

**SOUTH GLOUCESTERSHIRE OCCUPATIONAL HEALTH SERVICES**  
**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: ..... Date of previous screening: .....

Employee name: ..... Date of birth: .....

Occupation: .....

Address: .....

.....

National Insurance No: .....

Employer name: .....

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) YES NO

If NO or more than 2 years since last exposure please return the form - there is no need to answer further questions.

**If YES:**

- |  |     |    |
|--|-----|----|
| 1. Do you have any numbness or tingling of the fingers lasting more than 20 minutes after using vibrating equipment? | YES | NO |
| 2. Do you have numbness or tingling of the fingers at any other time?  | YES | NO |
| 3. Do you wake at night with pain, tingling, or numbness in your hand or wrist?                                      | YES | NO |
| 4. Have any of your fingers gone white* on cold exposure?  | YES | NO |



Blanching

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

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|--|-----|----|
| 5. Have you noticed any change in your response to your tolerance of working outdoors in the cold?     | YES | NO |
| 6. Are you experiencing any other problems in your hands or arms?                                      | YES | NO |
| 7. Do you have difficulty picking up very small objects, e.g. screws or buttons or opening tight jars? | YES | NO |
| 8. Has anything changed about your health since the last assessment ?                                  | YES | NO |

