

SAMPLE HEALTH SURVEY FORM

This questionnaire was adapted from a health survey given to 140 workers at a Northern California semiconductor plant. The original form was distributed in both English and Chinese. The project was conducted by the Asian Pacific Environmental Network and primarily studied the effects of exposure to certain chemicals. This is only a sample. Your form should be specific to your own workplace and needs. Contact your international union or local "COSH" group for help in designing a form.

Name _____ Date _____

Address _____

Work Location _____ Phone _____

1. What language(s) do you speak?

Mandarin Cantonese English Other _____

2. What is your age? _____

3. Are you: Male Female

4. Between what dates have you worked at this company?

From _____ To _____

5. What department or work area?

6. What job title?

7. While on this job, did you ever have children or pregnant women living in your home?

Yes No

8. Did you observe any of these hazards while working on this job? (Check all that apply)

Poor ventilation Chemicals (Names: _____)

Air filled with dust from chips Work near equipment that slices chips or wafers

Fans or hoods not working Other _____

9. Did you have any of these problems while on this job? (Check all that apply)

- Difficulty breathing Eyes were red or irritated
 Coughing or gagging Problems with vision
 Felt dizzy Skin was red or irritated
 Miscarriage (you or spouse) Child with birth defects or low birth weight
 Child with learning disabilities Cancer (Type: _____)
 Other _____

10. Do you have any health problems now? Yes No

If yes, what problems? _____

11. Have you seen other workers encounter these problems? Yes No

If yes, please explain. _____

12. Have you ever complained to your supervisor about these problems? Yes No

If yes, how many times? _____

13. Have you ever been evaluated by a company physician? Yes No

If so, what were you told? _____

14. Have you ever been monitored for exposure to chemicals at work? Yes No

If so, which chemicals, and when? _____

Have you been given the results of the monitoring? Yes No

15. Did you receive any health or safety training at work? Yes No

If so, what kind and when? _____

16. Have you ever been told by the company that you were exposed to chemicals that can cause cancer or birth defects?

Yes No

17. Have you seen any signs in the plant warning you that you may be exposed to chemicals that can cause cancer or birth defects?

Yes No

18. Have you ever been told by the company that you were overexposed to chemicals at work?

Yes No

19. Have you ever been told that your workplace is safe, so you don't need to worry?

Yes No

20. If you left the company, did you have a checkup with a company doctor after you left?

Yes No Doesn't apply

21. Did anyone ever tell you that you should check your home for dust that you may have brought from work?

Yes No

22. Was your home ever checked for the presence of chemical dust?

Yes No

23. Are you working now?

Yes No

If yes, where? _____

Job title: _____

If no, are you on unemployment? Yes No

How many months of unemployment benefits have you taken already? _____

Have you taken a job training class? Yes No



QUICK HEALTH SURVEY

Sometimes it's best to use a short, open-ended questionnaire that is quick and easy for workers to fill out. Here is a sample.

Please try to answer every question. All the questions can be answered by checking a box, writing a word, or writing a number. Check "N/A" if a question does not apply.

Name _____ Date _____

1. What is your job classification? _____
2. How many years have you worked in this job classification? _____
3. What shift do you work?
 - Day
 - Swing
 - Evening
 - Combination of day and other
4. In general, would you say your health is:
 - Excellent
 - Very good
 - Good
 - Fair
 - Poor
5. Have you had any pain or discomfort that might have been caused or made worse by your work?
 - Yes
 - No
 - If yes, where was the pain? _____
6. Have you visited your doctor about this pain or discomfort?
 - Yes
 - No
 - N/A
7. Have you called in sick in the last 12 months because of this pain or discomfort?
 - Yes
 - No
 - N/A
8. Did you report this pain or discomfort to your supervisor?
 - Yes
 - No
 - N/A
9. During the last 4 weeks, did you take any medication for pain you had at work (aspirin, Motrin, Ibuprofen, Advil, Tylenol)?
 - Yes
 - No
10. Do any co-workers experience similar pain or discomfort?
 - Yes
 - No