where you were exposed to chemicals or dusts).

WORKPLACE	TYPE OF INDUSTRY		DATES WORKED		JOB TITLE		DUTIES	EXPOSURES (Specify types of chemicals or dusts, if known)	PROTECTIVE EQUIPMENT (Gloves, masks, respirators, etc.)
	What do they do or manufacture? Is company still in business?	YES NO DK	From: Mo/Yr	To: Mo/Yr	FT? Yes No	PT? Yes No			
1. FIRST JOB	Still in business?	YES NO DK			FT? Yes No	PT? Yes No		1 Yes 2 No 3 DK Type:	1 Yes 2 No Type:
2. NEXT JOB	Still in business?	YES NO DK			FT? Yes No	PT? Yes No		1 Yes 2 No 3 DK Type:	1 Yes 2 No Type:
3. NEXT JOB	Still in business?	YES NO DK			FT? Yes No	PT? Yes No		1 Yes 2 No 3 DK Type:	1 Yes 2 No Type:
4. NEXT JOB	Still in business?	YES NO DK			FT? Yes No	PT? Yes No		1 Yes 2 No 3 DK Type:	1 Yes 2 No Type:
5. NEXT JOB	Still in business?	YES NO DK			FT? Yes No	PT? Yes No		1 Yes 2 No 3 DK Type:	1 Yes 2 No Type:
6. NEXT JOB	Still in business?	YES NO DK			FT? Yes No	PT? Yes No		1 Yes 2 No 3 DK Type:	1 Yes 2 No Type:
7. NEXT JOB	Still in business?	YES NO DK			FT? Yes No	PT? Yes No		1 Yes 2 No 3 DK Type:	1 Yes 2 No Type:
8. NEXT JOB	Still in business?	YES NO DK			FT? Yes No	PT? Yes No		1 Yes 2 No 3 DK Type:	1 Yes 2 No Type:

65. The Michigan Department of Energy, Labor and Economic Growth has the legal responsibility to inspect your workplace. Would you be concerned if they inspected your work place even though your name would be kept completely confidential?

NO \_\_\_\_ YES \_\_\_\_ N/A \_\_\_\_

If YES, what exactly are your concerns?

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What can we do to minimize your concerns?

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If NOT CONCERNED, would it be okay if your name was used during an inspection by the Michigan Department of Energy, Labor and Economic Growth (MIOSHA)?

NO \_\_\_\_ YES \_\_\_\_

What is the DEPARTMENT and BUILDING or PLANT where you became sick?

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Please describe how we would find the LOCATION IN THE PLANT where you were working when you became sick:

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**This page is for CODING PURPOSES ONLY**

66. Pulmonary Function Testing (most recent results):
- a. Percent Predicted FVC: 66a. \_\_\_\_\_
  - b. Percent Predicted FEV<sub>1</sub>: 66b. \_\_\_\_\_
  - c. FEV<sub>1</sub> (liters): 66c. \_\_\_\_\_.\_\_\_\_\_
  - d. FVC (liters): 66d. \_\_\_\_\_.\_\_\_\_\_
  - e. Percent Predicted MMFR: 66e. \_\_\_\_\_
  - f. MMFR (liters per second): 66f. \_\_\_\_\_.\_\_\_\_\_
  - g. Date of PFTs: 66g. \_\_\_\_/\_\_\_\_ MM/CCYY
67. Allergy skin test? 67. No 1 Yes 2 DK 3
- a. If YES, results: 67a. Negative 1 Positive 2
68. Reporting year and source (CCYY/source code): 68. \_\_\_\_\_/\_\_\_\_\_
- a. If Physician, type: 68a. \_\_\_\_\_
  - b. Physician's last name: 68b. \_\_\_\_\_
  - c. Date of diagnosis: 68c. \_\_\_\_/\_\_\_\_ MM/CCYY
  - d. Date of report: 68d. \_\_\_\_/\_\_\_\_ MM/CCYY
- Did the patient have (use most recent test results):
69. Methacholine challenge? 69. No 1 Yes 2 DK 3
- a. If YES, was it: 69a. Negative 1 Positive 2
  - b. Date of methacholine challenge: 69b. \_\_\_\_/\_\_\_\_ MM/CCYY
  - c. Methacholine dose: \_\_\_\_\_
70. Specific bronchoprovocation? 70. No 1 Yes 2 DK 3
- a. If YES, was it: 70a. Negative 1 Positive 2
  - b. Date of bronchoprovocation: 70b. \_\_\_\_/\_\_\_\_ MM/CCYY
71. PFTs pre- and post-bronchodilatation? 71. No 1 Yes 2 DK 3
- a. If YES, was it: 71a. Negative 1 Positive 2
  - b. Date of pre- and post-bronchodilatation: 71b. \_\_\_\_/\_\_\_\_ MM/CCYY
  - c. Post-bronchodilatation FEV<sub>1</sub> % predicted: \_\_\_\_\_
  - d. Percent change: \_\_\_\_\_
72. Peak flow meter? 72. No 1 Yes 2 DK 3
- a. If YES, was it: 72a. Negative 1 Positive 2
73. Pre-/post- shift: 73. No 1 Yes 2 DK 3
- a. If YES, was it: 73a. Negative 1 Positive 2
74. If YES, severity score: 74. \_\_\_\_\_