Appendix D to §1910.1048 Medical Disease Questionnaire (non-mandatory)

A. IDENT	IFICATION
----------	-----------

ΡL	ANT NAME:			DATE	≘:		
					MONTH	DAY	YEAR
E№	PLOYEE NAME:						
JO	B TITLE:						
BIF	RTHDATE: / AGE: SEX: M 🗆 F 🗆 HEIGHT: FEET		INCHES	WEIGHT:	LBS.		
	MONTH DAY YEAR						
	MEDICAL HISTORY						
1.	Have you ever been in the hospital as a patient?	□ Yes	🗆 No				
~	If yes, what kind of problem were you having?						
Ζ.	Have you ever had any kind of operation? If yes, what kind?	□ Yes	□ No				
3.	Do you take any kind of medicine regularly? If yes, what kind?	□ Yes	□ No				
4.	Are you allergic to any drugs, foods, or chemicals?	□ Yes	🗆 No				
	If yes, what kind of allergy is it?						
5.	Have you ever been told that you have asthma, hayfever, or sinusitis?	□ Yes	🗆 No				
	Have you ever been told that you have emphysema, bronchitis, or any other respiratory problems?	□ Yes	🗆 No				
	Have you ever been told that you had hepatitis?	□ Yes	🗆 No				
8.	Have you ever been told that you had cirrhosis?	□ Yes	🗆 No				
9.	Have you ever been told that you had cancer?	□ Yes	🗆 No				
10	Have you ever had arthritis or joint pain?	□ Yes	🗆 No				
11.	Have you ever been told that you had high blood pressure?	□ Yes	🗆 No				
	Have you ever had a heart attack or heart trouble?	□ Yes	🗆 No				
B- 1	MEDICAL HISTORY UPDATE						
1.	Have you been in the hospital as a patient any time within the past year? If so, for what condition?	□ Yes	□ No				
2.	Have you been under the care of a physician during the past year? If so, for what condition?	□ Yes	□ No				
3	Is there any change in your breathing since last year?	🗆 Yes	🗆 No				
5.	□ Better? □ Worse? □ No change?						
	If change, do you know why?						
4	Is your general health different this year from last year?	□ Yes	🗆 No				
	If different, in what way?						
5.	Have you in the past year or are you now taking any medication on a regular basis?	🗆 Yes	🗆 No				
	Name Rx						
~	Condition being treated:						
-	OCCUPATIONAL HISTORY						
	How long have you worked for your present employer?						
Ζ.	What jobs have you held with this employer? Include job title and length of time in each job.						
3.	In each of these jobs, how many hours a day were you exposed to chemicals?						
3. 4.	What chemicals have you worked with most of the time?						
