Appendix 3 Annual screening questionnaire for health surveillance

SCREENING QUESTIONNAIRE FOR WORKERS USING HAND-HELD VIBRATING TOOLS, HAND-GUIDED VIBRATING MACHINES AND HAND-FED VIBRATING MACHINES

Date:	
Employee name:	
Occupation:	
Address:	
Date of birth:	
National Insurance no:	
Employer name:	
Date of previous screening:	
Have you been using hand-held vibrating tools, machines or hand-fed processes in your job, or if this is a review, since your last assessment? (detail work history overleaf)	Y/N
If NO or more than 2 years since last exposure please return the form - then need to answer further questions.	re is no
If YES: 1 Do you have any numbness or tingling of the fingers lasting more than 20 minutes after using vibrating equipment?	Y/N
2 Do you have numbness or tingling of the fingers at any other time?	Y/N
3 Do you wake at night with pain, tingling, or numbness in your hand or wrist?	Y/N
4 Have any of your fingers gone white* on cold exposure?	Y/N

^{*}Whiteness means a clear discoloration of the fingers with a sharp edge, usually followed by a red flush.



Blanching

	we you noticed any change in your response to your tolerance Yaking outdoors in the cold?	//N	
6 Are	you experiencing any other problems in your hands or arms?	//N	
	you have difficulty picking up very small objects, eg screws tons or opening tight jars?	//N	
8 Has	s anything changed about your health since the last assessment?	//N	
I certify that all the answers given above are true to the best of my knowledge and belief.			
Signed	l: Date:		
RETU	TRN TO:		
Hand-	arm vibration syndrome (HAVS):		
	s a disorder which affects the blood vessels, nerves, muscles and joints of and, wrist and arm;	the	
■ c	an become severely disabling if ignored; and		
	ts best known form is vibration white finger (VWF) which can be triggered by cold or wet weather and can cause severe pain in the affected fingers.	ed	
Signs	to look out for in hand-arm vibration syndrome:		
■ ti	ingling and numbness in the fingers;		
■ i	n the cold and wet, fingers go white, then blue, then red and are painful;		
■ y	ou can't feel things with your fingers;		
■ p	pain, tingling or numbness in your hands, wrists and arms;		
■ le	oss of strength in hands.		
OCCUPATIONAL HISTORY			
Dates	Job Title		
		••••	
•••••		••••	
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		•••••	