

## QUESTIONNAIRE PRIOR TO MEDICAL EXAMINATION

### MKA AFS 2019:3 Vibrations (to be completed by the employee)

Name: \_\_\_\_\_

Date: \_\_\_\_\_ Personal ID number: \_\_\_\_\_

Employer: \_\_\_\_\_

Professional title: \_\_\_\_\_

Have you previously undergone a medical examination for vibrations?

Never  Once  Twice  Several times

Describe your regular duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

When did you begin your current profession? \_\_\_\_\_ (e.g. 2021).

### COLOUR CHANGES:



1. Does one or more of your fingers turn white (like in the picture) when exposed to the cold or damp?  NO  YES  
*If No, go straight to question 10.*

2. If Yes, when did you notice this for the first time? \_\_\_\_\_ (e.g. 2021)

When did you last experience white fingers? \_\_\_\_\_ (e.g. 2022).

## 3. Which of your fingers turn white?

Answer by shading the largest spread you have experienced in the last three years.



Left hand



Right hand

## 4. Do your white fingers impinge on any of your leisure activities?

If yes, please elaborate: \_\_\_\_\_

NO YES

## 5. Do your white fingers impinge on any of your work duties?

If yes, please elaborate: \_\_\_\_\_

NO YES

## 6. Does anyone else in your family get white fingers?

NO YES

## 7. If Yes, do they use vibrating tools?

NO YES

## 8. If you look back over the last three years, would you say that you have been getting white fingers:

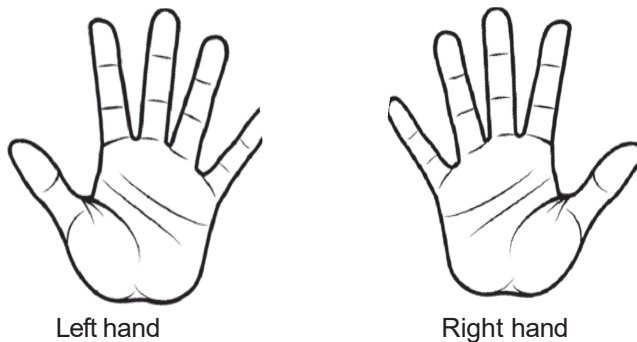
- Less frequently
- As frequently as usual
- More frequently
- Not sure

## 9. If you look back over the last three years, would you say that your white-finger episodes affect:

- A smaller area
- The same size of area
- A larger area
- Not sure

10. Do you wake up at least once a week due to pain or numbness in your fingers/hand? NO YES
11. Over the last three years, have you experienced loss of sensation, numbness or tingling in your fingers?  
*If No, go straight to question 19.* NO YES
12. If Yes, in what year did you notice this for the first time? \_\_\_\_\_ (e.g. 2022).
13. If Yes, how did you notice this for the first time?
- When working with vibrating tools?
  - After working with vibrating tools?
  - When you were exposed to the cold?
  - During an episode of white fingers?
  - After an episode of white fingers?
  - At night?
  - Continuously?
  - At another point in time?

14. In which fingers do you experience a loss of sensation, numbness and/or tingling? *Answer by shading the corresponding areas in the figures below.*



15. Does your loss of sensation, numbness and/or tingling impinge on your leisure activities? NO YES

If yes, please elaborate: \_\_\_\_\_

16. Does your loss of sensation, numbness and/or tingling impinge on any of your work duties? NO YES

17. If you look back over the last three years, would you say that your loss of sensation, numbness or tingling has been occurring:

- Less frequently  
 As frequently as usual  
 More frequently  
 Not sure

18. If you look back over the last three years, would you say that your loss of sensation, numbness or tingling has been affecting:

- A smaller area  
 The same size of area  
 A larger area  
 Not sure

19. Do you experience any of the following?  
*When you are not working with vibrations*

	NO	HARDLY NOTICEABLE	A LITTLE BIT	QUITE A LOT
a) Reduced ability to feel touch in your fingers/hand?				
b) Reduced ability to feel heat in your fingers/hand?				
c) Reduced ability to feel cold in your fingers/hand?				
d) Reduced ability to feel vibrations in your fingers/hand?				
e) Reduced strength in your fingers/hand?				
f) Numbness/tingling in your fingers/hand?				
g) Pain when you get cold in your fingers/hand?				
h) Difficulties doing up buttons?				
i) Fumbling?				
j) Aches/pain in your fingers/hand/forearm/elbow?				
k) Aches/pain in your neck/shoulder?				

20. Have any of the above issues **got better** over the last three years?

NO YES

If Yes, please tell us which ones: \_\_\_\_\_

\_\_\_\_\_

21. Have any of the above issues **got worse** over the last three years?

NO YES

If Yes, please tell us which ones: \_\_\_\_\_

\_\_\_\_\_

22. Do you have any of the illnesses/conditions below?

- Diabetes
- Nervous disorder (such as MS or nerve damage)
- Rheumatic disease
- Thyroid disease
- Migraines

23. Do you take medication for an illness?

NO YES

If Yes, please tell us which ones: \_\_\_\_\_

\_\_\_\_\_

24. Have you consumed nicotine in any form over the last three years?

NO YES

NO YES

25. Do you use vibrating tools such as a sander, impact wrench or another, similar power tool in your current work?

If Yes, please tell us the three vibrating tools that you use the most:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If yes, do you know how many vibration points or what A(8) value the vibration exposure corresponds to?

If Yes, \_\_\_\_\_ vibration points per day

or \_\_\_\_\_ m/s<sup>2</sup> A(8)

26. Have you used vibrating tools such as a sander, impact wrench or another, similar power tool in your previous work?

NO YES

TIME PERIOD (YEAR –YEAR)	WORK TASK	MACHINES