5.	Have you ever noticed any type of skin rash you feel was related to your work?	□ Yes	□ No				
	Have you ever noticed that any kind of chemical makes you cough?		□ No				
0.	Become short of breath or cause your chest to become tight?	□ Yes	□ No				
7	Are you exposed to any dust or chemicals at home?	□ Yes	□ No				
	If yes, explain:		2.10				
8.	In other jobs, have you ever had exposure to:						
	Wood dust?	blasting)	? 🗆 Yes	🗆 No			
	Arsenic or asbestos? Yes No Organic solvents? Yes No Urethane foams?		□ Yes	🗆 No			
C-′	OCCUPATIONAL HISTORY UPDATE						
1.	Are you working on the same job this year as you were last year? If not, how has your job changed?	□ Yes	□ No				
2.	What chemicals are you exposed to on your job?						
3.	How many hours a day are you exposed to chemicals?						
	Have you noticed any skin rash within the past year you feel was related to your work? If so, explain circumstances:	□ Yes	□ No				
5.	Have you noticed that any chemical makes you cough, be short of breath, or wheeze? If so, can you identify it?	□ Yes	□ No				

Appendix D to §1910.1048 Medical Disease Questionnaire (non-mandatory) (continued)

D. MSCLLANEOUS De you mote? Fires Fires Fires Cigarettes:		(CO)	ntinuea)					
If is, how much and for how king? Pipe: Cigares: Cigare: Cigares: Ci	D.	MISCELLANEOUS						
2. Do you ware lybes or contact lenses? 3. Do you ware lybes or contact lenses? 4. Do you gate may hore the that required to do your job? 4. Yes, bo ware any hobbes or "iseligibs" that require you to use chemicals, such as furniture 4. Support ware any hobbes or "iseligibs" that require you to use chemicals, such as furniture 4. Support ware any hobbes or "iseligibs" that require you to use chemicals, such as furniture 4. Support ware any hobbes or "iseligibs" that require you to use chemicals, such as furniture 4. Support CALS TOWNARE 5. Support CALS TOWNARE 5. Support CALS TOWNARE 5. Do you ware ware any hotbes of the support the support of the support of the support the support the support the support the support of the support of the support of the support the support of the support	1.	•	Cigars:	□ Yes	□ No	Cigarettes:		
3. Do you ware jasses or ontack lense? No 4. Do you grant physical searches other than hat required to dy your job? No 5. Do you have any hobbies or 'sole jobs' that require you to use chemicals, such as furniture. No 4. Suppose other has a normal pace, do you have chemicals, such as furniture. No 6. SWINTOWS QUESTIONANCE No 7. No you caugh as much as of broath? No 17. You, if you was do not sole of broath? No 17. You, if you was do not sole of broath? No 17. You, if you was do not sole of broath? No 17. You, if you was do not sole of broath? No 17. You, if you was done or main jace, do you have to institute distance that you walk? No 17. You, if you was done or than the your of the year? No 17. You, if you was done or than the your of the year? No 17. You, you caugh as much as future at new particular go of the wear? No 17. You, you caugh as much as future at new particular go of the wear? No 17. You, you caugh as much as future at new particular go of the wear? No 17. You, you caugh as much as future at new particular go of the wear? No 17. You you caugh as much as future at new particular go of the wear? No 17. You you caugh as much as future at new particular go of the wear? No 17. You you caugh as much as future at new particular go of the wear? No 17. You you caugh as much as future at new particular go of the wear? No 17. You you caugh as much as future at new particular go of the wear?	2.	Do you drink alcohol in any form?		□ Yes	🗆 No			
4. Do you get any physical generation that that the quint to to your pix? Pros	3	-						
It is, explane "								
escapeace decide, giving type of business or hobby, chemicalls used and length of exposures. E. SWHPONES CUESTIONNARIE E. Swepace where any business or hobby, chemicalls used and length of exposures. If Yes, (a) you have to reat dater (illinding several lights of stain? Yes No If Yes, (a) you wask on the leddy divides of the pople your come and, do you wake (a) werk than a normal pace, do you wake (a) werk (b) werk? Yes No If Yes, (a) you wask shower than a normal pace, do you wake (a) werk than they do's) Yes No If Yes, (a) you wask shower than an your able to this a deperation of the yes/? Yes No If Yes, (a) you wask shower than any particular do's the yes/? Yes No If Yes, (a) you wask able werk? Yes No If Yes, (a) you work have a faulting of mom your chest? Yes No If Yes, (a) you work have a faulting of mom your chest? Yes No If Yes, (a) you work have a faulting of mom your chest? Yes No If Yes, (a) you work have a fault washed any particular doy to have entimeted? Yes No If Yes, (a) you work have a fault washed fault you have entimeted? Yes No If Yes, (a) you work have a fault washed fault you have entimeted? Yes No If Yes,	4.							
