

HAVS long questionnaire

to be completed by a health professional

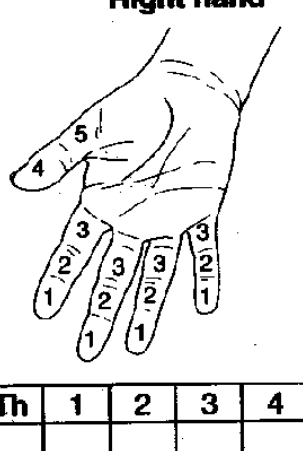

Surname		Forenames		M / F
DOB	NI / clock No.	Grade/job		
Business		Location		
Manager		Contact no.		

NOTE: HAVS SHORT QUESTIONNAIRE MUST BE COMPLETED.


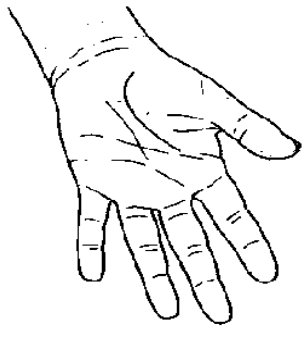
This ensures that details of vibration exposure and previous medical / occupational history have been recorded.

HAND SYMPTOMS

BLANCHING

1	Have you ever suffered from your fingers going white?	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
2	If you answered yes to Q 1 is it:	while working? <input type="checkbox"/>	In response to cold? <input type="checkbox"/>	Other times? <input type="checkbox"/>			
3	When did you first notice this?						
4	If you suffer now, how often does it occur?....	Many times a day <input type="checkbox"/>	Every day <input type="checkbox"/>				
	Several times a day <input type="checkbox"/>	Over 3 times a week <input type="checkbox"/>	Several times a month <input type="checkbox"/>	Several times a year <input type="checkbox"/>			
5	What time of year does it occur?...	In winter only <input type="checkbox"/>	Winter and Summer <input type="checkbox"/>				
6	State most common circumstances						
7	Do you experience whiteness of your toes, feet or elsewhere?	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
8	Which fingers are affected?						
	<p>Right hand</p> 	<p>Left hand</p> 					
	<table border="1" style="margin: auto;"> <tr> <td style="padding: 2px;">Witnessed</td> <td style="width: 40px;"></td> </tr> <tr> <td style="padding: 2px;">Not witnessed</td> <td></td> </tr> </table>	Witnessed		Not witnessed			
Witnessed							
Not witnessed							

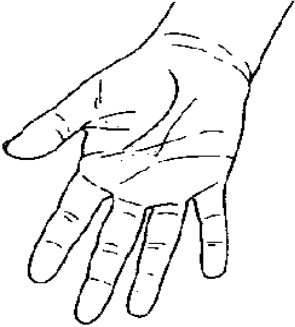
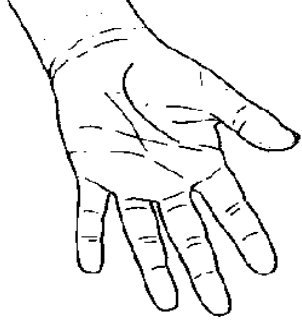
TINGLING (Excluding transient tingling lasting for less than 20 minutes after using vibrating equipment)

1	Do you have tingling of the fingers? Yes <input type="checkbox"/> No <input type="checkbox"/>
2	If you answered yes to question 1 is it.... While working <input type="checkbox"/> In response to cold <input type="checkbox"/> With blanching <input type="checkbox"/> At other times <input type="checkbox"/>
3	When did you first notice this?
4	If you suffer now, how often does it occur?.... Many times a day <input type="checkbox"/> Every day <input type="checkbox"/> Several times a day <input type="checkbox"/> Over 3 times a week <input type="checkbox"/> Several times a month <input type="checkbox"/> Several times a year <input type="checkbox"/>
5	If you suffer now, how long does the tingling last?..... Up to two hours <input type="checkbox"/> More than two hours <input type="checkbox"/> Tingling is constant and present all the time <input type="checkbox"/>
6	State most common circumstances
7	Which fingers are affected? <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p>Right hand</p>  </div> <div style="text-align: center;"> <p>Left hand</p>  </div> </div>

MUSCULOSKELETAL

		YES NO
1	Are you experiencing any problems with the muscle or joints of your hands/arms. For example pain, stiffness, swelling or weakness	<input type="checkbox"/> <input type="checkbox"/>
2	If you answered yes to question 1 give details	
3	Do you have any difficulty with fine movements of your fingers when they are warm?	<input type="checkbox"/> <input type="checkbox"/>

NUMBNESS (Excluding transient numbness lasting for less than 20 minutes after using vibrating equipment)

1	Do your fingers go numb? Yes <input type="checkbox"/> No <input type="checkbox"/>
2	If you answered yes to question 1 is it..... While working <input type="checkbox"/> In response to cold <input type="checkbox"/> With blanching <input type="checkbox"/> At other times <input type="checkbox"/>
3	If other times, what circumstances
4	When did you first notice this?
5	If you suffer now, how often does it occur?.... Many times a day <input type="checkbox"/> Every day <input type="checkbox"/> Several times a day <input type="checkbox"/> Over 3 times a week <input type="checkbox"/> Several times a month <input type="checkbox"/> Several times a year <input type="checkbox"/>
6	If you suffer now, how long does the numbness last?..... Up to two hours <input type="checkbox"/> More than two hours <input type="checkbox"/> Numbness is constant and present all the time <input type="checkbox"/>
7	State most common circumstances
8	Which fingers are affected? <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p>Right hand</p>  </div> <div style="text-align: center;"> <p>Left hand</p>  </div> </div>

Do any of these symptoms (blanching, tingling or numbness) affect your work or leisure activities? Yes No

If **yes**, please give details

OUTCOME

Subject reminded to report any hand / arm symptoms Subject given information about HAVS

Referred to occupational physician YES NO
 (All subjects with new or deteriorating symptoms must be referred)

FIT to continue with current job and exposure FIT TEMPORARILY UNFIT

Name of assessor	Date of assessment
Signature	