GB05 Initial hand-arm vibration screening questionnaire

Medical in confidence – when completed

Initial screening questionnaire for workers using hand-held vibrating tools, hand-guided vibrating machines and hand-fed vibrating machines.

Company name		**Project title**	
Location		**Contract no.**	
Date			
Employee name			
Occupation			
Address			
Date of birth			
Employer name			

1. Have you ever used hand-held vibrating tools, machines or hand-fed processes in your job?	Yes		No	
If 'Yes': **a) give year of first exposure**				
b) when was the last time you used them? *(detail work history overleaf)*				
2. Do your fingers tingle for more than 20 minutes after using vibrating equipment?	Yes		No	
3. Do your fingers tingle at any other time?	Yes		No	
4. Do you wake at night with pain, tingling or numbness in your hand or wrist?	Yes		No	
5. Are one or more of your fingers numb for more than 20 minutes after using vibrating equipment?	Yes		No	
6. Have your fingers gone white* on cold exposure?	Yes		No	
If 'Yes', do you have difficulty warming them up again when leaving the cold?	Yes		No	
7. Do your fingers go white at any other time?	Yes		No	
8. Are you experiencing any other problems with the muscles or joints of your hands or arms?	Yes		No	
9. Do you have difficulty picking up small objects (for example, screws or buttons) or opening tight jars?	Yes		No	
10. Have you ever had a neck, arm or hand injury or operation? If 'Yes' give details below	Yes		No	
11. Have you ever had any serious diseases of joints, skin, nerves, heart or blood vessels? If 'Yes' give details below	Yes		No	
12. Are you on any long-term medication? If 'Yes' give details below	Yes		No	

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

GB05 Initial hand-arm vibration screening questionnaire *continued*

Occupational history	
Dates	**Job title**

I certify that all the answers given are true to the best of my knowledge and belief.

Name		**Position**		**Signature**		**Date**	

Return in confidence to *(prepopulate (below) the name of a responsible person identified within the company to handle questionnaires and any referrals)*

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