1. Do you even have any shortness of breath?	5.	stripping, sand blasting, insulation or manufacture of urethane foam, furniture, etc.	?	□ Yes	□ No			
If Yes, do you have for each after climbing several flights of stating? Yes No If Yes, if you walk solver than a normal pace, do you walk solver than they do? Yes No If Yes, if you walk solver than a normal pace, do you walk solver than they do? Yes No If Yes, if you walk solver than a normal pace, do you walk solver than they do? Yes No If Yes, do you have to solp and rest while builting or dressing? Yes No Intermediate the solution of the solut	Ε.	SYMPTOMS QUESTIONNAIRE						
If Yes, If you welk on the level with people your own age, to you walk slower than they do? Yes, If you welk slower than a normal pace, do you have to limit the distance that you walk? \text{ Yes, If you welk slower than a normal pace, do you have to limit the distance that you walk? \text{ Yes, If you welk slower than a normal pace, do you have to limit the distance that you walk? \text{ Yes, If you welk on the than a three monthe on your of the Yes, a low in the a three in orthorhang. \text{ Yes, If you welk on the than a three monthening unable to kise a deep breath, or tightness in your chest? \text{ Yes, If you welk on the than a three monthening unable to kise a deep breath, or tightness in your chest? \text{ Yes, If you welk on the this is on any particular place? \text{ Yes, If you welk on the this weak? \text{ Yes, If you welk on notice that this is on any particular place? \text{ Yes, If you welk on the this weak? \text{ Yes, If you welk on the this weak? \text{ Yes, If you welk on the this weak? \text{ Yes, If you were notice that this wore after you have returned to work after being off for several days? \text{ Yes, If you were notice that this wore after you have returned to work after being off for several days? \text{ Yes, If you were notice that this wore after you have returned to work after being off for several days? \text{ Yes, If you were noticed any wheezing in your chest? \text{ Yes, If you were noticed any weezing in your chest? \text{ Yes, If you were noticed any weezing in your chest? \text{ Yes, If you were noticed any weezing in your chest? \text{ Yes, If you were noticed any submit you retext? \text{ Yes, If you were noticed any submit	1.	Do you ever have any shortness of breath?		□ Yes	🗆 No			
IF Yes, dy uwiek is over sharp and ensisting? Yes, is No IF Yes, dy up have to stop and resisting? Yes, is No IF Yes, dy up have to stop and resisting? Yes, is No IF Yes, dy up werk base that more than two years? Yes, is No IF Yes, dy out ever Cough anything up from your chest? Yes, is No IF Yes, dy out ever Cough anything up from your chest? Yes, is No IF Yes, dy out ever thave a feeling of smothering, unable to take a deep breath, or tightness in your chest? Yes, is No IF Yes, dy out onote that this is ourse at any particular place? Yes, is No IF Yes, dy our onote that this is ourse at any particular place? Yes, is No IF Yes, dy our onote that this is worse attery thete? Yes, is No IF Yes, dy our onote that this is worse attery thete? Yes, is No IF Yes, dy our onote that this is worse attery thete? Yes, is No IF Yes, dy our onote that this is worse attery thete? Yes, is No IF Yes, what kind? Yes, is No IF Yes, sy our onote that this is worse attery thete? Yes, is No IF Yes, what kind? Yes, is No IF Yes, what kind? Yes, is No If Yes, word kind? Yes, is No If Yes, we pou noticed any burning, tearing, or then yetan?<		If Yes, do you have to rest after climbing several flights of stairs?		□ Yes	🗆 No			
If Yes, do you have to sop and rest while bathing or dressing? I'ses No 2. Do you cough anything up from your chest? I'ses No If Yes, do you ever cough anything up from your chest? I'ses No If Yes, do you order that his is on any particular do take a deep breath, or tightness in your chest? I'ses No If Yes, do you notice that this is on any particular dow of the week? I'ses No If Yes, do you notice that this is on any particular place? I'ses No If Yes, do you notice that this is owne after you have returned to work after being off for several days? I'ses No If Yes, is up in other that fits is owne after you have returned to work after being off for several days? I'ses No If Yes, is up in other that fits is owne after you have returned to work after being off for several days? I'ses No If Yes, is up in other that fits is owne after you have returned to work after being off for several days? I'ses No If Yes, is up in orizent this is on any particular place? I'ses No If Yes, is up in orizent this is on any particular place I'ses No If Yes, what kind? I'ses No I'ses No If Yes, what kind? I'ses N		If Yes, if you walk on the level with people your own age, do you walk slower than t	hey do?	□ Yes	🗆 No			
