



IUPUI

CAMPUS HEALTH

INDIANA UNIVERSITY-PURDUE UNIVERSITY
Indianapolis

TB / N95 Respirator Questionnaire

This questionnaire will be used for IUPUI faculty, staff and students to determine whether or not they have a medical condition which may affect their ability to wear a respirator. All medical information is considered confidential.

Please print **LEGIBLY**. Please answer all questions (1 through 10).

Name University ID

Date of Birth / / Sex M / F Age Height Weight

Department Job Title

University email Phone / Pager

Are you also employed by IU Health? Yes No Are you also employed by IUHP? Yes No

1.	Check the type of Respirator you will use	<input type="text"/>	Disposable Respirator (used for TB patient care)		
		<input type="text"/>	Other Type		
	Please check appropriate boxes below.			NO	YES
2.	Have you worn a respiratory before?				
	If "yes", what type(s)?				
3.	Do you currently smoke tobacco, or have you smoked in the last month?				
4.	Have you ever had any of the following conditions?				
	a. Seizures				
	b. Diabetes (sugar disease)				
	c. Allergic reactions that interfere with your breathing				
	d. Claustrophobia (fear of closed in places)				
	e. Trouble smelling odors				
5.	Have you ever had any of the following pulmonary or lung problems?				
	a. Asbestosis				
	b. Asthma / Silicosis				
	c. Chronic bronchitis				
	d. Emphysema				
	e. Pneumonia				
	f. Tuberculosis				
	g. Pneumothorax (collapsed lung)				
	h. Lung cancer				
	i. Broken ribs				
	j. Any chest injuries or surgeries				
	k. Any other lung problem that you've been told about _____				
6.	Do you currently have any of the following symptoms of pulmonary or lung illness?				
	a. Shortness of breath				
	b. Shortness of breath when walking fast on level ground or walking up a slight hill or incline				
	c. Shortness of breath when walking with other people at an ordinary pace on level ground				
	d. Have to stop for breath when walking at your own pace on level ground				

Name

Date / /

Please check appropriate boxes below.

NO YES

e.	Shortness of breath when washing or dressing yourself		
f.	Shortness of breath that interferes with your job		
g.	Coughing that produces phlegm (thick sputum)		
h.	Coughing that wakes you early in the morning		
i.	Coughing that occurs mostly when you are lying down		
j.	Coughing up blood in the last month		
k.	Wheezing		
l.	Wheezing that interferes with your job		
m.	Chest pain when you breathe deeply		
n.	Any other symptoms that you think may be related to lung problems		
7.	Have you ever had any of the following cardiovascular or heart problems?		
a.	Heart attack		
b.	Stroke		
c.	Angina		
d.	Heart failure		
e.	Swelling in your legs or feet (not caused by walking)		
f.	Heart arrhythmia (heart beating irregularly)		
g.	High blood pressure		
h.	Any other problem that you've been told about		
8.	Have you ever had any of the following cardiovascular or heart symptoms?		
a.	Frequent pain or tightness in your chest		
b.	Pain or tightness in your chest during physical activity		
c.	Pain or tightness in your chest that interferes with your job		
d.	In the past two years, have you noticed your heart skipping or missing a beat		
e.	Heartburn or indigestion that is not related to eating		
f.	Any other symptoms that you think may be related to eating		
9.	Do you currently take medications for any of the following problems?		
a.	Breathing or lung problems		
b.	Heart trouble		
c.	Blood pressure		
d.	Seizures (fits)		
10.	If you have never used a respirator, check here _____. You are now finished. If you have ever used a respirator, did you have any of the following?		
a.	Eye irritation		
b.	Skin allergies or rashes		
c.	Anxiety		
d.	General weakness or fatigue		
e.	Any other problem that interferes with your use of a respirator		

You may talk to the healthcare professional who will review this questionnaire by calling:

IUPUI Campus Health (317) 274-8214