

Respiratory Symptoms Questionnaire

Name	
Date of Birth	
Employer	HIGHLAND COUNCIL
Worksite	
Job Title	

Section 1 - Respiratory History

		YES	NO
1	Have you ever had any chest problems, such as:		
	An injury or operation affecting your chest	<input type="checkbox"/>	<input type="checkbox"/>
	TB (tuberculosis)	<input type="checkbox"/>	<input type="checkbox"/>
	Pleurisy	<input type="checkbox"/>	<input type="checkbox"/>
Do you have or ever had any of the following?			
2	Recurring soreness or watering of eyes	<input type="checkbox"/>	<input type="checkbox"/>
	Recurring blocked or running nose	<input type="checkbox"/>	<input type="checkbox"/>
	Persistent cough	<input type="checkbox"/>	<input type="checkbox"/>
	Chest tightness	<input type="checkbox"/>	<input type="checkbox"/>
	Wheezing	<input type="checkbox"/>	<input type="checkbox"/>
	Breathlessness	<input type="checkbox"/>	<input type="checkbox"/>
3	Do you believe that your chest suffered as a result of any previous employment?	<input type="checkbox"/>	<input type="checkbox"/>
4	During the past 3 years or since your last medical, have you had any chest illnesses which has kept you from your usual activities for as much as a week? If No , go to Section 2, if Yes ,	<input type="checkbox"/>	<input type="checkbox"/>
	Did you bring up more phlegm than usual in any of these illnesses?	<input type="checkbox"/>	<input type="checkbox"/>
5	How many illnesses like this have you had in the past 3 years or since your last medical? Please give details:		

Section 2 - Smoking History

		YES	NO
1	Have you ever smoked?	<input type="checkbox"/>	<input type="checkbox"/>
	If Yes , Do you smoke at present?	<input type="checkbox"/>	<input type="checkbox"/>
	If No , Have you given up smoking in the last month?	<input type="checkbox"/>	<input type="checkbox"/>
2	How old were you when you started smoking? A "regular" smoker is defined as one who has smoked as much as one cigarette or one small cigar a day, or one large cigar a week, or one ounce of tobacco a month, for as long as a year		
3	How many manufactured cigarettes do you usually smoke or were you smoking per day?		
4	How much tobacco do you usually smoke or were you smoking per day? Enter the number of grams (1 ounce = 28 grams)		
5	How much pipe tobacco do you usually smoke or were you smoking per day? Enter the number of grams (1 ounce = 28 grams)		
6	How many small cigars do you usually smoke or were you smoking per day?		
7	How many large cigars do you usually smoke or were you smoking per day?		
Ex-Smokers Only			
8	How old were you when you last gave up smoking?		

Signature: _____ Date: _____

Name		Date of Birth	
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Clinical Assessment – To be completed by clinical staff

Height		Age		BP	
Spirometry ID Number					
Spirometry Results	Test 1	Test 2	Test 3	Predicted	% Predicted
FEV1					
FVC					
FER					
PEF					

Spirometry Results	Best Result	Predicated	Satisfactory / Unsatisfactory
FEV1			
FVC			
FER			
PEF			

Result

- Satisfactory
- Refer to Medical Advisor

Reason to Refer to Medical Advisor (for Medical Advisor Referral Information)

Signature of OHN: _____ Date: _____

OHN Name: _____