Health surveillance (respiratory) assessment questionnaire

# (To be retained by Medical Practitioner and Appropriate Doctor) August 2017, Version 1.0

[QGL02 Guideline for the Management of Respirable Crystalline Silica in Queensland Mineral Mines and Quarries](https://www.business.qld.gov.au/industries/mining-energy-water/resources/safety-health/mining/legislation-standards/recognised-standards)

# Part I: Employment details

|  |  |  |
| --- | --- | --- |
| Employer |  | |
|  |  | |
| Address |  | |
|  |  | |
| Telephone |  | |
|  |  | |
| Mine / Quarry |  | |
|  |  | |
| Name of appropriate doctor |  | |
|  |  | |
| Worker’s proposed/current position |  | |
|  | |  |
| Worker’s Similar Exposure Group (SEG) | |  |
|  |  | |
| Date of worker’s last respiratory function examination (if known) | |  |
|  | |  |
| Date of worker’s last chest x-ray examination (if known) | |  |

# Part II: Worker’s details

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | | | |
| Family name |  | | | |
|  |  | | | |
| Given name(s) |  | | | |
|  |  | | | |
| Date of birth |  | | | |
|  |  | | | |
| Gender |  | Male |  | Female |
|  |  | | | |
| Address |  | | | |
|  |  | | | |
| Telephone |  | | | |
|  |  | | | |
| Email |  | | | |

## Worker’s employment profile

|  |  |  |  |
| --- | --- | --- | --- |
| Mine / quarry name |  | | |
| Is your employer *(tick appropriate)* | | the mine operator? | a contractor? | |
| Employer’s name |  | | |
| When did you first start work in the mining /quarrying industry? (MM / YYYY) | | |  |
| * started underground (MM / YYYY) | | |  |
| * started surface (MM / YYYY) | | |  |
| How many total years have you worked in the industry? | | |  |
| * underground (years) | | |  |
| * surface (years) | | |  |
| How many total years have you worked at your current mine? | | |  |
| If you wear a respirator (including dust masks) at work please indicate those you use.  (tick appropriate) | | Dust mask (disposable) | Half-face mask (other than disposable) |
| Full-face | Powered Air-Purifying Hood/Helmet |

## 

## Worker’s employment history

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Position | Mine name / employer | | Years at job | | Tick type of operation | | |
| Start year | End year | Quarry | Underground | Surface |
|  |  | |  |  |  |  |  |
|  |  | |  |  |  |  |  |
|  |  | |  |  |  |  |  |
|  |  | |  |  |  |  |  |
|  |  | |  |  |  |  |  |
|  |  | |  |  |  |  |  |
| Have you worked in any of the environments / operations listed below?  If YES enter the duration in years (*MM / YYYY*), if NO enter N/A. | | | | | | | |
| Coal mine, surface | |  | | | | | |
| Coal mine, underground | |  | | | | | |
| Have you ever worked for more than 1 year in any other dusty job? | |  | | | | | |
| Worked with asbestos, vermiculite or talc | |  | | | | | |
| Tunnelling, drilling, sand blasting | |  | | | | | |
| Road construction, jack hammer, masonry saw | |  | | | | | |
| In foundry, pottery, or abrasive manufacturing | |  | | | | | |
| Welding, cutting, or grinding metals | |  | | | | | |
| Other dusty job (please specify) | |  | | | | | |

# Part III: Medical practitioner or Registered Nurse to complete

|  |  |  |
| --- | --- | --- |
| ID check |  | Comments / notes |
| Height (cm) |  |  |
| Weight (kg) |  |

## Respiratory Function Examination

**Standardised respiratory symptoms questionnaire**

The below questionnaire must be administered in accordance with the [instructions](http://www.mrc.ac.uk/documents/pdf/questionnaire-on-respiratory-symptoms-1986-instructions-to-interviewers/) approved by the British Medical Research Council’s Committee on Environment and Occupational Health.

The actual wording of each question must be used.

Tick the YES or NO column, or enter other codes as indicated in boxes. When in doubt record as NO.