2. Do you cough as much as three months out of the year? IND If Yes, do you ever cough anything up from your chest? IND 3. Do you ever have a feeling of smothering, unable to take a deep breath, or lightness in your chest? IND 11 Yes, do you ever have a feeling of smothering, unable to take a deep breath, or lightness in your chest? IND 11 Yes, do you notice that this is orany particular place? IND 11 Yes, do you notice that this is worse after you have returned to work after being off for several days? IND 14 New you notice that this is worse after you have returned to work after being off for several days? IND 14 New you notice that this is worse after you have returned to work after being off for several days? IND 14 New you noticed any burning, tearting, or redness of your grees when you are at work? IND 15 New you noticed any sourt place? IND 16 New you noticed any sourt places of your oper when you are at work? IND 17 New you noticed any sourt place or burning fireta or itchy or burning nose when you are at work? IND 18 so coplian iccumstances: IND 19 Nou ever thaa ta mot returned to your nose? IND 19 Nou ever thaa ta mot returned to your week? Yes IND 10 Nou ever thaa ta mot returned to way waprin? Yes No <td></td> <td>If Yes, if you walk slower than a normal pace, do you have to limit the distance that</td> <td>you walk?</td> <td>□ Yes</td> <td>🗆 No</td> <td></td> <td></td> <td></td>		If Yes, if you walk slower than a normal pace, do you have to limit the distance that	you walk?	□ Yes	🗆 No			
<pre>If Yes, have you had this cough for more than two years? If Yes, do you ever cough anything up from your chest? If Yes, do you note: That this is on any particular day of the week? If Yes, do you note: That this is on any particular day of the week? If Yes, do you note: That this is on any particular day of the week? If Yes, do you note: That this is on any particular place? If Yes, do you note: That this is on any particular place? If Yes, do you note: That this is onsea flery out have returned to work after being off or several day? If Yes, do you note: That this is worse after you have returned to work after being off or several day? If Yes, do you note: That this is worse after you have returned to work after being off or several day? If Yes, this aused by exposure to any kind of dust or other material? If Yes, this worse after you or other infections? If Yes, what kind? If Yes, do they occur at any particular place? If Yes, do they occur at any particular place? If Yes, do they occur at any particular place? If Yes, do they occur at any particular place? If Yes, do they occur at any particular the yes work?</pre>		If Yes, do you have to stop and rest while bathing or dressing?		□ Yes	🗆 No			
If Yes, do you ever ear feeling of smorthering, unable to take a deep breach, or tightness in your chee? Yes No If Yes, do you notice that this is on any particular day of the veek? Mon Thus If Wes, do you notice that this is onray particular place? Mon If Yes, do you notice that this is cores at any particular place? Mes No No No If Yes, do you notice that this is cores at any particular place? Wes No No No If Yes, do you notice that this is cores at any particular place? Wes No No No If Yes, do you notice that this is cores at any particular place? Wes No No No If Yes, do you notice that this is core any kind of dust or other material? Wes No No No If Yes, was this individue colse or thering from your eyes when you are at work? Wes No No No If you even have subfindes or face? Wes No No No No If you even have subfindes or dyness of your nose? Wes No No No No If you even have subfindes or dyness of your nose? Wes No No No No If you even have subfinde t	2.	Do you cough as much as three months out of the year?		□ Yes	🗆 No			
3. Do you ever have a feeling of smothening, unable to take a deep breath, or tightness in your chest? I wes No II Yes, do you notice that this occurs at any particular place? No I use No II Yes, do you notice that this wores after you have returned to work after being off for several days? No No II Yes, do you notice that this wores after you have returned to work after being off for several days? No No II Yes, do you notice that this wores after you have returned to work after being off for several days? No No II Yes, si this only with ocids or other intections? Yes No IF yes, what kind? Yes No No If Yes, si this only with ocids any burning, tearing, or redness of your eyes when you are at work? Yes No If so, explain circumstances: No No No If so, explain circumstances: No No No If New you noticed any sufficies or dynores of your nose? Yes No If so, explain circumstances: No No No If New you ever heave swelling of the eyelds or face? Yes No If New you ever heave swelling of the eyelds or face? Yes No II New you ever head at hednency to bruike easily or bleed excessively? Yes No II New you cur the start an ot relieved by apprin'n Tylenol? Yes No II New you cur thead at hednency to bruike easily or bleed excessively? Yes No II New you cur thead at hednency to bruike easily or bleed excessively? Yes No <td></td> <td>If Yes, have you had this cough for more than two years?</td> <td></td> <td>□ Yes</td> <td>🗆 No</td> <td></td> <td></td> <td></td>		If Yes, have you had this cough for more than two years?		□ Yes	🗆 No			
