

# REGISTRY OF THE FORMER WORKERS OF THE BAIE VERTE ASBESTOS MINE

*FINAL REPORT*

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## APPENDIX A

### TIMELINE OF ACTIVITIES AT THE BAIE VERTE SITE

Date	Description
1955	<ul style="list-style-type: none"> <li>- Asbestos deposit discovered (August)<sup>4</sup></li> <li>- Advocate Mines (operated by Johns-Manville) assumes control of mine (December)<sup>2,4</sup></li> </ul>
1955 - 57	<ul style="list-style-type: none"> <li>- Exploratory drilling phase<sup>4</sup></li> </ul>
1959	<ul style="list-style-type: none"> <li>- Small test plant constructed<sup>4</sup></li> </ul>
1963	<ul style="list-style-type: none"> <li>- Advocate Mines (John Mansfield) officially opens<sup>2, 6</sup></li> <li>- TLV = 5 million parts / cubic foot) adopted (Amer. Conference of Gov't Indust. Hyg. standard)<sup>4</sup></li> </ul>
1964	<ul style="list-style-type: none"> <li>- Garden Denver Drill / "Hammer Hole" Drill fitted with dust collectors after complaints about dust levels<sup>6</sup></li> <li>- Miners' Medical Certificate program initiated; medical examiner appointed<sup>4</sup></li> <li>- Air sampling program begun (midget impingers)<sup>4</sup></li> </ul>
1966	<ul style="list-style-type: none"> <li>- Provincial Government conducts first air quality survey<sup>4</sup></li> </ul>
1967	<ul style="list-style-type: none"> <li>- Joy drills (diesel powered hydraulic drills) introduced<sup>6</sup></li> </ul>
1968	<ul style="list-style-type: none"> <li>- Regular dust sampling schedule begins<sup>4</sup></li> </ul>
1969	<ul style="list-style-type: none"> <li>- Strike (May 22 to July 31)</li> <li>- Quarterly reporting on dust monitoring begins (midget impinger, 55 sites)<sup>4</sup></li> </ul>
1970	<ul style="list-style-type: none"> <li>- Jute bags replaced by reinforced plastic film bags<sup>4</sup></li> <li>- Tractor permanently assigned to the tailings pile to level top surface<sup>4</sup></li> <li>- Vacuum dryer installed in crusher/dryer building<sup>4</sup></li> </ul>
1972	<ul style="list-style-type: none"> <li>- Sifters in the BA circuit replaced by flat screens (lower maintenance, higher quality)<sup>1</sup></li> <li>- Extension of T-6 Tailings Conveyer (additional tailings disposal area)<sup>1</sup></li> <li>- Began installation of ducting in Secondary Crusher and dryer building to allow the dryer air to be taken directly from outside<sup>1</sup></li> </ul>

Date	Description
1973	<ul style="list-style-type: none"> <li>- Revisions to secondary fibre system; all sifters replaced by gravity screens<sup>1</sup></li> <li>- Ducting installed in Dryer Building to provide outside make-up air for dryers<sup>1</sup></li> <li>- Dust masks made available for workers in all areas<sup>4</sup></li> </ul>
1975	<ul style="list-style-type: none"> <li>- 35 degree troughing idlers installed on a number of conveyers in the mill and crusher (to provide improved environmental control)<sup>1</sup></li> <li>- Newfoundland Department of Mines and Energy begin using membrane filter method to measure asbestos dust emissions<sup>4</sup></li> </ul>
1976	<ul style="list-style-type: none"> <li>- Advocate begins monthly reporting of dust sampling<sup>4</sup></li> <li>- Advocate tells provincial and federal government it is initiating a \$1.2 million program to reduce fibre emission levels</li> <li>- Advocate initiates “Environmental Controls”:<sup>1</sup> <ul style="list-style-type: none"> <li>- Installation of additional troughing idlers on crushing and milling conveyers belts</li> <li>- Replacement of dust control equipment on paddle trammels</li> <li>- Replacement of double leaf pressure packer gates by single leaf gates</li> <li>- By-pass of extra ore concentration circuit in secondary crushing building</li> <li>- Installation of equipment to convey pressure packer overflow to storage</li> <li>- Design changes to Primary Crusher (implemented 1977)</li> <li>- Engineering and design started for bag collector to collect dust from the hot and cold stacks in the Secondary Crusher and Drying Building</li> <li>- Addition of water at transfer points on conveyer belts to minimize dust levels</li> </ul> </li> <li>- Advocate reports most dust monitoring stations = 2 fibres/cubic cm<sup>1</sup></li> <li>- Dr. Irving Selikoff commissioned to study the mine and the employees; he examines 485 mine and mill workers (June 14-18)<sup>2, 6, 9</sup></li> <li>- TLV reduced to 2 f/cc, 8/62 stations were &gt; than TLV and mandatory dust mask policy introduced<sup>4</sup></li> <li>- (June) Environment Canada news release regarding asbestos sampling in town of BV; report high fibre levels in September 1974 and April 1975<sup>5</sup></li> </ul>

Date	Description
1977	<ul style="list-style-type: none"> <li>- Selikoff report released (December)<sup>2,8,9</sup> <ul style="list-style-type: none"> <li>- Found lung abnormalities in 10% of workforce</li> <li>- Recommended immediate steps to reduce dust levels</li> </ul> </li> <li>- Bag filter (baghouse) installed to reduce emission of dust from primary crusher<sup>1</sup></li> <li>- Equipment installed to increase the efficiency of mill vacuum system<sup>1</sup></li> <li>- Individual dust line to each pressure packer to increase amount of air for improved dust control<sup>1</sup></li> <li>- New type of dedusting equipment to upgrade quality of one of the fibre fractions (A25 production)<sup>1</sup></li> </ul>
1978	<ul style="list-style-type: none"> <li>- 14-week strike over health and safety issues (Feb 12 to mid-May)<sup>1,7,10</sup></li> <li>- Bag collector system to control emissions from secondary crushing and drying building - completed and tested<sup>1</sup></li> <li>- Automatic bag opener and reefed system installed on mill bagging floor<sup>1</sup></li> </ul>
	<ul style="list-style-type: none"> <li>- Establishment of practices and facilities to reduce exposure to dust:<sup>1</sup> <ul style="list-style-type: none"> <li>- Mobile lunchrooms equipped to minimize dust exposure</li> <li>- Car wash</li> <li>- Pressurized, air conditioned cabs for tractor operators</li> <li>- Sprinkler system to control dust at tailing pile</li> </ul> </li> </ul>
1979	<ul style="list-style-type: none"> <li>- Safety improvements introduced:<sup>1</sup> <ul style="list-style-type: none"> <li>- Dedusters added to recover fibre lost to tailings system</li> <li>- Construction of employee change house (mine dry), change house, showers, double lockers (work clothes, street clothes)</li> <li>- Bag house to control dust emissions from dryer stacks (secondary crusher building)</li> <li>- Equipment to add water to tailings disposal system</li> <li>- Automatic washing facilities to wash all vehicles leaving the property</li> <li>- Environmentally controlled lunch rooms for employees (attributed to Mine Manager, E.B. McKenna, 1979)</li> <li>- Reports substantial losses (lower ore recovery, higher maintenance and energy costs)</li> <li>- Baghouse installed in secondary crusher building<sup>4</sup></li> <li>- Lunch only permitted in designated areas with positive ventilation<sup>4</sup></li> </ul> </li> </ul>
1980	<ul style="list-style-type: none"> <li>- Employee Change House completed<sup>1</sup></li> <li>- Dust control installation in dry rock storage completed<sup>1</sup></li> <li>- Removal of surplus and unused equipment<sup>1</sup></li> <li>- Mine dry building completed<sup>1</sup></li> </ul>

Date	Description
1981	- Advocate Mines insolvent <sup>6</sup>
1982	- NL Gov't expropriates mine – assets and land (September 3) <sup>6</sup> - Mine reopens as Transpacific Asbestos – Baie Verte Mine Ltd. (December) <sup>11</sup>
1988	- (November) Construction of wet mill facility begins with ACOA funding (completed 1990) <sup>2</sup>
1989	- (January) Cliff Resources, a Toronto-based company, buys Baie Verte Inc. and Baie Verte Reprocessing Inc. <sup>2,3</sup>
1990	- Wet processing begins (May) <sup>2, 3</sup> - Legal and health issues force mine closure <sup>2,3</sup> - Baie Verte Mines Reprocessing Inc. operation placed into receivership (July 1990) <sup>2</sup>
1991	- Mine closes due frequent equipment failure and a lack of financial flexibility (Feb 4) <sup>2</sup> - Terranov Mining Corporation, a new subsidiary of Princeton Mining Corporation, acquires assets of Baie Verte Mines Reprocessing Incorporated (July) <sup>2</sup> Commences production using prototype “wet process” on mine tailings (August, 47 workers) <sup>6</sup> - Closes in December 1991 for the winter months
1992	- Plant operates for 8 months <sup>1</sup>
1993	- Plant operates for 7 months <sup>1</sup>
1994	- Plant closes for the winter months (November) - Mine closes (Teranov bankruptcy) <sup>6</sup>
1995	- Mine reverts to NL Gov't
1998	- Site (Erection and Repair building) used by Northco Forest Products as a sawmill - until 2006

**Sources:**

1. Advocate Mines Limited. Annual Reports. 1965-1980.
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4. Edstrom, H. W. 1982. *Dust exposure and health status present and projected of Baie Verte chrysotile asbestos miners and millers*. Report submitted to the Workers' Compensation Board (St. John's) August 17, 1982.
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9. Selikoff, Irving. 1977. *Clinical Survey of Chrysotile Asbestos Miners and Millers in Baie Verte Newfoundland – 1976*. Report to the National Institute of Environmental Health Sciences. December 22, 1977. New York: Mount Sinai School of Medicine.
10. Terry T. Ryan. *Pollution of the Atmosphere: Causes, Consequences, Prevention, with a case study of the Baie Verte Asbestos Mine. Baie Verte, Newfoundland*. Geography 3301 Term Project, Memorial University. December 8, 1978.
11. Transpacific owns mine in Baie Verte. The Globe and Mail, 4 September 1982. Document glob000020011126de94017q8 (Factiva). Viewed 01/29/2010.
12. Warrian, Peter. 1997. A Retrospective Exposure Profile of Asbestos Miners and Millers Working at Baie Verte, Newfoundland. University of Toronto.



**EMPLOYEE AND PROXY CONSENT FORMS**

Written, informed consent was obtained from all participants including key informants and registrants (or their proxies) using one of the following versions of the consent form (included in this appendix):

Employee Consent Form..... B-2  
Proxy Consent Form..... B-7  
Consent Form – New Information..... B-12

# Employee Consent Form

*November 2006*

Faculty of Medicine, Schools of Nursing and Pharmacy of Memorial  
University of Newfoundland; Eastern Health; Dr. H. Bliss Murphy Cancer Centre

## Consent to Take Part in Health Research

**TITLE:** Development of a Registry of Former Employees of the Baie Verte Asbestos Mine

**INVESTIGATOR(S):** Drs. Stephen Bornstein (MUN), Barbara Neis (MUN), Paul Demers (UBC), Ken Fowler (MUN), Tim Takaro (SFU), Elizabeth Dicks (Eastern Health) and Ms. Sandra Small (MUN)

**SPONSOR:** Workplace Health, Safety & Compensation Commission (WHSCC)

You have been invited to take part in a project. It is up to you to decide whether you wish to take part or not. Before you decide, you need to understand what the project is for, what risks you might take and what benefits you might receive. This consent form explains the project.

The team will:

- discuss the study with you
- ask your advice about the study
- answer your questions
- keep confidential any information which could identify you personally
- be available during the project to deal with problems and answer questions

If you decide not to take part or to leave the project this will not affect your past, present or future claims with the Workplace Health, Safety & Compensation Commission (WHSCC).

### 1. Introduction/Background:

Asbestos was mined at Baie Verte for over 30 years, from the early 1960s to the early 1990s. We know that health effects from working with asbestos have been seen around the world. We are trying to collect information about the health of everyone who ever worked at this mine to create a Registry. Right now, the past workers information is in different places, cities and hospitals. This Registry will try to bring all of this information together in one safe place for easy access should you need it to make a claim. It may also be used for future research.

### 2. Purpose of the Registry:

The WHSCC, past workers, their union (United Steel Workers, USW) and members of the Baie Verte community want to make sure that complete and correct records are on hand to track the health of any person who worked at this mine.

Final consent approved August 2009 ELD Draft #6 1

Initials: \_\_\_\_\_

A registry will contain information from workers that will include:

- work history
- health history
- if the person has an illness known to be caused by asbestos
- if the person has an illness not known to be caused by asbestos but is related to their work
- answers from their health survey which will include your lifestyle habits

This Registry will help by storing all information in a safe place. It will be used to see if your illness may have been caused by asbestos or working in the mine. Once we have finished the Registry it may be a useful tool for future research in the area of asbestos related disease.

**3. Description of the procedures and tests:**

We will ask you to:

- Complete a general health survey
- Allow us to review your health records
- Describe to us your work history
- Allow us access to your work records

**4. Length of time:**

The survey will take about 1 hour to complete. Once we have collected your information, there may be a need to contact you again in the future should we need clarification of some of the information you have provided to us.

**5. Possible risks and discomforts:**

Sometimes talking about health problems or certain experiences may cause people to become upset. If this happens, and you would like to talk with someone, we will arrange this through a program at Central Health or a program in your area.

**6. Benefits:**

You may not benefit directly from taking part in this project.

**7. Liability statement:**

**Signing this form gives us your consent to be interviewed. It tells us that you understand the information about the project. When you sign this form, you do not give up your legal rights. Researchers or agencies involved in this project still have all their legal and professional responsibilities.**

## 8. What about my privacy and confidentiality?

Protecting your privacy is an important part of this project. Every effort to protect your privacy will be made.

When you sign this consent form you give us permission to

- Collect information from you
- Collect information from your health record
- Collect information from your employment record
- Share information with the people conducting the project
- Share information with the people responsible for protecting your safety
- Agree to be contacted in the future to update my Registry Record if necessary.

### Access to records

The members of the project team will see health and study records that identify you by name.

Other people may need to look at your health records and the study records that identify you by name. This might include the research ethics board and physicians who are members of this project. As we collect your health information, we may need to ask physicians who are specialists such as radiologists for help with reading x-rays etc. They may wish to review your charts and compare your information in order to be accurate. You may ask to see the list of these people. If the people looking at your records are not part of the project, they can look at your records only when one of the project team is present.

### Use of records.

The team will collect and use only the information they need for this project

This information will include your

- name
- date of birth
- sex
- medical conditions
- medications
- the results of tests and procedures you had before and during your time at the Baie Verte Mine
- information from interviews and questionnaires
- work history

Your name and contact information will be kept secure by the team. We will not share them without your permission. Your name will not appear in any report or article published as a result of this project.

Information collected for this project will not be destroyed. The Registry is meant to be an ongoing record of your work and health history.

If you decide to withdraw from the project you will need to do so in writing to:

**Dr. Elizabeth Dicks**  
**Room 3046, IIC**  
**230 Elizabeth Ave.**  
**St. John's, NL**  
**A1C 5S7.**

After your part in this project ends, we may continue to review your health records to check that the information we collected is correct.

Information collected and used by the team will be stored by the Newfoundland and Labrador Center for Health Information (NLCHI). They are responsible for keeping it secure.

**Your access to records**

You may ask the study coordinator to see the information that has been collected about your family.

**Special Consent**

If you have not made a claim to WHSCC in the past please choose an option below so we know how you would like your information\* placed into the Registry.

Please tick the following options that you agree with.

	I agree that my name and other identifying information* may be included in the Baie Verte Asbestos Mine Registry.
	Under no circumstances may my name or other identifying information* be included in the Baie Verte Asbestos Mine Registry unless I give written consent in the future to do so.

\*Includes name, MCP number or any other identifying information.

**9. Questions:**

If you have any questions about taking part in this study, you can meet with the investigator who is in charge of the study at this institution. That person is:

**Dr. Stephen Bornstein, Tel: (709) 737-7233**

Or you can talk to someone who is not involved with the study at all, but can advise you on your rights as a participant in a research study. This person can be reached through:

**Office of the Human Investigation Committee (HIC) at 709-777-6974**  
**Email: [hic@mun.ca](mailto:hic@mun.ca)**

Signature Page

Study title: Development of a Registry of Former Workers of the Baie Verte Asbestos Mine
Name of principal investigator: Dr. Stephen Bornstein

To be filled out and signed by the participant:

Please check as appropriate:

- I have read this consent form. Yes {} No {}
I have had the opportunity to ask questions/to discuss this project. Yes {} No {}
I have received satisfactory answers to all of my questions. Yes {} No {}
I have received enough information about the project. Yes {} No {}
I have spoken to Dr. Bornstein or another member of his team and he/she has answered my questions Yes {} No {}
I understand that I am free to withdraw from the project Yes {} No {}
- at any time
- without having to give a reason
- without affecting my future health care or WHSCC status
I understand that it is my choice to participate and that I may not benefit. Yes {} No {}
I agree that the project team may read the parts of my hospital records, employment history and WHSCC claims which are relevant to the registry. Yes {} No {}
I agree to take part in this project. Yes {} No {}

Signature of participant Date
Signature of witness Date

To be signed by the investigator:
I have explained this project to the best of my ability. I invited questions and gave answers. I believe that the participant fully understands what is involved in being in the project, any potential risks of the project and that he or she has freely chosen to be in the project.