***Preamble***

I am going to ask you some questions, mainly about your chest. I’d like you to answer YES or NO whenever possible.

| ***QUESTIONS*** | **YES** | **NO** |
| --- | --- | --- |
| ***Cough*** | | |
| 1 Do you usually cough first thing in the morning in the winter? |  |  |
| 2 Do you usually cough during the day – or at night – in the winter? |  |  |
| ***If ‘Yes’ to 1 or 2 ask the follow-up question*** | | |
| 3 Do you cough like this on most days for as much as three months each year? |  |  |
| ***Phlegm*** | | |
| 4 Do you usually bring up any phlegm from your chest first thing in the morning in winter? |  |  |
| 5 Do you usually bring up any phlegm from your chest during the day – or night – in winter? |  |  |
| ***If ‘Yes’ to 4 or 5 ask the follow-up question*** | | |
| 6 Do you bring up phlegm like this on most days for as much as three months each year? |  |  |
| ***Periods of cough and phlegm*** | | |
| 7 In the past three years have you had a period of (increased) cough and phlegm lasting for three weeks or more? |  |  |
| ***If ‘Yes’ ask the follow-up question*** | | |
| 8 Have you had more than one such period? |  |  |
| ***Breathlessness*** | | |
| *If the subject is disabled from walking by any condition other than heart or lung disease, omit question 9 and enter YES here.* |  |  |
| 9 Are you troubled by shortness of breath when hurrying on level ground or walking up a slight hill? |  |  |
| ***If ‘Yes’ ask the follow-up question*** | | |
| 10 Do you get short of breath walking with other people of your own age on level ground? |  |  |
| ***If ‘Yes’ ask the follow-up question*** | | |
| 11 Do you have to stop for breathe when walking at your own pace on level ground? |  |  |
| ***Wheezing*** | | |
| 12 Have you had attacks of wheezing or whistling in your chest at any time in the last 12 months? |  |  |
| 13 Have you ever had attacks of shortness of breath with wheezing? |  |  |
| ***If ‘Yes’ ask the follow-up question*** | | |
| 14 Is/was your breathing absolutely normal between attacks? |  |  |
| 15 Have you at any time in the last 12 months been woken at night by an attack of shortness of breath? |  |  |
| ***Chest illnesses*** | | |
| 16 During the past three years have you had any chest illness which has kept you from your usual activities for as much as a week? |  |  |
| ***If ‘Yes’ ask the follow-up question*** | | |
| 17 Did you bring up more phlegm than usual in any of these illnesses? |  |  |
| ***If ‘Yes’ ask the follow-up question*** | | |
| 18 Have you had more than one illness like this in the past three years? |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| ***Past illnesses*** | | | |
| 19 Have you ever had, or been told that you have had: |  |  | |
| a) An injury affecting your chest? |  |  | |
| b) Heart trouble? |  |  | |
| c) Bronchitis? |  |  | |
| d) Pneumonia? |  |  | |
| e) Pleurisy? |  |  | |
| f) Pulmonary tuberculosis? |  |  | |
| g) Bronchial asthma? |  |  | |
| h) Other chest trouble? |  |  | |
| i) Hay fever? |  |  | |
| ***Tobacco smoking*** |  |  | |
| 20 Do you smoke? |  |  | |
| ***If ‘No’ ask the follow-up question*** | | | |
| 21 Have you ever smoked as much as one cigarette a day (or one cigar a week or 28 grams of tobacco a month) for as long as a year? |  |  | |
| ***If ‘No’ to both parts of question 14, omit remaining questions on smoking.*** | | | |
| 22 Do (did) you inhale the smoke? |  |  | |
| ***If ‘Yes’ ask the follow-up question*** | | | |
| 23 Would you say you inhaled the smoke slightly (= 1), moderately (= 2), or deeply (= 3)? |  | | |
| 24 How old were you when you started smoking regularly? |  | | |
| 25 Do (did) you smoke manufactured cigarettes? |  |  | |
| ***If ‘Yes’ ask the follow-up question*** | | | |
| 26 How many do (did) you usually smoke per day on weekdays? |  | | |
| 27 How many per day at weekends? |  | | |
| 28 Do (did) you usually smoke plain (= 1) or filter tip (= 2) cigarettes? |  | | |
| 29 What brands do (did) you usually smoke? *(enter below)* | | | |
| 30 Do (did) you smoke hand-rolled cigarettes? |  |  | |
| ***If ‘Yes’ ask the follow-up question*** | | | |
| 31 How much tobacco do (did) you usually smoke per week in this way (in grams)? |  | | |
| 32 Do (did) you put filters in these cigarettes? |  |  | |
| 33 Do (did) you smoke a pipe? |  |  | |
| ***If ‘Yes’ ask the follow-up question*** | | | |
| 34 How much pipe tobacco do (did) you usually smoke per day (in grams)? |  | | |
| 35 Do (did) you smoke small cigars? |  |  | |
| ***If ‘Yes’ ask the follow-up question*** | | | |
| 36 How many of these do (did) you usually smoke per day? |  | | |
| 37 Do (did) you smoke cigars? |  |  | |
| ***If ‘Yes’ ask the follow-up question*** | | | |
| 38 How many of these do (did) you usually smoke per week? |  | | |
| ***For present smokers*** | | | |
| 39 Have you been cutting down your smoking over the past year? |  |  | |
| ***For ex-smokers*** | | | |
| 40 When did you give up smoking altogether? *(what year)* |  | | |
| ***Comments /notes*** | | | |
|  | | |