If Yes, do you notice that this is on any particular day of the week? Image: Second Secon		If Yes, do you ever cough anything up from your chest?		□ Yes	🗆 No			
If Yes, what day of the week? Image: State in this occurs at any particular place? Yes No If Yes, do you notice that this occurs at any particular place? Yes No If Yes, do you notice that this order after you have returned to work after being off for several days? Yes No If Yes, is this caused by exposure to any kind of dust or other material? Yes No If Yes, what kind? Image: State in the state in th	3.	Do you ever have a feeling of smothering, unable to take a deep breath, or tightness	s in your chest?	🗆 Yes	🗆 No			
If Yes, what day of the week? Image: State in this occurs at any particular place? Yes No If Yes, do you notice that this occurs at any particular place? Yes No If Yes, do you notice that this order after you have returned to work after being off for several days? Yes No If Yes, is this caused by exposure to any kind of dust or other material? Yes No If Yes, what kind? Image: State in the state in th		If Yes, do you notice that this is on any particular day of the week?		□ Yes	🗆 No			
If Yes, do you notice that this is corcer at any particular place? I we low of that this is worse after you have returned to work after being off for several days? I we low of that this is worse after you have returned to work after being off for several days? I we low offer that this is worse after you have returned to work after being off for several days? I we low offer that this is worse after you have returned to work after being off for several days? I we low offer that this occurs at any particular place? If Yes, is this only with colds or other inflections? I we low offer that this occurs at any particular place? I we low offer that this occurs at any particular place? 5. Have you noticed any some or burning threat or itchy or burning nose when you are at work? Yes No 1f so, explain circumstances:				🗆 Mon	□ Tues	Wed Thurs	🗆 Fri 🗆 Sa	it 🗆 Sun
If Yes, do you notice that this is worse after you have returned to work after being off for several days? Yes No 4. Have you ever noticed any wheezing in your chest? Yes No If Yes, is this caused by exposure to any kind of dust or other material? Yes No If Yes, what kind?				□ Yes				
4. Have you ever noticed any wheezing in your chest? \ Yes \ No If Yes, is this only with colds or other material? \ Yes \ No Is this caused by exposure to any kind of dust or other material? \ Yes \ No If Yes, what kind?			off for several days?					
If Yes, is this only with colds or other infections? Yes No If Yes, what kind? Yes No Have you noticed any burning, tearing, or redness of your eyes when you are at work? Yes No If Nes, what kind? Yes No If so, explain circumstances:	4		in for covoral days.					
Is this caused by exposure to any kind of dust or other material? IVes IN No If Yes, what kind?		, , , , , , , , , , , , , , , , , , , ,						
If Yes, what kind?		-						
5. Have you noticed any burning, tearing, or redness of your eyes when you are at work? Set No 6. Have you noticed any store or burning throat or lichy or burning nose when you are at work? Set No 16 so, explain circumstances:								
6. Have you noticed any sore or burning throat or itchy or burning nose when you are at work? Image: Some some some some some some some some s	5.	Have you noticed any burning, tearing, or redness of your eyes when you are at wo	ork?	□ Yes	□ No			
If so, explain circumstances: 7. Have you noticed any stuffiness or dryness of your nose? Yes No 8. Do you ever have swelling of the eyelids or face? Yes No 9. Have you ever ben jaundiced? Yes No 17. Have you ever ben jaundiced? Yes No 10. Have you ever had a tendency to bruise easily or bleed excessively? Yes No 10. Have you ever had a tendency to bruise easily or bleed excessively? Yes No 11. Do you have frequent headaches that are not relieved by aspirin or Tylenol? Yes No 12. Do you have frequent episodes of nervousness or irritability? Yes No 13. Do you tend to have trouble concentrating or remembering? Yes No 14. Do you ever faed dizzy, light-headed, excessively drowsy or like you have been drugged? Yes No 15. Does your vision ever become blurred? Yes No 16. Have you ever had any swelling of the hands or feet or other parts of your body? Yes No 17. Have you ever had any swelling of your feet or ankles to the point where you could not weary urs hose? Yes No 18. Have you ever had any swelling of your feet or ankles to the point where you could not wear your shose? Yes No	6		at wark?					