Signature of investigator Date

Telephone number: \_\_\_\_\_

Final consent approved August 2009 ELD Draft #6 5 Initials: \_\_\_\_\_

## Proxy Consent Form

*PROXY CONSENT* November 2006

Faculty of Medicine, Schools of Nursing and Pharmacy of Memorial  
University of Newfoundland; Eastern Health; Dr. H. Bliss Murphy Cancer Centre

### Consent to Take Part in Health Research

**TITLE:** Development of a Registry of Former Workers of the Baie Verte Asbestos Mine

**INVESTIGATOR(S):** Drs. Stephen Bornstein, Barbara Neis, Scott MacKinnon, Paul Demers, Ken Fowler, Tim Takaro, Elizabeth Dicks & Ms. Sandra Small

**SPONSOR:** Workplace Health, Safety & Compensation Commission (WHSCC)

You have been invited to take part in a project. It is up to you to decide whether you wish to take part or not. Before you decide, you need to understand what the project is for, what risks you might take and what benefits you might receive. This consent form explains the project.

The team will:

- discuss the project with you
- answer your questions
- keep confidential any information which could identify you personally
- be available during the project to deal with problems and answer questions

If you decide not to take part or to leave the project this will not affect your kin's past, present or future claims with the Workplace Health, Safety & Compensation Commission (WHSCC).

#### 1. Introduction/Background:

You have been identified as the next of kin of \_\_\_\_\_ who was a past employee of the Baie Verte Asbestos mine. Asbestos was mined at Baie Verte for over 30 years, from the early 1960s to the early 1990s. We know that health effects from working with asbestos have been seen around the world. We are trying to collect information about the health of everyone who ever worked at this mine to create a Registry. Right now, the past workers information is in different places, cities and hospitals. This Registry will try to bring all of this information together in one safe place for easy access should you need it to make a claim. It may also be used for future research.

#### 2. Purpose of the Registry:

The WHSCC, past workers, their union (United Steel Workers, USW) and members of the Baie Verte community want to make sure that complete and correct records are on hand to track the health of any person who worked at this mine.

-1-

Initials: \_\_\_\_\_

A registry will contain information from workers that will include:

- work history
- health history
- if the person has an illness known to be caused by asbestos
- if the person has an illness not known to be caused by asbestos but is related to their work
- answers from their health survey which will include their lifestyle habits

This Registry will help by storing all information in a safe place. It will be used to see if your family member's illness may have been caused by asbestos or working in the mine. Once we have finished the Registry it may be a useful tool for future research in the area of asbestos related disease.

**3. Description of the procedures and tests:**

We will ask you to:

- Complete a general health survey of \_\_\_\_\_
- Allow us to review \_\_\_\_\_'s health records
- Describe to us \_\_\_\_\_'s work history
- Allow us access to their work records

**4. Length of time:**

Completing the health survey make take approximately 1 hour. Once we have collected your information, there may be a need to contact you again in the future should we need clarification of some of the information you have provided to us.

**5. Possible risks and discomforts:**

Sometimes talking about health problems or certain experiences may cause people to become upset. If this happens, and you would like to talk with someone we will arrange this through a program at Central Health or a program in your area.

**6. Benefits:**

You may not benefit directly from taking part in this project.

**7. Liability statement:**

**Signing this form gives us your consent to include \_\_\_\_\_'s information in this registry. It tells us that you understand the information about the project. When you sign this form, you do not give up your legal rights. Researchers or agencies involved in this project still have their legal and professional responsibilities.**

## 8. What about privacy and confidentiality?

Protecting you and your family member's privacy is an important part of this project. Every effort to protect your privacy will be made.

When you sign this consent form you give us permission to

- Collect information from you about \_\_\_\_\_
- Collect information from \_\_\_\_\_'s health record
- Share information with the people conducting the project
- Agree to be contacted in the future to update \_\_\_\_\_'s Registry Record if necessary.

### Access to records

The members of the project team will see health and study records that identify your next of kin by name.

Other people may need to look at these health records and the study records that identify your family member by name. This might include the research ethics board and physicians who are members of this project. As we collect \_\_\_\_\_'s health information, we may need to ask physicians who are specialists such as radiologists for help with reading x-rays etc. They may wish to review \_\_\_\_\_'s charts and compare the information in order to be accurate. You may ask to see the list of these people. If the people looking at these records are not part of the project, they can look at them only when one of the project team is present.

### Use of records.

The team will collect and use only the information they need for this project

This information will include \_\_\_\_\_'s

- name
- date of birth
- sex
- medical conditions
- medications
- the results of tests and procedures before and during their time at the Baie Verte Mine
- information from interviews and questionnaires
- work history

\_\_\_\_\_ 's name and contact information will be kept secure by the team in Newfoundland and Labrador. It will not be shared with others without your permission. Their name will not appear in any report or article published as a result of this project.

Information collected for this project will not be destroyed. The Registry is meant to be an ongoing record of your family member's work and health history.

If you decide to withdraw from the project you will need to do so in writing to:

Dr. Elizabeth Dicks  
 Room 3046, IIC  
 230 Elizabeth Ave.  
 St. John's, NL  
 A1C 5S7.

After your part in this project ends, we may continue to review \_\_\_\_\_'s health records to check that the information we collected is correct.

Information collected and used by the team will be stored by the Newfoundland and Labrador Center for Health Information (NLCHI). This is the group responsible for keeping it secure.

**Your access to records**

You may ask the study coordinator to see the information that has been collected about your family member.

**Special Consent**

If \_\_\_\_\_ never made a claim to WHSCC in the past please choose an option below so we know how you would like their information\* placed into the Registry.

Please tick the following option(s) that you agree with.

	I agree that _____'s name and other identifying information* may be included in the Baie Verte Asbestos Mine Registry.
	Under no circumstances may _____'s name or other identifying information* be included in the Baie Verte Asbestos Mine Registry unless I give written consent in the future to do so.

\*Includes name, MCP number or any other identifying information.

**9. Questions:**

If you have any questions about taking part in this study, you can meet with the investigator who is in charge of the study at this institution. That person is:

**Dr. Stephen Bornstein. Tel: (709) 737-7233**

Or you can talk to someone who is not involved with the study at all, but can advise you on your rights as a participant in a research study. This person can be reached through:

**Office of the Human Investigation Committee (HIC) at 709-777-6974**

**Email: [hic@mun.ca](mailto:hic@mun.ca)**

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Initials: \_\_\_\_\_

**Signature Page**

**Study title: Development of a Registry of Former Workers of the Baie Verte Asbestos Mine**

**Name of principal investigator: Dr. Stephen Bornstein**

**To be filled out and signed by the participant:**

Please check as appropriate:

- |                                                                                                                                                                                                                                             |         |        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|--------|
| I have read the consent [and information sheet].                                                                                                                                                                                            | Yes ( ) | No ( ) |
| I have had the opportunity to ask questions/to discuss this project.                                                                                                                                                                        | Yes ( ) | No ( ) |
| I have received satisfactory answers to all of my questions.                                                                                                                                                                                | Yes ( ) | No ( ) |
| I have received enough information about the project                                                                                                                                                                                        | Yes ( ) | No ( ) |
| I have spoken to Dr. Bornstein or another member of his team and he/she has answered my questions                                                                                                                                           | Yes ( ) | No ( ) |
| I understand that I am free to withdraw from the registry <ul style="list-style-type: none"> <li>• at any time</li> <li>• without having to give a reason</li> <li>• without affecting my future care or WHSCC status</li> <li>•</li> </ul> | Yes ( ) | No ( ) |
| I understand that it is my choice to include my family member in the registry and that I may not benefit.                                                                                                                                   | Yes ( ) | No ( ) |
| I agree that the project team may read the parts of _____ hospital records, employment history and WHSCC claims which are relevant to the registry.                                                                                         | Yes ( ) | No ( ) |
| I agree to take part in this registry.                                                                                                                                                                                                      | Yes ( ) | No ( ) |

\_\_\_\_\_  
Signature of participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of witness

\_\_\_\_\_  
Date

**To be signed by the investigator:**

I have explained this project to the best of my ability. I invited questions and gave answers. I believe that the participant fully understands what is involved in being in the project, any potential risks of the project and that he or she has freely chosen to be in the project.

\_\_\_\_\_  
Signature of investigator

\_\_\_\_\_  
Date

Telephone number: \_\_\_\_\_

## Consent Form – New Information

Faculty of Medicine, Schools of Nursing and Pharmacy of Memorial  
University of Newfoundland and Eastern Health

### A Letter with New Information

Title: Development of a registry of former workers of the Baie Verte asbestos mine-  
PHASE 2

#### Addendum # 1 to the Patient Informed Consent, Version August 2008

You have signed consent to take part in this study. This letter provides new information that we have learned since this study started.

**The Workplace Health, Safety, and Compensation Commission (WHSCC) requires you to sign this form so that the WHSCC may disclose and the project team may access, read and include parts of your WHSCC claims which are relevant to the registry.**

**This consent will include past, present, or future claims related to the registry.**

*All other information from the main consent remains unchanged.*

*By signing this form, you are indicating that you have read and understand this information, and that you agree to continue to take part in this study.*

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness (if applicable)

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

I believe that the person signing this form understands this new information and voluntarily agrees to continue to participate.

\_\_\_\_\_  
Signature of Investigator

\_\_\_\_\_  
Date

Registry ID # \_\_\_\_\_ Aug 2009

Initial \_\_\_\_\_

## PUBLIC INFORMATION MEETINGS

As part of our communications plan, public meetings in a wide range of communities in Newfoundland and Labrador as well as in Ontario, Alberta and British Columbia were planned to get the word out to former employees. Each meeting was preceded by a local radio, newspaper, and poster advertising campaign. Meetings were held on:

- October 3, 2008 in Baie Verte, NL
- October 4, 2008 in Fleur de Lys, NL
- October 5, 2008 in Baie Verte, NL
- February 5, 2009 in St. John's, NL
- April 21, 2009 in Baie Verte, NL
- April 22, 2009 in Baie Verte, NL
- May 19, 2009 in Bramalea, ON
- May 20, 2009 in Scarborough, ON
- May 21, 2009 in Cambridge, ON
- May 25, 2009 in Edmonton, AB
- May 26, 2009 in Tumbler Ridge, BC
- May 27, 2009 in Fort McMurray, AB
- May 28, 2009 in Calgary, AB
- May 29, 2009 in Sparwood, BC
- September 21, 2009 in Gander, NL
- September 22, 2009 in Grand Falls, NL
- September 23, 2009 in Springdale, NL
- September 24, 2009 in Corner Brook, NL
- September 28, 2009 in St. John's, NL



**STANDARD REGISTRANT PACKAGE**

Registrant packages contained: an information leaflet containing instructions and contact information for the Registry (pink), two copies of a 5-page consent form (one for the person’s files and one to sign and return); and, four “Release of Medical Information” (ROI) forms (yellow) to complete and return. A postage paid, addressed return envelope was also included with the package. Forms were printed on different coloured paper to distinguish them from each other and for easy referral during communications (“please complete the yellow ROI form.”).

Information Leaflet ..... D-2  
Consent Form (Standard) ..... D-4  
Authorization for Release of Medical Information (ROI)..... D-9  
Return Envelope ..... D-10

## Information Leaflet

### HOW TO JOIN THE REGISTRY

**Thank you very much for agreeing to help with this project!**

In this package you will find a number of forms that you will need to complete and return. It is very important to complete them fully and correctly. There are instructions on the back of this sheet, but if you have any questions please call us and we will be happy to help you.

**Contact Information:**

Baie Verte Office: (709) 532-5227

St. John's Office: (709) 737-7253

**Toll Free Number: 1-888-737-7250**

E-mail: [bvminers@mun.ca](mailto:bvminers@mun.ca)

Website : [www.bvminers.ca](http://www.bvminers.ca)

PLEASE TURN OVER 

**INSTRUCTIONS:****1. Consent Form**

We have sent you 2 copies of the Consent Form. **Please sign the one with the high-lighted areas** and put your initials at the bottom of each page after you have read it. Also, you need sign and date the form, and have a witness sign the form, too. The other copy does not need to be signed; you can keep it for your own records.

**2. Release of Information Form (yellow sheet)**

**Please sign the Release of Information Form (yellow sheet).** By signing this form you will be giving us permission to review your health records.

We have given you 6 forms. Please sign and fill out ONE form for EACH hospital or doctor's clinic where you were seen. If you need more forms, please let us know and we will send them to you.

**3. Return the completed forms to us**

**Please put the signed Consent Form and the completed yellow Release of Information sheet, or sheets, into the envelope we have provided and mail it back to us. No postage is required.**

Once we have received these forms we will send you a work history and health questionnaire in the mail. When they are completed and returned to us in the envelope provided, you will be fully registered in the Baie Verte Miners' Registry.

## Consent Form (Standard)

*November 2006*

*You Copy - To Keep*

Faculty of Medicine, Schools of Nursing and Pharmacy of Memorial  
University of Newfoundland; Eastern Health; Dr. H. Bliss Murphy Cancer Centre

**Consent to Take Part in Health Research**

**TITLE:** Development of a Registry of Former Employees of the Baie Verte Asbestos Mine

**INVESTIGATOR(S):** Drs. Stephen Bornstein (MUN), Barbara Neis (MUN), Paul Demers (UBC), Ken Fowler (MUN), Tim Takaro (SFU), Elizabeth Dicks (Eastern Health) and Ms. Sandra Small (MUN)

**SPONSOR:** Workplace Health, Safety & Compensation Commission (WHSCC)

You have been invited to take part in a project. It is up to you to decide whether you wish to take part or not. Before you decide, you need to understand what the project is for, what risks you might take and what benefits you might receive. This consent form explains the project.

**The team will:**

- discuss the study with you
- ask your advice about the study
- answer your questions
- keep confidential any information which could identify you personally
- be available during the project to deal with problems and answer questions

If you decide not to take part or to leave the project this will not affect your past, present or future claims with the Workplace Health, Safety & Compensation Commission (WHSCC).

**1. Introduction/Background:**

Asbestos was mined at Baie Verte for over 30 years, from the early 1960s to the early 1990s. We know that health effects from working with asbestos have been seen around the world. We are trying to collect information about the health of everyone who ever worked at this mine to create a Registry. Right now, the past workers information is in different places, cities and hospitals. This Registry will try to bring all of this information together in one safe place for easy access should you need it to make a claim. It may also be used for future research.

**2. Purpose of the Registry:**

The WHSCC, past workers, their union (United Steel Workers, USW) and members of the Baie Verte community want to make sure that complete and correct records are on hand to track the health of any person who worked at this mine.

Final consent approved August 2009 ELD Draft #6 1

Initials: \_\_\_\_\_

A registry will contain information from workers that will include:

- work history
- health history
- if the person has an illness known to be caused by asbestos
- if the person has an illness not known to be caused by asbestos but is related to their work
- answers from their health survey which will include your lifestyle habits

This Registry will help by storing all information in a safe place. It will be used to see if your illness may have been caused by asbestos or working in the mine. Once we have finished the Registry it may be a useful tool for future research in the area of asbestos related disease.

### 3. Description of the procedures and tests:

We will ask you to:

- Complete a general health survey
- Allow us to review your health records
- Describe to us your work history
- Allow us access to your work records

### 4. Length of time:

The survey will take about 1 hour to complete. Once we have collected your information, there may be a need to contact you again in the future should we need clarification of some of the information you have provided to us.

### 5. Possible risks and discomforts:

Sometimes talking about health problems or certain experiences may cause people to become upset. If this happens, and you would like to talk with someone, we will arrange this through a program at Central Health or a program in your area.

### 6. Benefits:

You may not benefit directly from taking part in this project.

### 7. Liability statement:

**Signing this form gives us your consent to be interviewed. It tells us that you understand the information about the project. When you sign this form, you do not give up your legal rights. Researchers or agencies involved in this project still have all their legal and professional responsibilities.**

Final consent approved August 2009 ELD Draft #6 2

Initials: \_\_\_\_\_

## 8. What about my privacy and confidentiality?

Protecting your privacy is an important part of this project. Every effort to protect your privacy will be made.

When you sign this consent form you give us permission to

- Collect information from you
- Collect information from your health record
- Collect information from your employment record
- Share information with the people conducting the project
- Share information with the people responsible for protecting your safety
- Agree to be contacted in the future to update my Registry Record if necessary.

### Access to records

The members of the project team will see health and study records that identify you by name.

Other people may need to look at your health records and the study records that identify you by name. This might include the research ethics board and physicians who are members of this project. As we collect your health information, we may need to ask physicians who are specialists such as radiologists for help with reading x-rays etc. They may wish to review your charts and compare your information in order to be accurate. You may ask to see the list of these people. If the people looking at your records are not part of the project, they can look at your records only when one of the project team is present.

### Use of records.

The team will collect and use only the information they need for this project

This information will include your

- name
- date of birth
- sex
- medical conditions
- medications
- the results of tests and procedures you had before and during your time at the Baie Verte Mine
- information from interviews and questionnaires
- work history

Your name and contact information will be kept secure by the team. We will not share them without your permission. Your name will not appear in any report or article published as a result of this project.

Information collected for this project will not be destroyed. The Registry is meant to be an ongoing record of your work and health history.

If you decide to withdraw from the project you will need to do so in writing to:

Dr. Elizabeth Dicks  
 Room 3046, IIC  
 230 Elizabeth Ave.  
 St. John's, NL  
 A1C 5S7.

After your part in this project ends, we may continue to review your health records to check that the information we collected is correct.

