BERKELEY LAB
LAWRENCE BERKELEY NATIONAL LABORATORY

Environment, Health & Safety Division
Health Services Group

Beryllium Health Surveillance Program

Interval Occupational Exposure History Questionnaire and Respiratory Symptoms Update

Name (Last, First)		Date	
LBNL Employee #		Work Phone	

In accordance with the Department of Energy's Chronic Beryllium Disease Prevention Program, you have been identified as a potential current or past beryllium worker. In order to assess your situation/possible exposure to beryllium and in an effort to comply with the above order, it is important that you complete the following questionnaire:

These questions apply to your occupational (job) history. Please answer each question to the best of your knowledge. NOTE: The word "beryllium" means beryllium metal, beryllium containing alloy, beryllium ceramic or any beryllium compound, unless a specific form is being discussed in a question.

Since your last LBNL exam:

1. Have you worked with beryllium? Yes ☐ No ☐
If you answered yes to the above question, please describe in detail when and in what capacity you did this work?

2. Please list all jobs you held (whether the work involved beryllium or not), the approximate dates that you worked in this capacity, and the building(s) you worked in for each of these jobs while employed at LBNL. Start with the most recent and please use another piece of paper if necessary. Please provide as much information as you can, including your supervisor's name.

Functional Job Title	Date	Bldg/Room	Supervisor

3. Other than LBNL, have you worked with beryllium since your last exam here? Yes ☐ No ☐
If yes, please provide the name and location of the company and a description of the work.

4. Since your last LBNL visit, have you performed any of the following jobs in a building where beryllium is used (or on potentially beryllium contaminated equipment or supplies such as laundry)? Yes ☐ No ☐

	How many months total?	What year(s)?
☐ Administrative Support		
☐ Custodian		
☐ Electrician		
☐ Inspector		
☐ Plumber		
☐ Laundry		
☐ Plant Maintenance Technician		
☐ Supervisor		
☐ Other		

5. Since your last LBNL visit, have you been in any significant beryllium exposure incidents/accidents? Yes ☐ No ☐

If yes, please describe:

6. Do you **currently** smoke tobacco or have you smoked tobacco in the last month? Yes ☐ No ☐

7. Since your last LBNL visit, have you any of the developed any of the following pulmonary or lung problems?

Yes ☐	No ☐	Asbestosis	Yes ☐	No ☐	Silicosis
Yes ☐	No ☐	Asthma	Yes ☐	No ☐	Pneumothorax (collapsed lung)
Yes ☐	No ☐	Chronic bronchitis	Yes ☐	No ☐	Lung cancer
Yes ☐	No ☐	Emphysema	Yes ☐	No ☐	Broken ribs
Yes ☐	No ☐	Pneumonia	Yes ☐	No ☐	Any chest injuries or surgeries
Yes ☐	No ☐	Tuberculosis	Yes ☐	No ☐	Any other lung problem that you've been told about

8. Do you **currently** have any of the following symptoms of pulmonary or lung illness?

Yes ☐	No ☐	Shortness of breath
Yes ☐	No ☐	Shortness of breath when walking fast on level ground or walking up a slight hill or incline
Yes ☐	No ☐	Shortness of breath when walking with other people at an ordinary pace on level ground
Yes ☐	No ☐	Have to stop for breath when walking at your own pace on level ground
Yes ☐	No ☐	Shortness of breath when washing or dressing yourself
Yes ☐	No ☐	Shortness of breath that interferes with your job
Yes ☐	No ☐	Coughing that produces phlegm (thick sputum
Yes ☐	No ☐	Coughing that wakes you early in the morning
Yes ☐	No ☐	Coughing that occurs mostly when you are lying down
Yes ☐	No ☐	Coughing up blood in the last month
Yes ☐	No ☐	Wheezing
Yes ☐	No ☐	Wheezing that interferes with your job
Yes ☐	No ☐	Chest pain when you breathe deeply
Yes ☐	No ☐	Any other symptoms that you think may be related to lung problems

9. Do you currently take medication for any breathing or lung problems? Yes ☐ No ☐

10. Since your last LBNL visit, have you worked with any of the materials, or under any of the conditions, listed below?

Yes ☐ No ☐ Asbestos
Yes ☐ No ☐ Silica (e.g., in sandblasting)
Yes ☐ No ☐ Tungsten/cobalt (e.g., grinding or welding this material)
Yes ☐ No ☐ Beryllium
Yes ☐ No ☐ Aluminum
Yes ☐ No ☐ Coal (for example, mining)
Yes ☐ No ☐ Iron
Yes ☐ No ☐ Tin
Yes ☐ No ☐ Dusty environments
Yes ☐ No ☐ Any other hazardous exposures

If "yes," describe these exposures:

11. List any second jobs or side business you have that involve chemical use:

12. List your current and previous hobbies that involve chemical use:

14. Would you like to talk to the health care professional who will review this questionnaire about your answers to this questionnaire? Yes ☐ No ☐