7. Have you noticed any stuffiness or dyness of your nose? Pes No 8. Do you ever have swelling of the eyelids or face? Yes No 9. Have you ever been jaundiced? Yes No 10. Have you ever have a tendency to bruise easily or bleed excessively? Yes No 10. Have you ever have a tendency to bruise easily or bleed excessively? Yes No 11. Do you have frequent headaches that are not relieved by aspirin or Tylenol? Yes No 1f Yes, when do they occur?	о.		at work?					
8. Do you ever have swelling of the eyelids or face? \refsilement Yes \No 9. Have you ever baen jaundiced? \refsilement Yes \No 16. Yes, was this accompanied by any pain? \Yes \No 10. Have you ever had a tendency to bruise easily or bleed excessivel? \Yes \No 11. Do you have frequent headaches that are not relieved by aspirin or Tylenol? \Yes \No 17 Yes, do they occur at any particular time of the day or week? \Yes \No 17 Yes, ou have frequent episodes of nervousness or irritability? \Yes \No 13. Do you tend to have trouble concentrating or remembering? \Yes \No 14. Do you ever had any swelling of the hands or feet or other parts of your body? \Yes \No 15. Does your vision ever become blurred? \Yes \No 16. Do you have numbness or tingling of the hands or feet or other parts of your body? \Yes \No 17. Have you ever had any swelling of your feet or ankles to the point where you could not wear your shoe? \Yes \No 18. Have you ever have athrm, or indigestion? \Yes \No 19. Are you berer dely hearthurn or indigestion? \Yes \No 20. Do you ever have atking or bleeding of the skin? \Yes	-							
9. Have you ever been jaundiced? Image: Second	1.							
If Yes, was this accompanied by any pain? \Pes No 10. Have you ever had a tendency to bruise easily or bleed excessively? \Pes No 11. Do you have frequent headaches that are not relieved by aspirin or Tylenol? \Pes No If Yes, do they occur?	8.							
10. Have you ever had a tendency to buise easily or bleed excessively? Pes No 11. Do you have frequent headaches that are not relieved by aspirin or Tylenol? Pes No If Yes, do they occur? Pes No 12. Do you have frequent pisodes of nervousness or irritability? Yes No 13. Do you tend to have trouble concentrating or remembering? Yes No 14. Do you ever feel dizzy, light-headed, excessively drowsy or like you have been drugged? Yes No 15. Does your vision ever become blurred? Yes No 16. Do you have frequent depisodes or feet or other parts of your body? Yes No 17. Have you ever had chronic weakness or fatigue? Yes No 18. Have you ever had chronic weakness or peling and scaling of the hands? Yes No 19. Are you bothered by heartburn or indigestion? Yes No 20. Do you ever have a burning ensation in the hands, or reddening of the skin? Yes No 21. Do you ever have a physician's care? Yes No 22. Do you ever have a physician's care? Yes No 23. Are you under a physician's care? Yes No 24. Do you have onthave any physician's care? Yes <td>9.</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	9.							
11. Do you have frequent headaches that are not relieved by aspirin or Tylenol? \relation Yes \relation No If Yes, do they occur at any particular time of the day or week? \relation Yes \relation No If Yes, when do they occur?								
If Yes, do they occur at any particular time of the day or week? IYes No If Yes, when do they occur?								