Information collected and used by the team will be stored by the Newfoundland and Labrador Center for Health Information (NLCHI). They are responsible for keeping it secure.

**Your access to records**

You may ask the study coordinator to see the information that has been collected about your family.

**Special Consent**

If you have not made a claim to WHSCC in the past please choose an option below so we know how you would like your information\* placed into the Registry.

**Please tick the following options that you agree with.**

	I agree that my name and other identifying information* may be included in the Baie Verte Asbestos Mine Registry.
	Under no circumstances may my name or other identifying information* be included in the Baie Verte Asbestos Mine Registry unless I give written consent in the future to do so.

\*Includes name, MCP number or any other identifying information.

**9. Questions:**

If you have any questions about taking part in this study, you can meet with the investigator who is in charge of the study at this institution. That person is:

**Dr. Stephen Bornstein. Tel: (709) 737-7233**

Or you can talk to someone who is not involved with the study at all, but can advise you on your rights as a participant in a research study. This person can be reached through:

**Office of the Human Investigation Committee (HIC) at 709-777-6974**  
**Email: [hic@mun.ca](mailto:hic@mun.ca)**

## Signature Page

**Study title: Development of a Registry of Former Workers of the Baie Verte Asbestos Mine**  
**Name of principal investigator: Dr. Stephen Bornstein**

**To be filled out and signed by the participant:**

Please check as appropriate:

- I have read this consent form. Yes { } No { }
- I have had the opportunity to ask questions/to discuss this project. Yes { } No { }
- I have received satisfactory answers to all of my questions. Yes { } No { }
- I have received enough information about the project. Yes { } No { }
- I have spoken to Dr. Bornstein or another member of his team and he/she has answered my questions Yes { } No { }
- I understand that I am free to withdraw from the project Yes { } No { }
- at any time
  - without having to give a reason
  - without affecting my future health care or WHSCC status
- I understand that it is my choice to participate and that I may not benefit. Yes { } No { }
- I agree that the project team may read the parts of my hospital records, employment history and WHSCC claims which are relevant to the registry. Yes { } No { }
- I agree to take part in this project. Yes { } No { }

\_\_\_\_\_  
Signature of participant\_\_\_\_\_  
Date\_\_\_\_\_  
Signature of witness\_\_\_\_\_  
Date**To be signed by the investigator:**

I have explained this project to the best of my ability. I invited questions and gave answers. I believe that the participant fully understands what is involved in being in the project, any potential risks of the project and that he or she has freely chosen to be in the project.

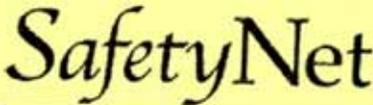
\_\_\_\_\_  
Signature of investigator\_\_\_\_\_  
Date

Telephone number: \_\_\_\_\_

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Initials: \_\_\_\_\_

# Authorization for Release of Medical Information (ROI)



**SafetyNet**  
A Community Research Alliance on  
Health & Safety in Marine & Coastal Work

*SafetyNet  
Faculty of Medicine  
Memorial University of Newfoundland  
Baie Verte Miners' Registry*

### Authorization for Release of Medical Information

\*\*\*Please return a copy of this form with the medical reports\*\*\*

Medical Records Requested: \_\_\_\_\_ Surgical Reports  
 \_\_\_\_\_ Pathology Reports  
 \_\_\_\_\_ X-Ray, CAT Scan, MRI, Upper GI series,  
 Pulmonary Function Tests  
 \_\_\_\_\_ Other \_\_\_\_\_

I, \_\_\_\_\_ hereby consent to the release of information to the  
 Baie Verte Miners' Registry (Attention: Elizabeth Dicks, Faculty of Medicine, SafetyNet, Memorial  
 University of Newfoundland, Inco Innovation Center, Room 3055, St. John's, A1C 5S7) the  
 medical records of:

Name \_\_\_\_\_ Maiden Name \_\_\_\_\_  
 Address \_\_\_\_\_ Parents/Spouse \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ MCP/Health # \_\_\_\_\_  
 Date of Hospitalization (approximate) \_\_\_\_\_  
 Name/Address of Hospital or Clinic \_\_\_\_\_

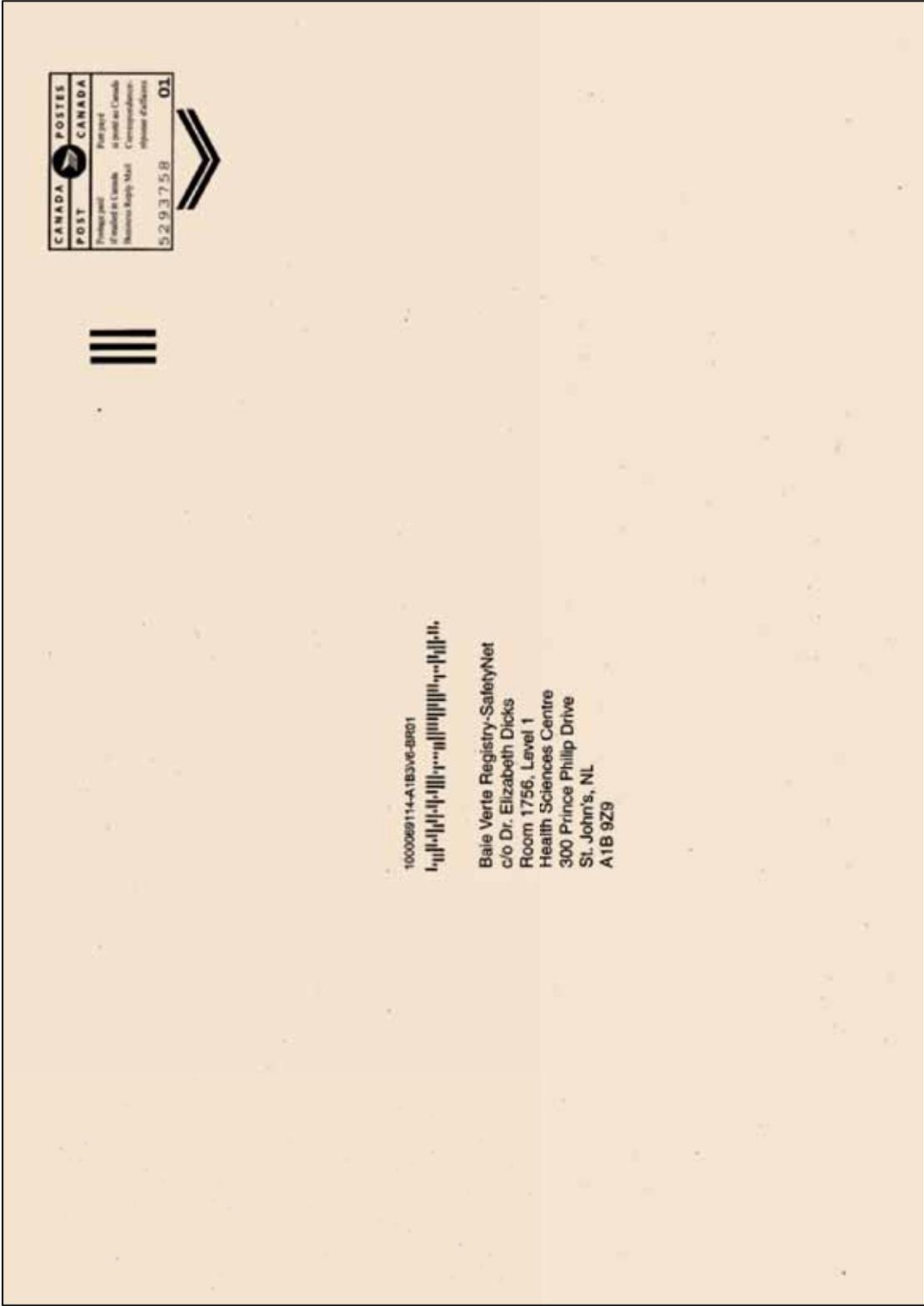
Signature \_\_\_\_\_ Relationship \_\_\_\_\_ Date \_\_\_\_\_

.....

**REGISTRY USE ONLY:** Reference number \_\_\_\_\_

Inco Innovation Centre, Room 3046 ⇨ Memorial University of Newfoundland ⇨ St. John's, Newfoundland ⇨ Canada A1C 5S7  
 Tel: 709.737.7253 ⇨ Toll Free: 1.888.737.7250 ⇨ Fax: 709.737.737-6780  
 Web: www.bvminers.ca

# Return Envelope



**HEALTH AND EMPLOYMENT QUESTIONNAIRE**

There are two versions of the health and employment questionnaire - the standard version (for living registrants) and a special version for the next of kin of deceased former employees. Both were designed to collect the same information about registrants.

Standard Health and Employment Questionnaire ..... E-2  
Proxy Health and Employment Questionnaire ..... E-27

## Standard Health and Employment Questionnaire



### **QUESTIONNAIRE for FORMER EMPLOYEES on YOUR HEALTH AND YOUR EMPLOYMENT HISTORY**

PREPARED BY SAFETYNET, MEMORIAL UNIVERSITY

NOVEMBER, 2008

Dear Former Employee at the Baie Verte asbestos site,

The following pages contain a set of questions that we hope you can answer for us. We are asking you about your current and past health, and some questions about your work history.

This survey will help us to have the most up-to-date information about your health and your work history. Remember that in the registry your information will be kept confidential if you choose.

We have included 'Do not know' as one possible answer to the questions. If you don't know the answer to a question or aren't sure, this is the best one to pick.

This questionnaire may take as long as an hour for you to complete, but there is no need to do it all at once.

If you would like help to do the survey over the phone, please call to set up an appointment.

**Toll-free: 1-888-737-7250**  
**St. John's Office: 1-709-737-7253**

If you would like to visit our office at the Baie Verte hospital, it is best for you to call to make an appointment. Or you can call this office for help over the phone.

**Baie Verte Office: 1-709-532-5227**



**h.** What is your marital status? (Please circle one)

- A. Single, never married
- B. Married
- C. Living common-law
- D. Separated
- E. Divorced
- F. Widowed

**i.** Do you have any children (Please circle one) Yes OR No

If yes, how many children do you have? \_\_\_\_\_

**j.** What is the highest level of education that you have obtained?

- A. Less than high school
- B. Some high school completed
- C. High school graduate
- D. Some university or college
- E. Trade certificate or diploma
- F. University degree or higher

## PART 2: EMPLOYMENT HISTORY

### SECTION A:

The following questions are about your PRESENT employment status.

A1. What is your current job status?

- |                                |       |                     |       |
|--------------------------------|-------|---------------------|-------|
| 1. employed, full time         | _____ | 4. sick or disabled | _____ |
| 2. employed, but not full time | _____ | 5. unemployed       | _____ |
| 3. retired                     | _____ | 6.                  | _____ |
- other \_\_\_\_\_ (please specify)

A2. If not working due to retirement, sickness or disability:

When did you STOP working due to retirement, sickness or disability?

[ \_\_\_ / \_\_\_ / \_\_\_\_\_ ]  
day month year

**SECTION B:** The following tables are about your employment history. Fill the tables out to the best of your memory, and if you don't know the information, please write "I don't know".

**B.1.** Please fill in this table for all the positions you had **working at the asbestos mine or sawmill in Baie Verte**. If you can't recall exact dates, please give rough dates, such as "Fall, 1985".

Length of Time in Position	Specific Job Title	Company/ Employer	Department	Equipment Used for Job	Tasks performed

In total, approximately how long did you work at the asbestos mine in Baie Verte? \_\_\_\_\_

B2. Please fill in this table for any other positions you had, OUTSIDE of the work you did at the mine in Baie Verte. Only include those jobs where you worked for more than 6 months, and please start with the most recent.

Length of Time in Position	Start date	End date	Industry/ Sector	Location (City and province)	Specific Job Title	Company/ Employer	Department	Equipment Used for Job	Tasks performed	Exposed to asbestos? (Yes/No/ Don't know)	

**SECTION C:**

The following questions are about health and safety in the workplace. If you do not know the answer to the questions, please circle the option "I don't know".

C1. Did you participate in Dr. Irving Selikoff's health study in 1976?

Yes \_\_\_\_\_ No \_\_\_\_\_

C2. Did you ever wear a face mask or respirator when you worked in the Baie Verte asbestos mine?

Yes \_\_\_\_\_ No \_\_\_\_\_

IF YES please complete the table below:

Year (s) <i>Ex: 1978-1992</i>	When did you wear the mask? (Please circle one)	What type of mask did you wear? (Please circle one)
	1. All the time 2. Most of the time 3. Some of the time 4. Only rarely 5. I don't know	1. Disposable paper mask 2. Cartridge/filter mask 3. Air supplied hood 4. Other (specify) _____ 5. I don't know
	1. All the time 2. Most of the time 3. Some of the time 4. Only rarely 5. I don't know	1. Disposable paper mask 2. Cartridge/filter mask 3. Air supplied hood 4. Other (specify) _____ 5. I don't know
	1. All the time 2. Most of the time 3. Some of the time 4. Only rarely 5. I don't know	1. Disposable paper mask 2. Cartridge/filter mask 3. Air supplied hood 4. Other (specify) _____ 5. I don't know
	1. All the time 2. Most of the time 3. Some of the time 4. Only rarely 5. I don't know	1. Disposable paper mask 2. Cartridge/filter mask 3. Air supplied hood 4. Other (specify) _____ 5. I don't know
	1. All the time 2. Most of the time 3. Some of the time 4. Only rarely 5. I don't know	1. Disposable paper mask 2. Cartridge/filter mask 3. Air supplied hood 4. Other (specify) _____ 5. I don't know

---

## PART 3: GENERAL STATE OF HEALTH

### SECTION A. General Health

Please circle the choice that best describes your health.

**A1. Currently**, would you say your overall health is:

- i. Excellent
- ii. Very good
- iii. Good
- iv. Fair
- v. Poor

**A2.** Compared to one year ago, how would you say your health is now? Is it:

- i. ...much better now than 1 year ago?
- ii. ...somewhat better now (than 1 year ago)?
- iii. ...about the same as 1 year ago?
- iv. ...somewhat worse now (than 1 year ago)?
- v. ...much worse now (than 1 year ago)?

**A3.** In general, would you say your mental health is:

- i. ...excellent?
- ii. ...very good?
- iii. ...good?
- iv. ...fair?
- v. ...poor?

**A4.** Thinking about the amount of stress in your life, would you say that most days are:

- i. ...not at all stressful?
- ii. ...not very stressful?
- iii. ...a bit stressful?
- iv. ...quite a bit stressful?
- v. ...extremely stressful?

### SECTION B. Respiratory or chest symptoms

The following questions are about respiratory or chest symptoms.

**\*\*\*If you are in doubt whether the answer is yes or no, please answer no.\*\*\***

---

#### COUGH

**B1.** Do you usually have a cough? (count cough with first smoke 1. Yes \_\_\_ 2. No \_\_\_  
or first going out of doors. Exclude clearing throat.)

IF **YES** to B1

a. Do you usually cough as much as 4 times a day, 4 or more days out of the week? 1. Yes \_\_\_ 2. No \_\_\_

**IF NO to B1**

b. Do you usually cough at all on getting up or first thing in the morning? 1. Yes \_\_\_ 2. No \_\_\_

c. Do you usually cough at all during the rest of the day or night? 1. Yes \_\_\_ 2. No \_\_\_

**IF YES TO ANY OF ABOVE,**

d. Do you usually cough like this most days for 3 consecutive months or more during the year? 1. Yes \_\_\_ 2. No \_\_\_

e. For how many years have you had this cough? \_\_\_\_\_  
number of years

f. Does the cough improve:  
on days off? 1. Yes \_\_\_ 2. No \_\_\_  
on long holidays? 1. Yes \_\_\_ 2. No \_\_\_

g. Is there anything or situation which makes your cough worse? 1. Yes \_\_\_ 2. No \_\_\_  
Specify: \_\_\_\_\_

**B2.** In the last 12 months, have you been awakened from sleep by coughing? 1. Yes \_\_\_ 2. No \_\_\_

**IF YES to B2**

a. In the last 12 months, how often have you been awakened by coughing?

1. Most Days or Nights \_\_\_\_\_

2. A few days or nights a week \_\_\_\_\_

3. A few days or nights a month \_\_\_\_\_

4. A few days or nights a year, or less \_\_\_\_\_

---

**PHLEGM**

*\* Phlegm refers to the thick mucus (sputum) which is produced in the airways of the lungs and coughed up. People with chronic lung disease may produce and cough up a lot of phlegm. Phlegm also is produced when people have a cold.*

**B3.** Do you usually bring up phlegm from your chest? 1. Yes \_\_\_ 2. No \_\_\_  
 (count phlegm with first smoke or first going out of doors.  
 Count swallowed phlegm. Exclude phlegm from the nose.)

