

## GB07 Annual hand-arm vibration questionnaire

Health surveillance questionnaire for workers using hand-held vibrating tools, hand-guided vibrating machines and hand-fed vibrating machines.

<b>Company name</b>		<b>Project title</b>	
<b>Location</b>		<b>Contract no.</b>	
<b>Date</b>			
<b>Employee name</b>			
<b>Occupation</b>			
<b>Address</b>			
<b>Date of birth</b>			
<b>Date of previous screening</b>			
<b>Employer name</b>			
<b>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)</b>	Yes		No
If 'No' or more than two years since last exposure, please return the form – there is no need to answer any further questions			
<b>If 'Yes'</b>			
<b>1. Do you have any numbness or tingling of the fingers lasting more than 20 minutes after using vibrating equipment?</b>	Yes		No
<b>2. Do you have numbness or tingling of the fingers at any other time?</b>	Yes		No
<b>3. Do you wake at night with pain, tingling or numbness in your hand or wrist?</b>	Yes		No
<b>4. Have any of your fingers gone white* on cold exposure?</b>	Yes		No
<b>5. Have you noticed any change in your response to your tolerance of working outdoors in the cold?</b>	Yes		No
<b>6. Are you experiencing any other problems in your hands or arms?</b>	Yes		No
<b>7. Do you have difficulty in picking up small objects (for example, screws or buttons) or opening tight jars?</b>	Yes		No
<b>8. Has anything changed about your health since the last assessment?</b>	Yes		No
<small>*Whiteness means a clear discolouration of the fingers with a sharp edge, usually followed by a red flush</small>			
<b>Occupational history</b>			
<b>Date</b>	<b>Job title</b>		
<b>I certify that all the answers given above are true to the best of my knowledge and belief.</b>			
<b>Name</b>		<b>Position</b>	
<b>Signature</b>		<b>Date</b>	
<b>Return to</b> (prepopulate (below) the name of a responsible person identified within the company to handle questionnaires and any referrals)			

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