OSHA RECOMMENDED QUESTIONS FOR RESPIRATOR EVALUATIONS

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: _____ Date_____

S.S. # _____-_____-_____Age: _____ Sex:_____Weight:_____

Job Title: _____Home phone: _____

Check the type of respirator you will use.

a. ☐ N,R, or P DISPOSABLE respirator (filter-mask)
b. ☐ Other type (half or full-face powered air or self contained)

Have you worn a respirator? ☐ YES ☐ NO Type? _____

Part A Section 2. (Mandatory)

1. Do you currently smoke tobacco, or have you smoked tobacco in the last month:
   ☐ YES ☐ NO If no, skip to question 2.
   a. Have you ever smoked cigarettes regularly for at least one year? ☐ YES ☐ NO
   b. At what age did you begin smoking? _____years.
   c. How many cigarettes per day did you / do you smoke? _____per day.
   d. If no longer smoking, at what age did you stop? _____years.
   e. Do you currently smoke cigars or pipe? ☐ YES ☐ NO

2. Have you ever had any of the following conditions?
   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 spaces) ☐ YES ☐ NO
   e. Trouble smelling odors ☐ YES ☐ NO

3. Circle any of the following pulmonary or lung problems you have had:

☐ Asbestosis	☐ Asthma	☐ Chronic Bronchitis	☐ Emphysema
☐ Pneumonia	☐ Tuberculosis	☐ Silicosis	☐ Pheumothorax
☐ Lung Cancer	☐ Broken ribs	☐ Chest injuries	☐ Other lung problem

☐ **NONE OF THE ABOVE**

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4. Do you currently have any of the following symptoms of pulmonary or lung illness?
   a. Shortness of breath: ☐ YES ☐ NO
   b. Shortness of breath when walking fast on level ground or slight hill: ☐YES ☐ NO
   c. Shortness of breath when walking with other people at an ordinary pace on level ground: ☐ YES ☐ NO
   d. Have to stop for breath walking at your own pace on level ground : ☐YES ☐ NO
   e. Shortness of breath when washing or dressing yourself: ☐ YES ☐ NO
   f. Shortness of breath that interferes with your job: ☐ YES ☐ NO
   g. Coughing that produces phlegm (thick sputum): ☐ YES ☐ NO
   h. Coughing that wakes you early in the morning: ☐ YES ☐ NO
   I. Coughing that occurs mostly when you are lying down: ☐ YES ☐ NO
   j. Coughing up blood in the last month: ☐ YES ☐ NO
   k. Wheezing: ☐ YES ☐ NO
   l. Wheezing that interferes with your job: ☐ YES ☐ NO
   m. Chest pain when you breathe deeply: ☐ YES ☐ NO
   n. Any symptoms you think are related to lung problems: ☐ YES ☐ NO

5. Have you ever had any of the following cardiovascular or heart problems?
   a. Heart attack: ☐ YES ☐ NO
   b. Stroke: ☐ YES ☐ NO
   c. Angina: ☐ YES ☐ NO
   d. Heart failure: ☐ YES ☐ NO
   e. Swelling in your legs or feet NOT caused by walking: ☐ YES ☐ NO
   f. Heart arrhythmia (irregular heartbeat): ☐ YES ☐ NO
   g. High blood pressure: ☐ YES ☐ NO
   h. Any other heart problems 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
   b. Pain or tightness in your chest during physical activity: ☐ YES ☐ NO
   c. Pain or tightness in your chest that interferes with your job: ☐ YES ☐ NO
   d. In the past 2 years, have you noticed you heart skipping a beat: ☐ YES ☐ NO
   e. Heart burn or indigestion that is NOT related to eating: ☐ YES ☐ NO
   f. Any other symptoms that may be related to circulation problems: ☐ YES ☐ NO

7. Do you currently take medication for any of the following?
   a. Breathing or lung problems: ☐ YES ☐ NO b. Heart trouble: ☐ YES ☐ NO
   c. Blood Pressure: ☐ YES ☐ NO d. Seizures (fits): ☐ YES ☐ NO

8. If you have used a respirator, have you ever had any of the following problems?
   a. Eye irritation: ☐ YES ☐ NO b. Skin allergies or rashes: ☐ YES ☐ NO
   c. Anxiety: ☐ YES ☐ NO d. General weakness or fatigue: ☐ YES ☐ NO
   e. Any other problems that interferes with your use of a respirator: ☐ YES ☐ NO

9. Would you like to talk to the health care professional who will review this questionnaire about your answers to this questionnaire? ☐ YES ☐ NO