IF **YES** to B3

a. Do you usually bring up phlegm like this as much as twice a day, 4 or more days out of the week?	1. Yes ___	2. No ___
-----------------------------------------------------------------------------------------------------	------------	-----------

IF **NO** to B3

b. Do you usually bring up phlegm at all on getting up or first thing in the morning?	1. Yes ___	2. No ___
c. Do you usually bring up phlegm at all during the rest of the day or night?	1. Yes ___	2. No ___

IF **YES TO ANY OF ABOVE**

d. Do you usually bring up phlegm like this most days for 3 consecutive months or more during the year?	1. Yes ___	2. No ___
e. For how many years have you had trouble with phlegm?	_____	
	number of years	
f. Does the phlegm improve: on days off?	1. Yes ___	2. No ___
on long holidays?	1. Yes ___	2. No ___
g. Is there any thing or situation which makes you bring up phlegm? Specify: _____	1. Yes ___	2. No ___

**B4.** In the past 12 months, have you had periods or episodes of cough with phlegm that lasted 1 week or more? 1. Yes \_\_\_ 2. No \_\_\_  
 (If you usually have cough and phlegm, please count only periods or episodes of increased cough and phlegm.)

a. About how many such episodes have you had in the past 12 months?	_____
	number of episodes
b. For how many years have you had at least 1 such episode?	_____
	number of years

**WHEEZING**

**B5.** Have you ever had wheezing or whistling in your chest?      1. Yes \_\_\_      2. No \_\_\_

IF **NO** to B5 SKIP to **QUESTION B8**

IF **YES** to B5

a. Did you have wheezing or whistling in your chest when you were...	
b. Younger than 2 years old?	1. Yes ___      2. No ___
c. 2 to 18 years old?	1. Yes ___      2. No ___
d. Older than 18 years old?	1. Yes ___      2. No ___

**B6.** In the last 12 months, have you had wheezing or whistling in your chest at any time?      1. Yes \_\_\_      2. No \_\_\_

IF **NO** to B6 SKIP to **QUESTION B7**

IF **YES** to B6

a. In the last 12 months, how often have you had this wheezing or whistling?	
1. Most Days or Nights	_____
2. A few days or nights a week	_____
3. A few days or nights a month	_____
4. A few days or nights a year, or less	_____
b. In the last 12 months, have you had this wheezing or whistling in the chest when you had a cold?	1. Yes ___      0. No ___
c. In the last 12 months, have you had this wheezing or whistling in the chest apart from colds?	1. Yes ___      0. No ___
d. In the last 12 months have you had an attack of wheezing or whistling in the chest that has made you feel short of breath?	1. Yes ___      0. No ___
e. In the last 12 months, has this wheezing or whistling improved:	
On days off?	1. Yes ___      0. No ___
On long holidays?	1. Yes ___      0. No ___

f. When does the wheeze occur MOST frequently? (choose one)			
1. at work	_____	2. on return home	_____
3. during sleep	_____	4. no difference	_____
5. upon waking up	_____		

**B7.** In the last 12 months, have you been awakened from sleep by wheezing or whistling in your chest? 1. Yes \_\_\_ 2. No \_\_\_

IF **YES** to B7

a. In the last 12 months, how often have you been awakened by wheezing or whistling in your chest?	
1. Most Days or Nights	_____
2. A few days or nights a week	_____
3. A few days or nights a month	_____
4. A few days or nights a year, or less	_____

---

### CHEST TIGHTNESS

<b>B8.</b> In the last 12 months, have you been awakened from sleep by shortness of breath or a feeling of tightness in your chest?	1. Yes ___	0. No ___
-------------------------------------------------------------------------------------------------------------------------------------	------------	-----------

IF **YES** to B8

a. In the last 12 months, how often have you been awakened by shortness of breath or a feeling of tightness in your chest?	
1. Most Days or Nights	_____
2. A few days or nights a week	_____
3. A few days or nights a month	_____
4. A few days or nights a year, or less	_____

---

### BREATHLESSNESS

**B9.** Are you unable to walk due to conditions other than shortness of breath. 1. Yes \_\_\_ 0. No \_\_\_

IF **YES** to B9 SKIP to **QUESTION B11**

**B10.** Are you troubled by shortness of breath when hurrying on level ground or walking up a slight hill? 1. Yes \_\_\_ 0. No \_\_\_

IF **NO** to B10 SKIP to **QUESTION B11**

IF **YES** to B10

a. Do you have to walk slower than people of your age on level ground because of shortness of breath?	1. Yes ___	0. No ___
b. Do you ever have to stop for breath when walking at your own pace on level ground?	1. Yes ___	0. No ___
c. Do you ever have to stop for breath after walking about 100 yards (or a few minutes) on level ground?	1. Yes ___	0. No ___
d. Are you too short of breath to leave the house or short of breath on dressing or undressing?	1. Yes ___	0. No ___
e. Does it improve:		
On days off?	1. Yes ___	0. No ___
On long holidays?	1. Yes ___	0. No ___

**B11. Which of the following statements best describes your breathing?**

- a. I rarely get trouble with my breathing \_\_\_\_\_
- b. I do get regular trouble with my breathing \_\_\_\_\_  
but it always gets completely better \_\_\_\_\_
- c. My breathing is never quite right \_\_\_\_\_

**B12. How many pillows do you usually sleep on?** \_\_\_\_\_

## PART 4: RELEVANT MEDICAL HISTORY

### SECTION A. PAST HISTORY OF X-RAYS

**A1.** Did you have annual miner's medicals at which you had to have an x-ray done?

Yes \_\_\_\_\_ (Go to question A2)

No \_\_\_\_\_ (Go to question A3)

**A2.** At what hospital or medical centre did you have your x-rays?

\_\_\_\_\_  
(Name/location of hospital)

**A3.** Aside from the miner's medicals, did you ever have a chest x-ray done?

Yes \_\_\_\_\_ (Go to question A4)

No \_\_\_\_\_ (Go to Section B)

**A4.** Please give an approximate date for the chest x-ray and the name of the hospital or medical centre where the x-ray was performed.

Date:

Name/location of hospital

_____	_____
_____	_____
_____	_____

### SECTION B: PAST OR CURRENT ILLNESSES

Please answer the following questions about illnesses you have had in the past, or still have. There are definitions to help you recognize some of the words. Please circle the answer you agree with.

**B1.** Have you ever had bronchitis?                      1. Yes                      2. No                      3. Don't know

*\* **Bronchitis** is a redness and swelling of the airways in the lungs. It may occur as a result of the common cold. It partly blocks the flow of air into the lungs which makes it hard to breathe. People with bronchitis usually cough up extra phlegm (also called sputum or mucus). It makes people sick for a short time but then it goes away.*

**IF YES**

A. Was it confirmed by a doctor?	Yes	No	Don't know
B. At about what age did you first have bronchitis?	<p style="text-align: center;">_____</p> <p style="text-align: center;">Age in years</p>		Don't know

C. How many times have you had bronchitis?	_____	Don't know
	Number of times	

**B2.** Have you ever had chronic bronchitis?    1. Yes            2. No            3. Don't know

*\* **Chronic bronchitis** is bronchitis that does not go away. It is always there but can get worse when people get a cold or flu. The airways are always red and swollen. The airways become partly blocked which makes it hard to breathe. People with chronic bronchitis cough a lot and bring up a lot of phlegm. Chronic bronchitis usually gets worse over time. Chronic bronchitis also is called chronic obstructive pulmonary disease or COPD.*

**IF YES**

A. Was it confirmed by a doctor?	Yes	No	Don't know
B. At what age did it start?	_____		
	Age in years		
C. Do you still have it?	Yes	No	Don't know
D. In the past 12 months, have you received medical treatment or used an inhaler for chronic bronchitis?	Yes	No	Don't know

**B3.** Have you ever had pneumonia or bronchopneumonia?    1. Yes            2. No            3. Don't know

*\* **Bronchopneumonia** is an infection of the lungs. This type of pneumonia affects the lungs in patches around the airways. Pneumonia occurs from breathing in germs or viruses. It can occur as a result of the common cold or flu. It can make people very sick. People with chronic lung disease get pneumonia easier than do other people.*

**IF YES**

A. Was it confirmed by a doctor?	Yes	No	Don't know
B. At about what age did you first have pneumonia or bronchopneumonia?	_____		Don't know
	Age in years		
C. How many times have you had pneumonia or bronchopneumonia?	_____		Don't know
	Number of times		

**B4.** Have you ever had emphysema?            1. Yes            2. No            3. Don't know

*\* **Emphysema** is a lung disease that can get worse over time. It is chronic which means it never goes away. Having emphysema means that the lungs are damaged. People with emphysema have trouble breathing. Emphysema also is called chronic obstructive pulmonary disease or COPD.*

## IF YES

A. Was it confirmed by a doctor?	Yes	No	Don't know
B. At about what age did it start?	_____		
	Age in years		
C. Do you still have it?	Yes	No	Don't know
D. In the past 12 months, have you received medical treatment, taken medication or used an inhaler for emphysema?	Yes	No	Don't know

**B5.** Have you ever heard of COPD (chronic obstructive pulmonary disease)?

1. Yes            2. No            3. Don't know

**B6.** Have you ever had COPD (chronic obstructive pulmonary disease)?

1. Yes            2. No            3. Don't know

*\* **COPD** or chronic obstructive pulmonary disease is another word for lung diseases that do not go away. People with COPD have damaged lungs. The word is used mostly to refer to chronic bronchitis and emphysema. COPD is the same as COLD (chronic obstructive lung disease).*

## IF YES

A. Was it confirmed by a doctor?	Yes	No	Don't know
B. At about what age did it start?	_____		
	Age in years		
C. Do you still have it?	Yes	No	Don't know
D. In the past 12 months, have you received medical treatment, taken medication or used an inhaler for COPD?	Yes	No	Don't know

**B7.** Have you ever had pulmonary fibrosis?    1. Yes            2. No            3. Don't know

*\* **Pulmonary fibrosis** is a chronic lung condition. Parts of the lungs are damaged and scarred. This makes it hard to breathe. Pulmonary fibrosis can be mild or severe.*

## IF YES

A. Was it confirmed by a doctor?	Yes	No	Don't know
B. Do you know what type of fibrosis?	_____		
	Type of fibrosis		
C. At about what age did it start?	_____		
	Age in years		
D. Do you still have it?	Yes	No	Don't know
E. In the past 12 months, have you received any treatment for pulmonary fibrosis?	Yes	No	Don't know

**B8.** Have you ever had pleural mesothelioma? 1. Yes 2. No 3. Don't Know

*\* **Pleural mesothelioma** is a rare cancer of the lining (pleural membrane) that covers the lungs. Asbestos workers have an increased risk of developing this cancer. It is not the same as lung cancer.*

**IF YES**

A. Was it confirmed by a doctor?	Yes	No	Don't know
B. At about what age did it start?	_____ Age in years		
C. Do you still have it?	Yes	No	Don't know
D. In the past 12 months, have you received any treatment for pleural mesothelioma?	Yes	No	Don't know

**B9.** Have you ever had peritoneal mesothelioma? 1. Yes 2. No 3. Don't know

*\* **Peritoneal mesothelioma** is a rare cancer of the lining (peritoneum) of organs in the abdomen such as the stomach, liver and bowel. Asbestos workers have an increased risk of developing this cancer.*

**IF YES**

A. Was it confirmed by a doctor?	Yes	No	Don't know
B. At about what age did it start?	_____ Age in years		
C. Do you still have it?	Yes	No	Don't know
D. In the past 12 months, have you received any treatment for peritoneal mesothelioma?	Yes	No	Don't know

**B10.** Have you ever had asbestosis? 1. Yes 2. No 3. Don't know

*\* **Asbestosis** is a kind of pulmonary fibrosis. It is a chronic lung condition. It occurs from breathing in asbestos fibers. Asbestos fibers cause scarring of the lungs which makes it hard to breathe.*

**IF YES**

A. Was it confirmed by a doctor?	Yes	No	Don't know
B. At about what age did it start?	_____ Age in years		
C. Do you still have it?	Yes	No	Don't know
D. In the past 12 months, have you received any treatment for asbestosis?	Yes	No	Don't know

**B11.** Have you ever had pleural fibrosis? 1. Yes 2. No 3. Don't know

*\* **Pleural fibrosis** is a chronic lung condition. Parts of the lungs are damaged and scarred. This makes it hard to breathe. Pleural fibrosis can be mild or severe.*

## IF YES

A. Was it confirmed by a doctor?	Yes	No	Don't know
B. At about what age did it start?	_____ Age in years		
C. Do you still have it?	Yes	No	Don't know
D. In the past 12 months, have you received any treatment for pleural fibrosis?	Yes	No	Don't know

**B12.** Have you ever had rounded atelectasis? 1. Yes 2. No 3. Don't know

*\* **Rounded atelectasis** is a condition that may result from a thickening of the lining of the lung. An area of lung tissue collapses. The condition may occur from exposure to asbestos.*

## IF YES

A. Was it confirmed by a doctor?	Yes	No	Don't know
B. At about what age did it start?	_____ Age in years		
C. Do you still have it?	Yes	No	Don't know
D. In the past 12 months, have you received any treatment for rounded atelectasis?	Yes	No	Don't know

**B13.** Have you ever had a benign pleural effusion? 1. Yes 2. No 3. Don't know

*\* **Pleural effusion** is a build up of fluid in the space between the lining of lungs (the pleural space). This condition makes it hard to breathe and can cause pain in the chest.*

## IF YES

A. Was it confirmed by a doctor?	Yes	No	Don't know
B. At about what age did it start?	_____ Age in years		
C. Do you still have it?	Yes	No	Don't know
D. In the past 12 months, have you received any treatment for a benign pleural effusion?	Yes	No	Don't know

**B14.** Have you ever had interstitial pulmonary fibrosis? 1. Yes 2. No 3. Don't know

*\* **Interstitial lung disease** is a chronic lung disease. It occurs as a result of damage to lung tissue that produces scarring. This makes it hard to breathe. Interstitial lung disease is another word for pulmonary fibrosis.*

**IF YES**

A. Was it confirmed by a doctor?	Yes	No	Don't know
B. At about what age did it start?	_____ Age in years		
C. Do you still have it?	Yes	No	Don't know
D. In the past 12 months, have you received any treatment for interstitial pulmonary fibrosis?	Yes	No	Don't know

**B15.** Have you ever had pneumoconiosis? 1. Yes 2. No 3. Don't know

*\* **Pneumoconiosis** is a general term used to refer to diseases caused by breathing in mineral dust. Asbestosis is one type of pneumoconiosis.*

**IF YES**

A. Was it confirmed by a doctor?	Yes	No	Don't know
B. At about what age did it start?	_____ Age in years		
C. Do you still have it?	Yes	No	Don't know
D. In the past 12 months, have you received any treatment for pneumoconiosis?	Yes	No	Don't know

**B16.** Have you ever had any pleural plaques? 1. Yes 2. No 3. Don't know

*\* **Pleural plaques** are thickened and hardened areas (plaques) on the lining (pleural membrane) that covers the lungs. Pleural plaques are caused by breathing in asbestos fibers.*

**IF YES**

A. Was it confirmed by a doctor?	Yes	No	Don't know
B. At about what age did it start?	_____ Age in years		
C. Do you still have it?	Yes	No	Don't know
D. In the past 12 months, have you received any treatment for pleural plaques?	Yes	No	Don't know

**B17.** Have you ever had tuberculosis? 1. Yes 2. No 3. Don't know

IF YES

A. Was it confirmed by a doctor?	Yes	No	Don't know
B. At about what age did it start?	_____ Age in years		
C. Do you still have it?	Yes	No	Don't know
D. In the past 12 months, have you received any treatment for tuberculosis?	Yes	No	Don't know

**B18.** Have you ever had lung cancer? 1. Yes 2. No 3. Don't know

IF YES

A. Was it confirmed by a doctor?	Yes	No	Don't know
B. At about what age did it start?	_____ Age in years		
C. Do you still have it?	Yes	No	Don't know
D. In the past 12 months, have you received any treatment for lung cancer?	Yes	No	Don't know

**B19.** Have you ever had laryngeal cancer? 1. Yes 2. No 3. Don't know

*\* Laryngeal cancer is cancer of the larynx which is the voice box.*

IF YES

A. Was it confirmed by a doctor?	Yes	No	Don't know
B. At about what age did it start?	_____ Age in years		
C. Do you still have it?	Yes	No	Don't know
D. In the past 12 months, have you received any treatment for laryngeal cancer?	Yes	No	Don't know

**B20.** Have you ever had gastrointestinal tract cancer? 1. Yes 2. No 3. Don't know

*\* Gastrointestinal cancer refers to cancer of organs that are involved with digestion. It includes cancer of such organs as the esophagus (food tube), stomach, small and large bowel, rectum, anus, liver, pancreas, and gallbladder.*

IF YES

A. Was it confirmed by a doctor?	Yes	No	Don't know
B. Do you know what type of gastrointestinal tract cancer?	_____ Name of GI cancer		

C. At about what age did it start?	_____		
	Age in years		
D. Do you still have it?	Yes	No	Don't know
E. In the past 12 months, have you received any treatment for gastrointestinal tract cancer?	Yes	No	Don't know

**B21.** Have you ever had any other type of cancer, beside those mentioned above?

1. Yes      2. No      3. Don't know

**IF YES**

A. Was it confirmed by a doctor?	Yes	No	Don't know
B. Do you know what type of cancer(s)?	_____		
	Type of cancer(s)		
C. At about what age did it start?	_____		
	Age in years		
D. Do you still have it?	Yes	No	Don't know
E. In the past 12 months, have you received any treatment for cancer?	Yes	No	Don't know

## PART 5: USE OF TOBACCO AND ALCOHOL

The following questions are about tobacco and alcohol use, both of which are important to us in evaluating your health. Please answer to the best of your memory.

### SECTION A: TOBACCO USE

The following questions are about tobacco use.