If Yes, when do they occur?	11.	Do you have frequent headaches that are not relieved by aspirin or Tylenol?		□ Yes	🗆 No			
12. Do you have frequent episodes of nervousness or irritability? Yes No 13. Do you tend to have trouble concentrating or remembering? Yes No 14. Do you ever feel dizzy, light-headed, excessively drowsy or like you have been drugged? Yes No 15. Does your vision ever become blurred? Yes No 16. Do you have numbness or tingling of the hands or feet or other parts of your body? Yes No 17. Have you ever had chronic weakness or fatigue? Yes No 18. Have you ever had any swelling of your feet or ankles to the point where you could not wear your shoes? Yes No 19. Are you bothered by heartburn or indigestion? Yes No 20. Do you ever have a burning sensation in the hands, or reddening of the skin? Yes No 21. Do you ever have cracking or bleeding of the skin on your hands? Yes No 22. Do you ever have a cracking or bleeding of the skin? Yes No 23. Are you under a physician's care? Yes No 14. Po you have any physical complaints today? Yes No 23. Are you under any physical complaints today? Yes No 16 Yes, explain:		If Yes, do they occur at any particular time of the day or week?		🗆 Yes	🗆 No			
13. Do you tend to have trouble concentrating or remembering? \Pes \No 14. Do you ever feel dizzy, light-headed, excessively drowsy or like you have been drugged? \Pes \No 15. Does your vision ever become blurred? \Pes \No 16. Do you have numbness or tingling of the hands or feet or other parts of your body? \Pes \No 17. Have you ever had chronic weakness or fatigue? \Pes \No 18. Have you ever had any swelling of your feet or ankles to the point where you could not wear your shoes? \Pes \No 19. Are you ever have any swelling of the hands, or redening of the hands? \Pes \No 20. Do you ever have a burning sensation in the hands, or redening of the skin? \Pes \No 21. Do you ever have cracking or bleeding of the skin on your hands? \Pes \No 22. Do you ever have cracking or bleeding of the skin on your hands? \Pes \No 23. Are you under a physicial scare? \Pes \No If Yes, for what are you being treated? \Pes \No 24. Do you have any physical complaints today? \Pes \No If Yes, explain:								
14. Do you ever feel dizzy, light-headed, excessively drowsy or like you have been drugged? Yes No 15. Does your vision ever become blurred? Yes No 16. Do you have numbness or tingling of the hands or feet or other parts of your body? Yes No 17. Have you ever had chronic weakness or fatigue? Yes No 18. Have you ever had any swelling of your feet or ankles to the point where you could not wear your shoes? Yes No 19. Are you bothered by heartburn or indigestion? Yes No 20. Do you ever have a burning sensation in the hands, or reddening of the skin? Yes No 21. Do you ever have cracking or bleeding of the skin on your hands? Yes No 22. Do you ever have a burning sensation in the hands, or reddening of the skin? Yes No 23. Are you under a physician's care? Yes No If Yes, for what are you being treated? Yes No If Yes, for what are you being treated? Yes No If Yes, explain:	12.	Do you have frequent episodes of nervousness or irritability?		□ Yes	🗆 No			
15. Does your vision ever become blurred? Yes No 16. Do you have numbness or tingling of the hands or feet or other parts of your body? Yes No 17. Have you ever had chronic weakness or fatigue? Yes No 18. Have you ever had any swelling of your feet or ankles to the point where you could not wear your shoes? Yes No 18. Have you ever had any swelling of your feet or ankles to the point where you could not wear your shoes? Yes No 19. Are you bothered by heartburn or indigestion? Yes No 20. Do you ever have itching, dryness, or peeling and scaling of the hands? Yes No 21. Do you ever have cracking or bleeding of the skin on your hands? Yes No 22. Do you ever have racking or bleeding of the skin on your hands? Yes No 23. Are you under a physician's care? Yes No If Yes, for what are you being treated?	13.	Do you tend to have trouble concentrating or remembering?		\Box Yes	🗆 No			