## Examination of chest

|  |  |  |
| --- | --- | --- |
| ***EXAM*** | ***NORMAL*** | ***ABNORMAL*** |
| Chest Expansion |  |  |
| Auscultation |  |  |
| ***Comments /notes*** | | |
|  | | |

## Spirometry

Spirometry must be performed by a qualified and competent person to the standard outlined in [*Queensland Health: Spirometry (Adult) Guideline*](https://www.health.qld.gov.au/qhpolicy/docs/gdl/qh-gdl-386.pdf). Keep a copy of the spirometry report and spirograph with this health assessment.

|  |  |
| --- | --- |
| Date of spirometry examination (DD/MM/YYYY) |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Spirometry results | **Observed** | | **Lower Limit of Normal (LLN)** | **Predicted** | | **<** | |
| **FEV1 (litres)** | (a) |  |  | (d) |  | (g) |  |
| **FVC (litres)** | (b) |  |  | (e) |  | (h) |  |
| **FEV1 / FVC (%)** | (c) |  |  | (f) |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| (i) | Is the FVC <LLN | * Yes | * No |
| (j) | Is the FEV1 <LLN | * Yes | * No |
| (k) | Is FEV1 / FVC < LLN | * Yes | * No |
| (l) | Overall spirometry result | * Normal | * Abnormal |
| ***Comments /notes*** | | | |
|  | | | |

## Comparative assessment

|  |  |  |
| --- | --- | --- |
| Date of previous respiratory function examination | Date: / / |  |
| Was a comparative assessment of respiratory function examinations conducted? *(If ‘No’ explain reason in comments section)* | * Yes | * No |
| Did the comparative assessment show that there was a deterioration in respiratory function? | * Yes | * No |
| ***Comments /notes*** | | |
|  | | |
| Was person referred for laboratory lung function test?  *(attach test report)* | * Yes | * No |
| If ‘Yes’, what was the outcome of the laboratory lung function test | * Normal | * Abnormal |
| ***Comments /notes*** | | |
|  | | |

## Chest x-ray examination

Examining medical officer must ensure the x-ray request form clearly states the subject is a mine worker and the image is required to be examined by a radiologist listed on the [RANZCR Register](http://www.ranzcr.edu.au/register-of-clinical-radiologists-for-cwp-screening) in accordance with the[*Guidelines for the Use of the ILO International Classification of Radiographs of Pneumoconiosis*](http://www.ilo.org/safework/info/WCMS_108548/lang--en/index.htm).

### Chest x-ray details

|  |  |  |
| --- | --- | --- |
| Date of x-ray examination  *(DD/MM/YYYY)* |  | |
| ILO classification form completed and attached?  *(If ‘No’ explain reason in comments below)* | * Yes | * No |
| ***Comments /notes*** | | |
|  | | |

NOTE: The Appropriate Doctor is to arrange additional testing for abnormal chest x-ray examination results.

|  |  |  |
| --- | --- | --- |
| Was person referred for a high resolution CT scan?  *(If ‘Yes’, attach HRCT scan report)* | * Yes | * No |
| Was person referred to specialist physician?  *(If ‘Yes’, attach specialist’s report)* | * Yes | * No |
| In the event of abnormal findings has the worker been referred for further tests? | * Yes | * No |
| ***Comments /notes*** | | |
|  | | |

# Authorisation signatures

***Refer to Appendix 2 of the*** [***Guideline for definitions of ‘Appropriate Doctor’***](https://www.business.qld.gov.au/industries/mining-energy-water/resources/safety-health/mining/legislation-standards/recognised-standards)

## Medical practitioner: signature and date

|  |  |
| --- | --- |
| Date |  |
| Name |  |
| Practice |  |
| Contact telephone |  |

## Appropriate Doctor[[1]](#footnote-1): signature and date

|  |  |
| --- | --- |
| Date |  |
| Name |  |
| Practice |  |
| Contact telephone |  |

1. |  |  |
   | --- | --- |
   | **Appropriate Doctor** | A doctor registered with the Australian Health Practitioner Regulation Agency (AHPRA) as a specialist in occupational medicine or have an Australian Qualifications Framework (AQF) Level 8 or above in occupational medicine.  The appropriate doctor must have demonstrated knowledge of the risks associated with activities performed by the mine’s workers. |

   [↑](#footnote-ref-1)