**A1.** At the **present time**, do you smoke cigarettes daily, occasionally, or not at all?

- I. Daily
- II. Occasionally (*Go to question A5*)
- III. Not at all (*Go to question A4*)

**A2.** At what age did you begin to smoke cigarettes **daily**?  
\_\_\_\_\_ years old

**A3.** How many cigarettes do you smoke each day **now**?  
\_\_\_\_\_ (*Go to question A9*)  
Number of cigarettes

**A4.** Have you **ever** smoked cigarettes at all?

- I. Yes
- II. No (*Go to question A9*)

**A5.** Have you **ever** smoked cigarettes **daily**?

- I. Yes
- II. No (*Go to question A9*)

**A6.** At what age did you begin to smoke cigarettes **daily**?  
\_\_\_\_\_ years old

**A7.** How many cigarettes did you usually smoke each day?

\_\_\_\_\_  
Number of cigarettes

**A8.** At what age did you stop smoking cigarettes **daily**?  
\_\_\_\_\_ years old

CIGAR SMOKING:

**A9.** Have you **ever** smoked a cigar or cigars daily?

- I. Yes
- II. No (*Go to question A11*)

**A10. a)** At what age did you start smoking cigars **daily**?

\_\_\_\_\_ years old

b) If you do not smoke cigars daily anymore, at what age did you stop?

\_\_\_\_\_years old

PIPE SMOKING:

**A11.** Have you **ever** smoked a pipe daily?

- I. Yes
- II. No (*Go to section B*)

**A12.** a) At what age did you begin smoking a pipe **daily**?

\_\_\_\_\_years old

b) If you do not smoke a pipe daily anymore, at what age did you stop?

\_\_\_\_\_years old

## SECTION B: ALCOHOL USE

*When we use the words “a drink” it means:*

- *one bottle or can of beer or a glass of draft*
- *one glass of wine or a wine cooler*
- *one drink or cocktail with 1 and a ½ ounces of liquor*

**B1.** During the past 12 months, have you had a drink of beer, wine, liquor, or any other alcoholic beverage? (Please circle one)

- I. Yes
- II. No (*Go to question B4*)

**B2.** During the past 12 months, how often did you drink alcoholic beverages?

- I. Less than once a month
- II. Once a month
- III. 2 to 3 times a month
- IV. Once a week
- V. 2 to 3 times a week
- VI. 4 to 6 times a week
- VII. Every day

**B3.** How often in the past 12 months have you had 5 or more drinks on one occasion?

- I. Never
- II. Less than once a month
- III. Once a month
- IV. 2 to 3 times a month
- V. Once a week
- VI. More than once a week

**B4.** Have you ever had a drink?

- I. Yes
- II. No (*End of questionnaire*)

**B5.** Did you ever regularly drink more than 12 drinks a week?

- I. Yes
- II. No

**B6.** Not counting small sips, how old were you when you started drinking alcoholic beverages?

\_\_\_\_\_years old

THE END

Thank you.

## Proxy Health and Employment Questionnaire



**QUESTIONNAIRE  
for  
AUTHORIZED NEXT-OF-KIN OF  
FORMER EMPLOYEES  
on  
HEALTH AND EMPLOYMENT HISTORY**

PREPARED BY SAFETYNET, MEMORIAL UNIVERSITY

NOVEMBER, 2008

You are the surviving next-of-kin of a former employee of the Baie Verte asbestos mine site. The following pages contain a set of questions that we hope you can answer about his/her health history and work history.

This survey will help us to have the up-to-date information about your deceased relative's health and work history. Remember that the information in the registry will be kept confidential unless you choose otherwise.

We have included 'Do not know' as one possible answer to the questions. We understand that it isn't easy to remember the details of somebody else's history, even if you were close to that person. So, if you aren't sure of the answer to a question, the best answer to pick is 'Do not know.'

This questionnaire may take as long as an hour for you to complete, but there is no need to do it all at once.

If you would like help to do the survey over the phone, please call to set up an appointment.

**Toll-free: 1-888-737-7250**  
**St. John's Office: 1-709-737-7253**

If you would like to visit our office at the Baie Verte hospital, it is best for you to call to make an appointment.

**Baie Verte Office: 1-709-532-5227**



K. Divorced

L. Widowed

i. Did he/she have any children (Please circle one) Yes OR No

If yes, how many children did he/she have? \_\_\_\_\_

j. What was the highest level of education that he/she obtained?

A. Less than high school

B. Some high school completed

C. High school graduate

D. Some university or college

E. Trade certificate or diploma

F. University degree or higher

**SECTION B:**

The following questions are about health and safety in the workplace. If you do not know the answer to the questions, please circle the option “I don’t know”.

B1. Did your relative participate in Dr. Irving Selikoff’s health study in 1976?

Yes \_\_\_\_\_ No \_\_\_\_\_ Don’t Know \_\_\_\_\_

B2. Did your relative ever wear a face mask or respirator when he/she worked at the Baie Verte asbestos mine? Yes \_\_\_\_\_ No \_\_\_\_\_ Don’t Know \_\_\_\_\_

IF YES please complete the table below:

Year (s) Ex: 1978-1992	When did your relative wear the mask? (Please circle one)	What type of mask was it? (Please circle one)
	1. All the time 2. Most of the time 3. Some of the time 4. Only rarely 5. I don’t know	1. Disposable paper mask 2. Cartridge/filter mask 3. Air supplied hood 4. Other (specify) _____ 5. I don’t know
	1. All the time 2. Most of the time 3. Some of the time 4. Only rarely 5. I don’t know	1. Disposable paper mask 2. Cartridge/filter mask 3. Air supplied hood 4. Other (specify) _____ 5. I don’t know
	1. All the time 2. Most of the time 3. Some of the time 4. Only rarely 5. I don’t know	1. Disposable paper mask 2. Cartridge/filter mask 3. Air supplied hood 4. Other (specify) _____ 5. I don’t know
	1. All the time 2. Most of the time 3. Some of the time 4. Only rarely 5. I don’t know	1. Disposable paper mask 2. Cartridge/filter mask 3. Air supplied hood 4. Other (specify) _____ 5. I don’t know
	1. All the time 2. Most of the time 3. Some of the time 4. Only rarely 5. I don’t know	1. Disposable paper mask 2. Cartridge/filter mask 3. Air supplied hood 4. Other (specify) _____ 5. I don’t know



Illness/Condition	Yes	No	Don't know
<p><b>Emphysema</b></p> <p><i>Emphysema is a lung disease that can get worse over time. It is chronic which means it never goes away. Having emphysema means that the lungs are damaged. People with emphysema have trouble breathing. Emphysema also is called <u>chronic obstructive pulmonary disease</u> or COPD.</i></p>			
<p><b>COPD (chronic obstructive pulmonary disease)</b></p> <p><i>COPD or <u>chronic obstructive pulmonary disease</u> is another word for lung diseases that do not go away. People with COPD have damaged lungs. The word is used mostly to refer to chronic bronchitis and emphysema. COPD is the same as COLD (<u>chronic obstructive lung disease</u>).</i></p>			
<p><b>Pulmonary fibrosis</b></p> <p><i>Pulmonary fibrosis is a chronic lung condition. Parts of the lungs are damaged and scarred. This makes it hard to breathe. Pulmonary fibrosis can be mild or severe.</i></p>			
<p><b>Pleural mesothelioma</b></p> <p><i>Pleural mesothelioma is a rare cancer of the lining (pleural membrane) that covers the lungs. Asbestos workers have an increased risk of developing this cancer. It is not the same as lung cancer.</i></p>			
<p><b>Peritoneal mesothelioma</b></p> <p><i>Peritoneal mesothelioma is a rare cancer of the lining (peritoneum) of organs in the abdomen such as the stomach, liver and bowel. Asbestos workers have an increased risk of developing this cancer.</i></p>			
<p><b>Asbestosis</b></p> <p><i>Asbestosis is a kind of pulmonary fibrosis. It is a chronic lung condition. It occurs from breathing in asbestos fibers. Asbestos fibers cause scarring of the lungs which makes it hard to breathe.</i></p>			
<p><b>Tuberculosis</b></p>			
<p><b>Pleural fibrosis</b></p> <p><i>Pleural fibrosis is a chronic lung condition. Parts of the lungs are damaged and scarred. This makes it hard to breathe. Pleural fibrosis can be mild or severe.</i></p>			

Illness/Condition	Yes	No	Don't know
<p><b>Benign pleural effusion</b></p> <p><i>Pleural effusion is a build up of fluid in the space between the lining of lungs (the pleural space). This condition makes it hard to breathe and can cause pain in the chest.</i></p>			
<p><b>Interstitial pulmonary fibrosis</b></p> <p><i>Interstitial lung disease is a chronic lung disease. It occurs as a result of damage to lung tissue that produces scarring. This makes it hard to breathe. Interstitial lung disease is another word for pulmonary fibrosis.</i></p>			
<p><b>Pneumoconiosis</b></p> <p><i>Pneumoconiosis is a general term used to refer to diseases caused by breathing in mineral dust. Asbestosis is one type of pneumoconiosis.</i></p>			
<p><b>Pleural plaques</b></p> <p><i>Pleural plaques are thickened and hardened areas (plaques) on the lining (pleural membrane) that covers the lungs. Pleural plaques are caused by breathing in asbestos fibers.</i></p>			
<p><b>Pneumonia or Bronchopneumonia</b></p> <p><i>Bronchopneumonia is an infection of the lungs. This type of pneumonia affects the lungs in patches around the airways. Pneumonia occurs from breathing in germs or viruses. It can occur as a result of the common cold or flu. It can make people very sick. People with chronic lung disease get pneumonia easier than do other people.</i></p>			
<p><b>Lung cancer</b></p>			
<p><b>Laryngeal cancer</b></p> <p><i>Laryngeal cancer is cancer of the larynx which is the voice box.</i></p>			
<p><b>Gastrointestinal tract cancer</b></p> <p><i>Gastrointestinal cancer refers to cancer of organs that are involved with digestion. It includes cancer of such organs as the esophagus (food tube), stomach, small and large bowel, rectum, anus, liver, pancreas, and gallbladder.</i></p>			
<p><b>Any other type of cancer, beside those mentioned above.</b> Please specify: _____ _____ _____</p>			

## PART 4: USE OF TOBACCO AND ALCOHOL

The following questions are about your relative's tobacco and alcohol use, both of which are important to us in evaluating his/her health. Please answer to the best of your knowledge and memory. If you don't know the answer, you can leave it blank.

---

### SECTION A: TOBACCO USE

The following questions are about tobacco use.

**A1.** Did your relative **ever** smoke cigarettes at all?

1. Yes
2. No (*Go to Section B*)

**A2.** Did your relative **ever** smoke cigarettes **daily**?

1. Yes
2. No (*Go to question A6*)

**A3.** At what age did your relative begin to smoke cigarettes **daily**?

\_\_\_\_\_ years old

**A4.** How many cigarettes did your relative usually smoke each day?

\_\_\_\_\_  
Number of cigarettes

**A5.** If your relative stopped smoking cigarettes daily at some point, at what age did he/she stop?

\_\_\_\_\_ years old

**A6.** Did your relative ever smoke a cigar or cigars daily?

1. Yes
2. No (*Go to question A8*)

**A7. a)** At what age did your relative start smoking cigars daily?

\_\_\_\_\_ years old

b) If your relative stopped smoking cigars daily at some point, at what age did he/she stop?

\_\_\_\_\_ years old

**A8.** Did your relative ever smoke a pipe daily?

- Yes  
No (*Go to section B*)

**A9. a)** At what age did your relative begin smoking a pipe daily?

\_\_\_\_\_ years old

b) If your relative stopped smoking a pipe at some point, at what age did he/she stop?

\_\_\_\_\_ years old

**SECTION B: ALCOHOL USE**

*When we use the words “a drink” it means:*

- *one bottle or can of beer or a glass of draft*
- *one glass of wine or a wine cooler*
- *one drink or cocktail with 1 and a ½ ounces of liquor*

**B1.** During the last 5 years of your relative’s life, did he/she have a drink of beer, wine, liquor, or any other alcoholic beverage? (Please circle one)

3. Yes
4. No (*Go to question B4*)

**B2.** During the last 5 years of your relative’s life, how often did he/she drink alcoholic beverages?

1. Less than once a month
2. Once a month
3. 2 to 3 times a month
4. Once a week
5. 2 to 3 times a week
6. 4 to 6 times a week
7. Every day

**B3.** How often in the last 5 years of your relative’s life, did he/she have 5 or more drinks on one occasion?

1. Never
2. Less than once a month
3. Once a month
4. 2 to 3 times a month
5. Once a week
6. More than once a week

**B4.** Did your relative **ever** have a drink?

1. Yes
2. No (*End of questionnaire*)

**B5.** Did your relative ever regularly drink more than 12 drinks a week?

1. Yes
2. No

**THE END**

**Thank you.**

**PART 2: EMPLOYMENT HISTORY**

**SECTION A:** The following tables are about your relative's employment history. Fill the tables out to the best of your memory, and if you don't know the information, please write "I don't know".

**A1.** Please fill in this table for all the positions he/she had **working at the asbestos mine or sawmill in Baie Verte**. If you can't recall exact dates, please give rough dates, such as "Fall, 1985".

Length of Time in Position		Specific Job Title	Company/ Employer	Department	Equipment Used for Job	Tasks performed
Start date	End date					

In total, approximately how long did he/she work at the asbestos mine in Baie Verte? \_\_\_\_\_

A2. Please fill in this table for any other positions your relative had, OUTSIDE of the work he/she did at the mine in Baie Verte. Only include those jobs where he/she worked for more than 6 months, and please start with the most recent.

Length of Time in Position		Industry/ Sector	Location (City and province)	Specific Job Title	Company/ Employer	Department	Equipment Used for Job	Tasks performed	Exposed to asbestos? (Yes/No/ Don't know)
Start date	End date								

**DATA ABSTRACTION FORMS**

Abstraction forms standardize information recorded from each registrant's employment and health records into his/her Registry file. Each abstraction form was mirrored as a page for each registrant in the Registry database.

Medical History Data Abstraction Form	F-2
Employment History Abstraction Form	F-6
Selikoff Abstraction Form	F-8

## Medical History Data Abstraction Form

Information obtained from: \_\_\_\_\_ Registry # \_\_\_\_\_

### Baie Verte Project Chart Abstraction Form

Name \_\_\_\_\_ MCP \_\_\_\_\_

Proxy Name \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ E Mail address: \_\_\_\_\_

Date of Birth: d/m/y \_\_\_\_\_ Dead: Y \_\_\_ N \_\_\_ Age last FU \_\_\_\_\_

Year of Death \_\_\_\_\_ Age @ death \_\_\_\_\_ COD \_\_\_\_\_

Comments \_\_\_\_\_  
\_\_\_\_\_

Smoker Y \_\_\_ N \_\_\_ Cigs/day \_\_\_\_\_ Quit Y \_\_\_ N \_\_\_ Date stopped \_\_\_\_\_

# years smoked \_\_\_\_\_

#### **Evidence of Industrial Disease**

Pleural Mesothelioma: Y \_\_\_ N \_\_\_ Date Diagnosed \_\_\_\_\_ Age diag. \_\_\_\_\_

Peritoneal Mesothelioma: Y \_\_\_ N \_\_\_ Date Diagnosed \_\_\_\_\_ Age diag. \_\_\_\_\_

Asbestosis: Y \_\_\_ N \_\_\_ Date Diagnosed \_\_\_\_\_ Age diagnosed \_\_\_\_\_

Asbestosis-related lung cancer: Y \_\_\_ N \_\_\_ Date Diagnosed \_\_\_\_\_ Age diag. \_\_\_\_\_

Laryngeal cancer: Y \_\_\_ N \_\_\_ Date Diagnosed \_\_\_\_\_ Age diagnosed \_\_\_\_\_

Gastrointestinal tract cancer: Y \_\_\_ N \_\_\_ Date Diagnosed \_\_\_\_\_ Age diag. \_\_\_\_\_  
Type: \_\_\_\_\_

Pleural fibrosis: Y \_\_\_ N \_\_\_ Date Diagnosed \_\_\_\_\_ Age diagnosed \_\_\_\_\_



Date of Test	Result/Report	Age

**Other Medical History**

Noise induced hearing loss: Y\_\_\_\_ N\_\_\_\_ Age diag.\_\_\_\_

Vibration white finger: Y\_\_\_\_ N\_\_\_\_ Age diag.\_\_\_\_

Dermatitis: Y\_\_\_\_ N\_\_\_\_ Age diag.\_\_\_\_

Asthma: Y\_\_\_\_ N\_\_\_\_ Age diag.\_\_\_\_

Tuberculosis: Y\_\_\_\_ N\_\_\_\_ Age diag.\_\_\_\_

Pneumonia: Y\_\_\_\_ N\_\_\_\_ Age diag.\_\_\_\_

Chronic Bronchitis Y\_\_\_\_ N\_\_\_\_ Age diag.\_\_\_\_

Musculo-skeletal problems: Y\_\_\_\_ N\_\_\_\_ Age diag.\_\_\_\_

Type\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Cancer (other than those listed below): Y\_\_\_\_ N\_\_\_\_ Age diag.\_\_\_\_

Type\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_







## Selikoff Abstraction Form

**Selikoff Study Abstraction Form**

Name \_\_\_\_\_ Study # \_\_\_\_\_

DOB \_\_\_\_\_ Date of Examination \_\_\_\_\_

**Past Medical History form - Physical Examination**

Hgt (inches) \_\_\_\_\_ Wgt (lbs) \_\_\_\_\_ BP \_\_\_\_/\_\_\_\_

General Appearance \_\_\_ Normal \_\_\_ Abnormal \_\_\_ Other \_\_\_ Not reported