16. Do you have numbness or tingling of the hands or feet or other parts of your body? \rightarrow Yes \rightarrow No 17. Have you ever had chronic weakness or fatigue? \rightarrow Yes \rightarrow No 18. Have you ever had any swelling of your feet or ankles to the point where you could not wear your shoes? \rightarrow Set \rightarrow No 19. Are you bothered by heartburn or indigestion? \rightarrow Yes \rightarrow No 20. Do you ever have itching, dryness, or peeling and scaling of the hands? \rightarrow Yes \rightarrow No 21. Do you ever have a burning sensation in the hands, or reddening of the skin? \rightarrow Yes \rightarrow No 22. Do you ever have cracking or bleeding of the skin on your hands? \rightarrow Yes \rightarrow No 23. Are you under a physician's care? \rightarrow Yes \rightarrow No 1f Yes, for what are you being treated? \rightarrow Yes \rightarrow No 24. Do you have any physical complaints today? \rightarrow Yes \rightarrow No 1f Yes, explain:	14.	Do you ever feel dizzy, light-headed, excessively drowsy or like you have been dru	gged?	\Box Yes	🗆 No			
17. Have you ever had chronic weakness or fatigue? \rightarrow you	15.	Does your vision ever become blurred?		\Box Yes	🗆 No			
18. Have you ever had any swelling of your feet or ankles to the point where you could not wear your shoes? Yes No 19. Are you bothered by heartburn or indigestion? Yes No 20. Do you ever have itching, dryness, or peeling and scaling of the hands? Yes No 21. Do you ever have a burning sensation in the hands, or reddening of the skin? Yes No 22. Do you ever have cracking or bleeding of the skin on your hands? Yes No 23. Are you under a physician's care? Yes No 1f Yes, for what are you being treated?	16.	Do you have numbness or tingling of the hands or feet or other parts of your body?		□ Yes	🗆 No			
19. Are you bothered by heartburn or indigestion? □ Yes □ No 20. Do you ever have itching, dryness, or peeling and scaling of the hands? □ Yes □ No 21. Do you ever have a burning sensation in the hands, or reddening of the skin? □ Yes □ No 22. Do you ever have cracking or bleeding of the skin on your hands? □ Yes □ No 23. Are you under a physician's care? □ Yes □ No If Yes, for what are you being treated?	17.	Have you ever had chronic weakness or fatigue?		□ Yes	🗆 No			
19. Are you bothered by heartburn or indigestion? □ Yes □ No 20. Do you ever have itching, dryness, or peeling and scaling of the hands? □ Yes □ No 21. Do you ever have a burning sensation in the hands, or reddening of the skin? □ Yes □ No 22. Do you ever have cracking or bleeding of the skin on your hands? □ Yes □ No 23. Are you under a physician's care? □ Yes □ No If Yes, for what are you being treated?	18.	Have you ever had any swelling of your feet or ankles to the point where you could r	not wear your shoes?	? 🗆 Yes	🗆 No			
20. Do you ever have itching, dryness, or peeling and scaling of the hands? □ Yes □ No 21. Do you ever have a burning sensation in the hands, or reddening of the skin? □ Yes □ No 22. Do you ever have cracking or bleeding of the skin on your hands? □ Yes □ No 23. Are you under a physician's care? □ Yes □ No If Yes, for what are you being treated?			-					
21. Do you ever have a burning sensation in the hands, or reddening of the skin? □ Yes □ No 22. Do you ever have cracking or bleeding of the skin on your hands? □ Yes □ No 23. Are you under a physician's care? □ Yes □ No If Yes, for what are you being treated?				□ Yes				
22. Do you ever have cracking or bleeding of the skin on your hands? □ Yes □ No 23. Are you under a physician's care? □ Yes □ No If Yes, for what are you being treated?								
23. Are you under a physician's care? □ Yes □ No If Yes, for what are you being treated?								
If Yes, for what are you being treated?								
24. Do you have any physical complaints today? □ Yes □ No If Yes, explain:	20.							
If Yes, explain: 25. Do you have other health conditions not covered by these questions?	24							
25. Do you have other health conditions not covered by these questions?	24.			162				
	25							
f Voa ovelain:	20.							
If Yes, explain:		וו ודא, האאומווו						