HEENT \_\_\_ Normal \_\_\_ Abnormal \_\_\_ Other \_\_\_ Not reported

Chest \_\_\_ Normal \_\_\_ Abnormal \_\_\_ Other \_\_\_ Not reported

Heart \_\_\_ Normal \_\_\_ Abnormal \_\_\_ Other \_\_\_ Not reported

Abdomen \_\_\_ Normal \_\_\_ Abnormal \_\_\_ Other \_\_\_ Not reported

Extremities \_\_\_ Normal \_\_\_ Abnormal \_\_\_ Other \_\_\_ Not reported

Skin \_\_\_ Normal \_\_\_ Abnormal \_\_\_ Other \_\_\_ Not reported

Neurologic \_\_\_ Normal \_\_\_ Abnormal \_\_\_ Other \_\_\_ Not reported

**Chest X-ray**

\_\_\_ Normal \_\_\_ Abnormal \_\_\_ Other \_\_\_ Not reported

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Pulmonary Function Test**

Forced vital capacity \_\_\_\_\_ L

% of Predicted \_\_\_\_\_

Forced expiratory vol. in one second \_\_\_\_\_ L

FEV (1 SEC)/FVC \_\_\_\_\_

**Environmental Sciences Laboratory**

Have you ever been hospitalized? \_\_\_\_\_

List from first to most recent:

	<u>Date</u>	<u>Hospital</u>	<u>Reason</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

**Cardiovascular**

1. Under a Drs. care for heart condition? \_\_\_ Yes \_\_\_ No \_\_\_ NR
2. Heart Murmur \_\_\_ Yes \_\_\_ No \_\_\_ NR
3. Angina \_\_\_ Yes \_\_\_ No \_\_\_ NR
4. Heart Attack \_\_\_ Yes \_\_\_ No \_\_\_ NR
5. High blood pressure \_\_\_ Yes \_\_\_ No \_\_\_ NR
6. Claudication \_\_\_ Yes \_\_\_ No \_\_\_ NR
7. Other \_\_\_ Yes \_\_\_ No \_\_\_ NR

**Pulmonary**

8. Pneumonia \_\_\_ Yes \_\_\_ No \_\_\_ NR
9. Pleurisy \_\_\_ Yes \_\_\_ No \_\_\_ NR
10. Asthma \_\_\_ Yes \_\_\_ No \_\_\_ NR
11. Bronchitis \_\_\_ Yes \_\_\_ No \_\_\_ NR
12. Emphysema \_\_\_ Yes \_\_\_ No \_\_\_ NR
13. Bronchiectasis \_\_\_ Yes \_\_\_ No \_\_\_ NR
14. Pulmonary Tuberculosis \_\_\_ Yes \_\_\_ No \_\_\_ NR
15. Silicosis \_\_\_ Yes \_\_\_ No \_\_\_ NR
16. Asbestosis \_\_\_ Yes \_\_\_ No \_\_\_ NR
17. Chronic Sinusitis \_\_\_ Yes \_\_\_ No \_\_\_ NR

18. Other  
(Describe) \_\_\_\_\_



42. Eczema  Yes  No  NR

43. Other \_\_\_\_\_

**Blood**

44. Acute anemia  Yes  No  NR

45. Chronic anemia  Yes  No  NR

46. Low white blood count  Yes  No  NR

47. Problems with bleeding or clotting  Yes  No  NR

48. Sickle cell  Yes  No  NR

49. Thalassemia  Yes  No  NR

50. Other \_\_\_\_\_

**Eye**

51. Require glasses  Yes  No  NR

52. Glaucoma  Yes  No  NR

53. Cataracts  Yes  No  NR

54. Weak or lazy eye  Yes  No  NR

55. Optic neuritis  Yes  No  NR

56. Other \_\_\_\_\_

**Ear, nose throat**

57. Impaired hearing  Yes  No  NR

58. Ear infections  Yes  No  NR

59. Nasal polyps  Yes  No  NR

60. Laryngeal polyps  Yes  No  NR

61. Tonsillectomy  Yes  No  NR

62. Other \_\_\_\_\_

**Nervous system**

63. Seizure disorder  Yes  No  NR

64. Stroke  Yes  No  NR

65. Parkinson's disease                    \_\_\_ Yes   \_\_\_ No   \_\_\_ NR

66. Psychiatric illness                    \_\_\_ Yes   \_\_\_ No   \_\_\_ NR

67. Other \_\_\_\_\_

**General**

68. Thyroid disease or goiter            \_\_\_ Yes   \_\_\_ No   \_\_\_ NR

69. Diabetes                                \_\_\_ Yes   \_\_\_ No   \_\_\_ NR

70. Gout                                      \_\_\_ Yes   \_\_\_ No   \_\_\_ NR

71. Rheumatoid arthritis                \_\_\_ Yes   \_\_\_ No   \_\_\_ NR

72. Other arthritis                        \_\_\_ Yes   \_\_\_ No   \_\_\_ NR

73. Bone lesions                          \_\_\_ Yes   \_\_\_ No   \_\_\_ NR

74. Night sweats                         \_\_\_ Yes   \_\_\_ No   \_\_\_ NR

75. Fever                                    \_\_\_ Yes   \_\_\_ No   \_\_\_ NR

76. Other \_\_\_\_\_

**Cancer**

77. Skin                                      \_\_\_ Yes   \_\_\_ No   \_\_\_ NR

78. Throat                                  \_\_\_ Yes   \_\_\_ No   \_\_\_ NR

79. Lung                                     \_\_\_ Yes   \_\_\_ No   \_\_\_ NR

80. Stomach                                \_\_\_ Yes   \_\_\_ No   \_\_\_ NR

81. Bowel                                  \_\_\_ Yes   \_\_\_ No   \_\_\_ NR

82. Rectum                                 \_\_\_ Yes   \_\_\_ No   \_\_\_ NR

83. Prostate                                \_\_\_ Yes   \_\_\_ No   \_\_\_ NR

84. Other \_\_\_\_\_

**Accidents** (Mishaps resulting in injury or near miss)

\_\_\_ None   \_\_\_ Job   \_\_\_ Automobile   Other \_\_\_\_\_

**Type of injury**

\_\_\_ soft tissue   \_\_\_ fracture   \_\_\_ head   Other \_\_\_\_\_

Accident prone?   \_\_\_ Yes   \_\_\_ No   \_\_\_ NR

**Medications**

0. Never taken any medication      \_\_\_ Yes   \_\_\_ No   \_\_\_ NR
1. Diuretics (water pills)            \_\_\_ Yes   \_\_\_ No   \_\_\_ NR
2. High blood pressure meds (other) \_\_\_ Yes   \_\_\_ No   \_\_\_ NR
3. Nitroglycerine                        \_\_\_ Yes   \_\_\_ No   \_\_\_ NR
4. Digitalis                                 \_\_\_ Yes   \_\_\_ No   \_\_\_ NR
5. Other cardiac                         \_\_\_ Yes   \_\_\_ No   \_\_\_ NR
6. Anti-coagulants (blood thinners) \_\_\_ Yes   \_\_\_ No   \_\_\_ NR
7. TB medication                        \_\_\_ Yes   \_\_\_ No   \_\_\_ NR
8. Long term antibiotics                \_\_\_ Yes   \_\_\_ No   \_\_\_ NR
9. Steroids                                 \_\_\_ Yes   \_\_\_ No   \_\_\_ NR
10. Brocho-dilators                      \_\_\_ Yes   \_\_\_ No   \_\_\_ NR
11. Insulin                                 \_\_\_ Yes   \_\_\_ No   \_\_\_ NR
12. Oral diabetes med.                 \_\_\_ Yes   \_\_\_ No   \_\_\_ NR
13. Gout medication                     \_\_\_ Yes   \_\_\_ No   \_\_\_ NR
14. Tranquilizers                         \_\_\_ Yes   \_\_\_ No   \_\_\_ NR
15. Sleeping pills daily                 \_\_\_ Yes   \_\_\_ No   \_\_\_ NR
16. Have you ever had radiotherapy   \_\_\_ Yes   \_\_\_ No   \_\_\_ NR
17. Other \_\_\_\_\_

**Alcohol****Type****Quantity**

1. Beer \_\_\_\_\_ cans/week
2. Wine \_\_\_\_\_ quarts/week
3. Whiskey \_\_\_\_\_ pints/week

\_\_\_ No alcohol intake

+<6cans, < 1 quart, < ½ pint   \_\_\_ Yes   \_\_\_ No   \_\_\_ NR

++ 6-24 cans, 1-4 qts, ½-2 pints/week   \_\_\_ Yes   \_\_\_ No   \_\_\_ NR

+++>24 cans, >4 qts, >2 pints/week   \_\_\_ Yes   \_\_\_ No   \_\_\_ NR

**Physical Examination Form**

Blood press \_\_\_/\_\_\_      Pulse Regularity: \_\_\_ Normal \_\_\_ Irregular \_\_\_ other

**General Appearance**

- 0. Well developed, well nourished       Yes     No     NR
- 1. Obese                                             Yes     No     NR
- 2. Underweight                                  Yes     No     NR
- 3. Chronically ill appearing                 Yes     No     NR
- 4. Pale                                              Yes     No     NR

**Cyanosis**

- 0. Absent                                          Yes     No     NR
- 1. Lips, tongue                                  Yes     No     NR
- 2. Fingers, toes                                  Yes     No     NR
  
- 1. **Clubbing**                                     Yes     No     NR
- 2. **Ankle edema**                                Yes     No     NR

**Skin Abnormalities**

- 0. Normal                                          Yes     No     NR
- 1. Redness                                        Yes     No     NR
- 2. Swelling                                       Yes     No     NR
- 3. Ulceration                                     Yes     No     NR
- 4. Thickening                                    Yes     No     NR
- 5. Peeling                                         Yes     No     NR
- 6. Pigmentation                                 Yes     No     NR
- 7. Hyperkeratosis                              Yes     No     NR
- 8. Cutaneous tumors                          Yes     No     NR
- 9. Subcutaneous tumors                      Yes     No     NR

**Nails**

- 0. Normal                                          Yes     No     NR
- 1. Other \_\_\_\_\_

**Eyes****Pupils**

0. Normal  Yes  No  NR  
 1. Abnormal  Yes  No  NR  
 3. Sclera icteric  Yes  No  NR

**Conjunctive**

0. Normal  Yes  No  NR  
 1. Injected  Yes  No  NR  
 2. Pale  Yes  No  NR  
 3. Other \_\_\_\_\_

**Mouth & Throat**

0. Normal  
 1. Gingival abnormality  
 2. Other abnormality

**Chest Inspection**

0. Normal  Yes  No  NR  
 1. Deformity  Yes  No  NR  
 2. Old surgery (thoracotomy)  Yes  No  NR  
 3. Increased AP diameter  Yes  No  NR  
 4. Flaring of costal margins  Yes  No  NR

**Chest Percussion**

0. Normal  Yes  No  NR  
 1. Dullness, right  Yes  No  NR  
 2. Dullness, left  Yes  No  NR

3. Hyper-resonant, right                     Yes     No     NR  
 4. Hyper-resonant, left                     Yes     No     NR  
 5. Hyper-resonant, bilateral, bases     Yes     No     NR  
 6. Other \_\_\_\_\_  
 \_\_\_\_\_

**Auscultation**

0. Normal breath sounds                     Yes     No     NR  
 1. Decreased – right                     Yes     No     NR  
 2. Decreased – left                     Yes     No     NR  
 3. Decreased bilaterally (bases)        Yes     No     NR  
 4. Wheezing and/or ronchi in a localized area  Yes     No     NR  
 5. Wheezing and/or rhonchi – diffuse     Yes     No     NR  
 6. Lengthening of expiratory phase     Yes     No     NR  
 7. Moist rales                             Yes     No     NR  
 8. Other \_\_\_\_\_  
 \_\_\_\_\_

**RALES**

0. None                                     Yes     No     NR  
 1. RAAL                                     Yes     No     NR  
 2. RMAL                                     Yes     No     NR  
 3. RPAL                                     Yes     No     NR  
 4. R-Base                                    Yes     No     NR  
 5. LAAL                                     Yes     No     NR  
 6. LPAL                                     Yes     No     NR  
 7. L Base                                    Yes     No     NR  
 8. Diffuse (more than 3)                 Yes     No     NR

**Cardiac Palpation & Percussion**

0. Normal                                    Yes     No     NR  
 1. Heart palpable in epigastrium        Yes     No     NR  
 2. Heart enlarged by percussion        Yes     No     NR

3. Left ventricular heave                    \_\_\_ Yes    \_\_\_ No    \_\_\_ NR  
 4. Right ventricular heave                \_\_\_ Yes    \_\_\_ No    \_\_\_ NR  
 5. Displaced P.M.I.                        \_\_\_ Yes    \_\_\_ No    \_\_\_ NR

**Heart Sounds**

0. Normal                                    \_\_\_ Yes    \_\_\_ No    \_\_\_ NR  
 1. Murmur                                    \_\_\_ Yes    \_\_\_ No    \_\_\_ NR  
 2. Distant heart sounds                 \_\_\_ Yes    \_\_\_ No    \_\_\_ NR  
 3. P-11 >A-11                            \_\_\_ Yes    \_\_\_ No    \_\_\_ NR  
 4. S3G                                        \_\_\_ Yes    \_\_\_ No    \_\_\_ NR  
 5. Other \_\_\_\_\_

**Abdominal Tenderness to Palpation**

0. None                                        \_\_\_ Yes    \_\_\_ No    \_\_\_ NR  
 1. RUQ                                        \_\_\_ Yes    \_\_\_ No    \_\_\_ NR  
 2. RLQ                                        \_\_\_ Yes    \_\_\_ No    \_\_\_ NR  
 3. Epigastric                                \_\_\_ Yes    \_\_\_ No    \_\_\_ NR  
 4. Peri-umbilical                         \_\_\_ Yes    \_\_\_ No    \_\_\_ NR  
 5. LUQ                                        \_\_\_ Yes    \_\_\_ No    \_\_\_ NR  
 6. LLQ                                        \_\_\_ Yes    \_\_\_ No    \_\_\_ NR  
 7. Other \_\_\_\_\_

4.

**Palpable Liver**

0. Not palpable                            \_\_\_ Yes    \_\_\_ No    \_\_\_ NR  
 1. Palpable                                 \_\_\_ Yes    \_\_\_ No    \_\_\_ NR  
 Palpable, span on mid-clavicular line \_\_\_\_\_ cms.  
 2. Span exceed 12 cms

3. Tender liver

**Liver consistency**

- 0. Normal  Yes  No  NR
- 1. Increased firmness  Yes  No  NR
- 2. Irregular, nodular  Yes  No  NR
- 3. Other \_\_\_\_\_

**Palpable spleen**

- 0. Not palpable
  - Yes  No
  - NR
- 1. Palpable
  - Yes  No
  - NR

**Palpable kidneys**

- 0. Not palpable  Yes  No  NR
- 1. Palpable-right  Yes  No  NR
- 2. Palpable-left  Yes  No  NR

**Abdominal masses by palpation**

- 0. Normal  Yes  No  NR
- 1. Present  Yes  No  NR

**Neurological Examination**

Deep tendon reflexes:

- 0. Normal  Yes  No  NR
- 1. Hyperactive  Yes  No  NR
- 2. Decreased  Yes  No  NR
- 3. Absent  Yes  No  NR

Specify abnormality

Ankle \_\_\_\_\_ Biceps \_\_\_\_\_ Knee \_\_\_\_\_ Wrist \_\_\_\_\_

**Motor**

- 0. Normal  Yes  No  NR
- 1. Decreased strength  Yes  No  NR  
 Indicate muscle group involved \_\_\_\_\_
- 2. Wrist drop  Yes  No  NR
- 3. Teleky sign  Yes  No  NR
- 4. Extensor weakness  Yes  No  NR
- 5. Babinski  Yes  No  NR

**Tremor**

- 0. None  Yes  No  NR
- 1. Outstretched hands  Yes  No  NR
- 2. Intention  Yes  No  NR
- 3. Face  Yes  No  NR
- 4. Other \_\_\_\_\_

**Sensory**

- 5. Pin: Arms - present  Yes  No  NR
- 6.                   absent  Yes  No  NR
- 7.       Legs – present  Yes  No  NR
- 8.                   absent  Yes  No  NR

**RESPIRATORY QUESTIONNAIRE**

**Cough**

1. Do you usually cough first thing in the morning (on getting up) \_\_\_Yes \_\_\_No  
\_\_\_NR
2. Do you usually cough during the day (or at night)? \_\_\_Yes \_\_\_No  
\_\_\_NR
3. Do you could like this on most days (or nights) for as much as 3 months eh yr?
9. 0. Does not apply (no persistent cough) \_\_\_Yes \_\_\_No \_\_\_NR
10. 1. Less than 2 years \_\_\_Yes \_\_\_No \_\_\_NR
2. More than 2 years \_\_\_Yes \_\_\_No \_\_\_NR

**Phlegm**

4. Do you usually bring up any phlegm from your chest first thing in the morning?
11. \_\_\_Yes \_\_\_No \_\_\_NR
- 12.
5. Do you usually bring up any phlegm from your chest during the day (or at night)? \_\_\_Yes \_\_\_No \_\_\_NR
6. Do you bring up phlegm like this on most days (or nights) for as much as 3 months each year?
13. 0. does not apply \_\_\_Yes \_\_\_No \_\_\_NR
14. 1. less than 2 years \_\_\_Yes \_\_\_No \_\_\_NR
15. 2. more than 2 years. \_\_\_Yes \_\_\_No \_\_\_NR

**What color is your phlegm?**

16. 0. does not apply \_\_\_Yes \_\_\_No \_\_\_NR
17. 1. whitish \_\_\_Yes \_\_\_No \_\_\_NR
18. 2. yellow &/or green \_\_\_Yes \_\_\_No \_\_\_NR
19. 3. grey &/or black \_\_\_Yes \_\_\_No \_\_\_NR

**Is you cough and/or phlegm production related to any season?**

20. 0. does not apply \_\_\_Yes \_\_\_No \_\_\_NR
21. 1. spring \_\_\_Yes \_\_\_No \_\_\_NR
22. 2. summer \_\_\_Yes \_\_\_No \_\_\_NR

23. 3. fall  Yes  No  NR  
 24. 4. winter  Yes  No  NR  
 25. 5. all year  Yes  No  NR

Does the physician think that the patient fulfills the criteria for chronic bronchitis?

26. 0. Can't specify  Yes  No  NR  
 27. 1. No  Yes  No  NR  
 28. 2. Yes  Yes  No  NR

7. In the past 3 years have you had a period of increased cough & phlegm lasting for 3 weeks or more?  Yes  No  NR

8. Have you had more than one such period?  Yes  No  NR

9. Have you ever coughed up blood?  Yes  No  NR

**If YES to #9: How often?**

29. 0. Only occasionally  Yes  No  NR  
 30. 1. Only occasionally with a severe cold  Yes  No  NR  
 31. 2. Sputum streaked with blood (frequently)  Yes  No  NR  
 32. 3. Hemorrhaged  Yes  No  NR  
 33. 4. Other \_\_\_\_\_

**Breathlessness**

11. Are you troubled by shortness of breath when hurrying on level ground or walking up a slight hill?

12. Do you get short of breath walking with other people of your own age on level ground?  Yes  No  NR

13. Do you have to stop for breath when walking at your own pace on level ground?  Yes  No  NR

**Wheezing**

14. Does your chest ever sound wheezing or whistling?  Yes  No  
 NR

15. Do you get this on most days or nights?  Yes  No  NR

16. Have you ever had attacks of shortness of breath with wheezing?  
 Yes  No  NR

17. Is/was your breathing absolutely normal between attacks?

34.  Yes  No  NR

**Weather**

18. Does the weather affect your chest?  Yes  No  NR

19. Does the weather make you short of breath?  Yes  No  NR

35. If YES:

36. 1. Heat  Yes  No  NR

37. 2. Cold  Yes  No  NR

38. 3. Dampness  Yes  No  NR

39. 4. Dryness  Yes  No  NR

**Nasal Catarrh**

20. Do you usually have a stuffy nose or catarrh at the back of your nose in the winter?  Yes  No  NR

21. Do you have this in this summer?  Yes  No  NR

**Physician comment: Nasal catarrh:**

40. 0. Cannot be specified  Yes  No  NR

41. 1. Has no relation to chest condition  Yes  No  NR

42. 2. Aggravates cough and phlegm production from chest as described above

43. \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ NR  
 44. 3. Is a cause of cough and phlegm \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ NR

**Chest illnesses**

23. During the past three years have you had any chest illness which has kept you from your activities for as much as a week? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ NR

24. Did you bring up more phlegm than usual in any of these illnesses?

45. \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ NR

25. How many illness like this have you had in the past 3 years?

46. \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ NR

26. Do you have a heart condition for which you are under a doctor's care?

47. \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ NR

If YES to #26, specify condition and drug therapy \_\_\_\_\_

\_\_\_\_\_

**Tobacco smoking**

48. 1. Do you smoke cigarettes? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ NR

49. 2. Have you ever smoked cigarettes? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ NR

50. 3. Have you smoked at least as many as 45 pks during your entire life?  
 \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ NR

4. How old were you when you started smoking cigarettes regularly?

a. 1 to 10 years or less \_\_\_\_\_

b. 11 to 15 years \_\_\_\_\_

c. 16-20 years \_\_\_\_\_

d. 21 to 30 years \_\_\_\_\_

e. 31 years or more. \_\_\_\_\_

5. How old were you when you last gave up smoking cigarettes? \_\_\_\_\_ years

List year person last stopped smoking? \_\_\_\_\_

Time since last stopped smoking:

51. 1. less than 6 months  Yes  No  NR  
 52. 2. 7 to 12 months  Yes  No  NR  
 53. 3. 1 to 4 yrs  Yes  No  NR  
 54. 4. 5 to 9 yrs  Yes  No  NR  
 55. 5. 10 to 14 yrs.  Yes  No  NR  
 56. 6. 15 or more years  Yes  No  NR

6. How much do/did you smoke on average?

57. 1. 1 to 9  Yes  No  NR  
 58. 2. 10-19  Yes  No  NR  
 59. 3. 20 to 39  Yes  No  NR  
 60. 4. 40 or more  Yes  No  NR

7. Do/did you inhale the cigarette smoke?  Yes  No  NR

8. What do/did you mostly smoke?

61. Type: 1. Filter  Yes  No  NR  
 62. 2. Non-filter  Yes  No  NR  
 63. Size: 1. Regular  Yes  No  NR  
 64. 2. King size  Yes  No  NR  
 65. 3. 100 millimeter  Yes  No  NR

9. Do you smoke a pipe?  Yes  No  NR

10. Have you ever smoked a pipe?  Yes  No  NR

11. How many pipefuls a day do/did you smoke? \_\_\_\_\_

66. 12. Do you smoke cigars?  Yes  No  NR

67. 13. Have you ever smoke cigars?  Yes  No  NR

68. 14. How many cigars a day do/did you smoke? \_\_\_\_\_

### MEDICAL BROCHURE

#### **Health Care for Patients with Exposure to Asbestos**

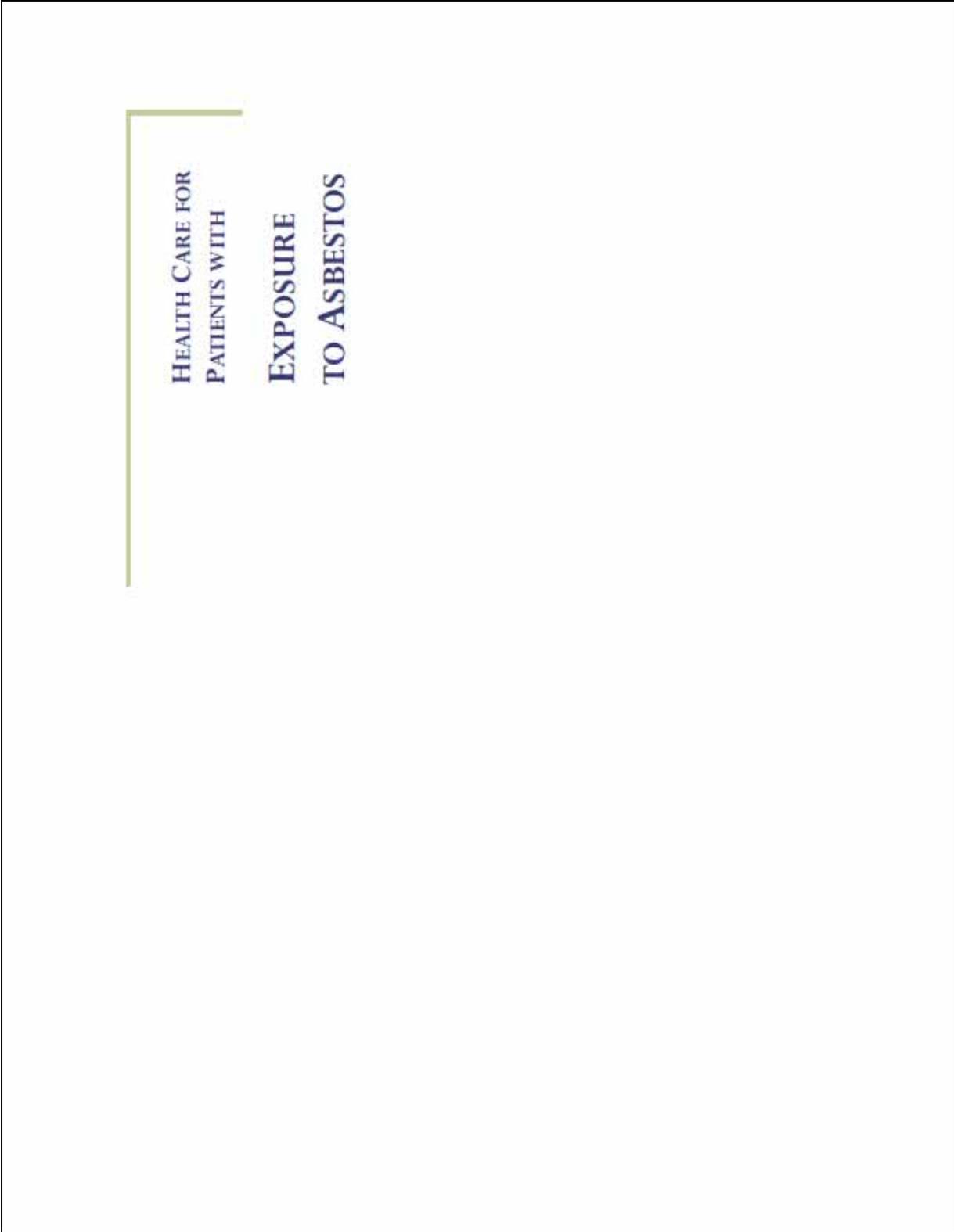
*(Standard statement sent to medical associations interested in distributing)*

[www.safetynet.mun.ca/pdfs/Asbestos\\_Exposure\\_2010.pdf](http://www.safetynet.mun.ca/pdfs/Asbestos_Exposure_2010.pdf)

The brochure is designed for health professionals whose patients have been exposed to asbestos in any of a wide variety of ways, such as through work at a mine site or an industrial or commercial operation using asbestos as a raw material, or in construction, renovation, shipbuilding or ship repair work, or by exposure in the community (including the families of people exposed at work). It brings together the latest evidence-based guidelines for this group of diseases. The brochure is a revised and updated version of one produced last year by OHCOW.

The brochure is a by-product of the work that has recently been concluded at Memorial University on an occupational disease registry for the former employees of the Baie Verte (Newfoundland) asbestos mine and mill ([www.bvminers.ca](http://www.bvminers.ca)). The Registry contains the health and work history, as well as exposure information for almost 1000 former employees of the Baie Verte site who worked there from the mid-1950s through the mid-1990s.





**HEALTH CARE FOR  
PATIENTS WITH  
EXPOSURE  
TO ASBESTOS**

## Background

### Introduction

Physicians are often asked to assess and provide care (manage care) for patients who are now or have been exposed to asbestos:

Workers involved in:

- Mining of asbestos or minerals contaminated with asbestos
- Manufacturing or using asbestos-containing products
- Custodial, maintenance and repair work in asbestos-containing buildings
- Direct contact with asbestos-containing waste or dust emissions

People:

- Living in the vicinity of asbestos mines and asbestos-related industries
- In direct contact with asbestos-containing waste or dust emissions, e.g., handling clothing of asbestos workers

### Asbestos and asbestos-related disease

Asbestos refers to a group of fibrous silicate minerals including the amphibole minerals actinolite, amosite, anthophyllite, crocidolite and tremolite and the serpentine mineral chrysotile. Almost all of the asbestos mined in Canada was of chrysotile variety but it often contained small amounts of amphiboles as well. Asbestos was mined and milled in various parts of Canada, including in Bate Verte, NL, but the only remaining active mines in Canada are in Thetford Mines, QC.

The following diseases and conditions are known to be related to exposure to asbestos:

asbestosis	lung cancer
pleural mesothelioma	peritoneal mesothelioma
pleural plaques	diffuse pleural fibrosis
rounded atelectasis	pleural effusions
laryngeal cancer	ovarian cancer

There is mixed, but not conclusive, evidence that asbestos exposure is related to other cancers:

pharyngeal cancer	stomach cancer
colorectal cancer	

In general, a lengthy period of exposure to asbestos is required for the development of these diseases, although some findings show a dose-response gradient and therefore they can develop after short, heavy, acute exposures. Symptoms typically develop after a long latency period, averaging 15-20 years but sometimes up to 40 or even 50 years.

Asbestosis can be a precursor to lung cancer, but asbestos-related lung cancer, the most common cause of death among asbestos victims, also occurs in the absence of asbestosis. Smoking and asbestos exposure act synergistically to cause lung cancer, with the risk of lung cancer among workers exposed to asbestos who are also smokers or former smokers being approximately ten times higher than among non-smoking workers exposed to asbestos.

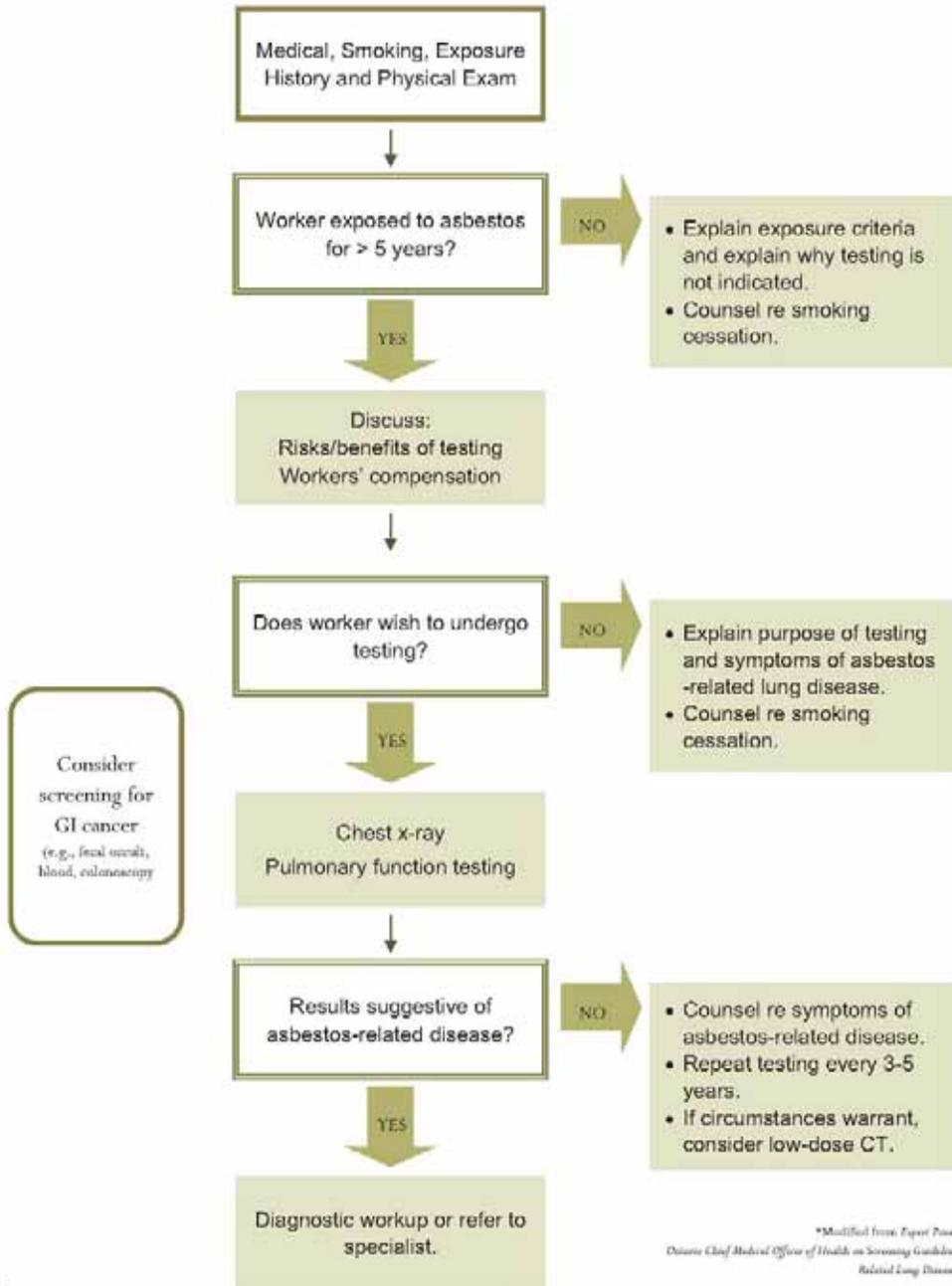
## Screening for asbestos-related disease

Individuals with a history of asbestos exposure five or more years ago are at an increased risk of developing asbestos-related lung disease. Screening high risk workers enables earlier diagnosis and care and may reduce risk of complications.

There are other potential benefits from individual-level screening (case-finding), such as alleviation of individual or community concerns, promotion of smoking cessation or increased awareness of potential eligibility for workers' compensation.



5 Flowchart for individual-level screening (case-finding) for asbestos-related disease\*



HEALTH CARE FOR PATIENTS WITH EXPOSURE TO ASBESTOS

Clinical screening guidelines for asbestos-related disease	
<b>Medical history</b> The medical history interview should include:	<ul style="list-style-type: none"> <li>▪ Reason for visit</li> <li>▪ Current respiratory health history</li> <li>▪ Past medical history</li> <li>▪ Smoking history</li> <li>▪ General asbestos exposure history                             <ul style="list-style-type: none"> <li>◊ Any contact with asbestos, including indirect such as laundering work clothes</li> <li>◊ Age at first exposure and years since first exposure</li> </ul> </li> </ul>
	<ul style="list-style-type: none"> <li>▪ Occupational exposure history                             <ul style="list-style-type: none"> <li>◊ High-risk occupations such as construction, demolition, remodelling, asbestos mining and milling, shipbuilding, pipefitting, automobile brake mechanics, firefighting, asbestos abatement, power plants</li> <li>◊ Asbestos and other chemical exposures on the job or from hobbies</li> <li>◊ Source, intensity, and duration of exposure</li> <li>◊ Age at first exposure and years since first exposure</li> </ul> </li> </ul>
<b>Limited physical examination</b> The physical exam should include:	<ul style="list-style-type: none"> <li>▪ Auscultation of heart and lungs</li> <li>▪ Abdominal examination</li> <li>▪ Extremity examination (including clubbing, pulses, peripheral edema, and cyanosis)</li> </ul>
<b>PA chest radiograph</b>	Note that radiological evidence is typically not present until at least 5 years after first exposure. In addition to a clinical evaluation, the use of a B-reader is recommended for radiographic rating of lung changes. The radiograph reader should look for: <ul style="list-style-type: none"> <li>▪ Pleural changes</li> <li>▪ Benign pleural effusion</li> <li>▪ Thickening and possible calcification of the parietal and visceral lung pleura</li> <li>▪ Interstitial changes</li> <li>▪ Diffuse, bilateral interstitial fibrosis</li> <li>▪ Lung carcinoma/ pulmonary nodules</li> </ul>
<b>Simple pulmonary function test</b> (PFT or spirometry)	<ul style="list-style-type: none"> <li>▪ Include FVC, FEV1, and FEV1/FVC ratio</li> <li>▪ Consider pre- and post-bronchodilator, especially if obstructive component is evident. Asbestosis and some diffuse pleural disease may be characterized by restrictive changes</li> <li>▪ Among smokers, a mixed pattern may be noticed</li> </ul>
<b>Possible fecal occult blood test or colonoscopy</b>	There remains uncertainty as to whether cancers of the colon and other GI cancers are related to asbestos exposure. Accordingly, there is no consensus on whether patients with exposure to asbestos should be considered at elevated risk and screened earlier than standard age-related guidelines recommend.
<b>Ongoing evaluation</b>	<ul style="list-style-type: none"> <li>▪ If x-ray is normal or inconclusive and exposure history is positive, repeat x-ray as needed (every 3-5 years is generally considered appropriate). Lateral and/or oblique view recommended for inconclusive pleural changes</li> <li>▪ CT scan: NOT a screening tool; recommended only if exam/PFT results suggest disease but x-ray does not correlate or if findings of uncertain significance are found on chest x-ray</li> <li>▪ Consider referring patients with possible restrictive lung disease, significant radiographic or pulmonary function abnormalities or those with uncertain significance to a pulmonary or occupational lung specialist for complete pulmonary function tests and further evaluation</li> <li>▪ CT may assist in differentiating pleural plaques from other soft tissue densities, or cancer versus benign nodule or rounded atelectasis</li> </ul>
<b>Smoking cessation counselling and assistance</b>	Smoking increases the risk of lung cancer in a synergistic manner. All patients with exposure to asbestos should be counselled about smoking cessation, offered assistance to that end and advised about exposure to second-hand smoke.

HEALTH CARE FOR PATIENTS WITH EXPOSURE TO ASBESTOS

## Recommendations for management after the diagnosis of asbestos-related disease

*Management of malignant and non malignant asbestos-related disease should follow guidelines for those diseases. This includes referral to appropriate specialists, agencies and resources for treatment.*

### Follow-up with patient

- Notify the patient of results and the work-related aspect of the illness
- Inform patient about options for compensation within your jurisdiction

### Secondary Prevention

- Smoking cessation counselling and assistance
- Withdrawal from further exposure
- Immunization (pneumococcal, influenza)
- Management of concurrent respiratory and other diseases

### Monitoring

- Observation, PA chest x-ray (q. 3-5yrs) and elevated index of suspicion for lung cancer, mesothelioma, GI cancers (see "ongoing evaluation" )

### Development of patient-specific management plan for symptomatic disease

- There is no accepted treatment for mesothelioma.
- Lung cancer may have greater survival if diagnosed early.
- Clinical trials of CT screening are ongoing in 2010 without definitive results regarding increased survival with early diagnosis using this modality (Teel 2007).

### Resources and References

- Chrysothile asbestos image courtesy of the Scanning Electron Microscope (SEM) Facility, School of GeoSciences, University of Edinburgh. <http://www.geos.ed.ac.uk/~facilities/semi/asbestos.html>.
- American Thoracic Society Official Statement (2004). Diagnosis and Initial Management of Non-Malignant Diseases Related to Asbestos. *American Journal of Respiratory and Critical Care Medicine* 170:691–715.
- Expert Panel Report to the Ontario Chief Medical Officer of Health on Screening Guidelines for Asbestos-Related Lung Disease. June 2006.
- Guidotti, T. L. (2007). Nonmalignant Asbestos-Related Disease: Diagnosis and Early Management. *Clinical Pulmonary Medicine* 14:82–92.
- Teel, W. (2007) Asbestos-Exposed Workers: Current Management Overview & the Screening CT Scan Debate. *Occupational Medicine Clinical Update* Fall 2007.
- Banks, D. et al. (2009). American College of Chest Physicians Consensus Statement on the Respiratory Health Effects of Asbestos. *Chest* 135:1619-1627.
- ATSDR Clinical Screening Guidelines for Asbestos-Related Lung Disease. [http://www.atsdr.cdc.gov/asbestos/nits-kt/docs/clinrguide\\_32205\\_lo.pdf](http://www.atsdr.cdc.gov/asbestos/nits-kt/docs/clinrguide_32205_lo.pdf) (accessed June 25, 2010).



**JOB TITLE DATA DICTIONARY**

Data Dictionary – Job Titles & Descriptions ..... H-2  
    Mill – Job Codes ..... H-3  
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## DATA DICTIONARY – JOB TITLES

Variable Name	Description	Values
Source	Source document from which record was abstracted	Company Employee File WHSCC Claim File Irving Selikoff Records Miners' Medical File USW Air Sampling Records Employee or NOK Survey
Company	Company in operation at the time of the work record	Advocate Mines (1963-1981) Baie Verte Mines (1981-1990) Terra Nova Mines (1990-1994)
Department	Department within the mine/mill complex where job was located	Mill Pit E&R = Erection and Repair QC = Quality Control OS = Office Services EmpRel = Employee Relations Dock Other
Specific Job	Job title as listed in original records	<i>(see below)</i>
Job Code	Specific job code assigned to the job title as per job description and as used in the air sampling records	<i>(see below)</i>
Comments	Miscellaneous comments regarding the specific record	-----
Start Date		dd-mm-yyyy format
End Date		dd-mm-yyyy format
Start Year		yyyy
End Year		yyyy
Exposure	Exposure value assigned to each specific work record as per the job code and calendar year	<i>(see JEM)</i>

## Mill – Job Codes

MILL Job Code	Job Titles Included	Union, Management, Contractual, or Unknown	Comments
M-01	Primary crusher operator	Union	Subdivision=Primary Crusher
M-02	Primary crusher attendant Primary crusher helper	Union	Subdivision=Primary Crusher
M-10	Secondary crusher operator	Union	Subdivision=Secondary Crusher
M-100	Wet Mill Operator	Union	Job code created
M-11	Dryer operator	Union	Subdivision=Secondary Crusher
M-12	Secondary crusher attendant	Union	Subdivision=Secondary Crusher
M-15	Baghouse attendant – secondary crusher and dryer Baghouse attendant (M-40)	Union	Subdivision=Secondary Crusher Merged with M-40
M-20	Dry rock storage attendant Dry rock operator	Union	Subdivision=Dry Rock Storage
M-21	Shuttle attendant	Union	Subdivision=Mill
M-22	Mill operator	Union	Subdivision=Mill
M-23	Floor attendant Mill attendant Mill attendant-reclaim Mill Cleaner (M-80)	Union	Subdivision=Mill Merged with M-80
M-30	Pressure packer operator Packaging operator Packaging and shipping operator Packer operator Packer	Union	Subdivision=Mill
M-31	Packaging attendant Pressure packer Spoutman Sewing machine attendant Bagger Sewer	Union	
M-41	Screen changer, screener	Union	Subdivision=Mill
M-42	Screen repairer	Union	Subdivision=Mill
M-43	Labourer Utility Painter	Union	Merged with M-44
M-50	Lift truck operator/driver Fork lift operator	Union	Subdivision=Mill & Warehouse  (for JEM this job code includes mill only)
M-51	Tractor trailer operator	Union	Subdivision=Warehouse
M-52	Pallet repairer Palletizing Attendant Pallet Fabricator	Union	Subdivision=Warehouse

<b>MILL Job Code</b>	<b>Job Titles Included</b>	<b>Union, Management, Contractual, or Unknown</b>	<b>Comments</b>
M-55	Fibre warehouse van operator	Union	Fibre warehouse Job code created
M-56	Lift-truck operator – dock	Union	Dock and warehouse only Job code created
M-60	Janitor	Union	
M-70	Tailings operator	Union	Subdivision=Tailings
M-71	Tailings helper	Union	Subdivision=Tailings
M-72	Tractor grader operator Dozer operator	Union	Mill, tailings, reclaim
M-90	Supervisor Mill foreman General supervisor Supervisor-shift	Management	Job code created All areas – C&D, mill, shipping

## E & R – Job Codes

<b>E &amp; R Job Code</b>	<b>Job Titles Included</b>	<b>Union, Management, Contractual, or Unknown</b>	<b>Comments</b>
ER-01 (ER-04)	Electrician Electronic repairer Instrument Technician	Union	Subdivision=electrical  Merged with ER-04
ER-02 (ER-03)	Linesman Electrician-lines Cable repairer	Union	Subdivision=electrical Merged with ER-03
ER-10	Machinist	Union	Subdivision=shop
ER-20	Carpenter Utility person	Union	Subdivision=shop
ER-30 (ER-31)	Sheetmetal worker Metalworker Welder	Union	Subdivision=shop Merged with ER-31
ER-40 (ER-41, ER-42)	Service truck driver Mobile equipment operator Boom truck operator Mobile crane operator Heavy equipment operator	Union	Subdivision=shop Merged with ER-41 and ER-42
ER-50 (ER-51)	Plant millwright Industrial mechanic Millwright apprentice Maintenance helper Millwright Helper	Union	Subdivision=shop assigned maintenance  Merged with ER-51
ER-52 (ER-53, ER-93)	Labourer E&R Labourer Garage Janitor E&R	Union	Subdivision=general Merged with ER-93 and ER-53
ER-60	Industrial mechanic	Union	Subdivision=mill maintenance

<b>E &amp; R Job Code</b>	<b>Job Titles Included</b>	<b>Union, Management, Contractual, or Unknown</b>	<b>Comments</b>
ER-61	Millwright greaser Mill greaser Greaser	Union	Subdivision=mill maintenance
ER-70 (ER-71)	Power center operator Power center millwright Stationary Engineer-3 <sup>rd</sup> class	Union	Subdivision=power center Merged with ER-71
ER-80 (ER-81, ER-82)	Heavy equipment mechanic, Heavy duty repair Heavy duty mechanic. Garage mechanic Component mechanic Heavy equipment apprentice	Union	Merged with ER-81 and 82
ER-90 (ER-91, ER-92)	Tire repairer Service attendant-light vehicles Service attendant-mobile equipment Serviceman	Union	Subdivision=tire repair, garage Merged with ER-91 and ER-92
ER-94 (ER-95)	Supervisor-E&R Supervisor-garage Foreman	Management	Job code created

### Mine (Pit) – Job Code Dictionary

<b>MINE Job Code</b>	<b>Job Titles Included</b>	<b>Union, Management, Contractual, or Unknown</b>	<b>Comments</b>
P-01 (P-02)	Primary driller Drill operator Secondary driller	Union Unknown	Merged with P-02
P-10 (P-11)	Blaster Blaster helper	Union	Merged with P-11
P-12 (P-20, P-21)	Explosives truck driver Shovel operator Production loader operator Shovel Oiler Shovel Attendant	Union	Merged with P-20 and P-21
P-22	Backhoe operator	Union	
P-30 (P-31)	Haul truck driver Haul truck driver instructor Haul truck driver trainee	Union	Merged with P-31
P-40	Tractor grader operator Mobile equipment operator- dozer Mobile equipment operator- grader Heavy Equipment Operator	Union	

<b>MINE Job Code</b>	<b>Job Titles Included</b>	<b>Union, Management, Contractual, or Unknown</b>	<b>Comments</b>
P-41 (P-42, P-43, P-51)	Service truck driver Mobile "A" Serviceman Service attendant Dumpman Shuttle Operator	Union	Merged with P-42, P-43, P-51
P-50	Pump attendant Pumpman	Union	
P-52	Labourer	Union	
P-53	Dry attendant-mine	Union	
P-61	Supervisor-mine Shift supervisor General supervisor pit maintenance Pit Foreman	Management	Job code created

### Quality Control – Job Code Dictionary

<b>QC Job Code</b>	<b>Job Titles Included</b>	<b>Union, Management, Contractual, or Unknown</b>	<b>Comments</b>
QC-01 (QC-02, QC-09)	Senior tester Junior tester Manager quality control	Union Management	Merged with QC-02 and QC-09
QC-03 (QC-10)	Quality control assistant Quality control trainee Quality control trainer	Union	Merged with QC-10
QC-04 (QC-05, QC-06, QC-08)	Stevedore Longshoreman Signal man Winchman Janitor-stevedoring	Union Contractual Unknown	Merged with QC-05, QC-06, QC-08

### Employee Relations – Job Code Dictionary

<b>ER Job Code</b>	<b>Job Titles Included</b>	<b>Union, Management, Contractual, or Unknown</b>	<b>Comments</b>
A-01 (A-02, A- 10, P-60)	Janitor-main office Janitor-mine dry Labourer-mine dry Laundry attendant Carpenter -Housing maintainer groupleader Carpenter- Housing maintainer Office Janitor-Pit	Union	Merged with A-02, A-10 and P-60

## Office Services – Job Code Dictionary

OFFICE Job Code	Job Titles Included	Union, Management, Contractual, or Unknown	Comments
OS-01 (OS-02)	Storeskeeper Storesman Supervisor-stores	Union Management	Subdivision=stores Merged with OS-02

## Other Job Codes

OTHER Job Code	Job Titles Included	Union, Management, Contractual, or Unknown	Comments
BV-01	Clerk Supervisor-Industrial Engineering Mine Manager Engineer Mill Superintendent Junior and Senior Industrial Engineer Industrial Analyst Draftsman-layout and detailer Designer-assistant Geologist Supervisor-Mine Engineering Senior Planner Clerk-Office Purchasing Agent	Unknown	Job code created
BV-02	Tradesleader Tradesman	Unknown	Job code created
BV-03	Plumber	Unknown	Job code created
BV-04	Dryer Fireman	Unknown	Job code created
BV-05	Surveyor's Helper	Unknown	Job code created
BV-06	Lead Surveyor	Unknown	Job code created
BV-07	Safety Supervisor	Unknown	Job code created
BV-08	First Aider	Unknown	Job code created
BV-09	Security and Shipping	Contractual	Job code created
BV-10	Unknown-Other	Unknown	Job code created
BV-11	Unknown-Mill	Unknown	Job code created
BV-12	Unknown-E&R	Unknown	Job code created
BV-13	Unknown-Pit	Unknown	Job code created
<p>* Note: Positions listed in this table are not associated with any particular department. Job titles have associated air sampling data in Edstrom's report but are not known to 'unionized' job titles as per existing job descriptions. Therefore, 'created' positions are considered unknown unless otherwise noted.</p>			



## SAMPLE FINAL LETTER TO REGISTRANT

At the end of the Registry project, each registrant or proxy will be sent an individualized package that:

- Confirms their registration;
- Informs them of their registrant number;
- Describes the types of information contained in their Registry files;
- Informs them how they can access their or their relative’s file;
- Describes how their records will be stored;
- Highlights the risk of exposure to asbestos;
- Recommends to living registrants the steps they should take next in terms of their health;
- Provides contact information should they have any questions, corrections, or additional information related to their registration; and,
- An envelope, for living registrants only, labelled “For Your Health Professional” containing a copy of the “Medical Brochure” and a cover letter for health professionals.

Standard Registrant Letter ..... I-2  
Cover Letter for Health Professionals..... I-7

## Standard Registrant Letter



NAME  
ADDRESS  
ADDRESS    POSTAL CODE

Dear NAME:

Thank you for joining the Baie Verte Miners' Registry. Your Official Registry number is:

0000

As of this date, the Registry includes 1,003 former employees, including you.

### What's in your file?

Your own Registry file at this time contains:

- Your work history at the Baie Verte asbestos mine/mill (based on your employee file and the survey you filled out)
- Your health history and your current health status (based on your survey and the available medical charts you gave us permission to access)
- An estimate of your total exposure to asbestos at the Baie Verte mine/mill

Lists of the documents that we used in your Registry file are on the **blue** and **yellow** sheets included with this letter.

**If you:**            **Would like to access the information about you in the Registry**  
                          **Have more information to add to your file**  
                          **Have questions about your file**

**Please contact the**    **Baie Verte Miners Registry**  
                                  c/o SafetyNet, Memorial University  
                                  Telephone: 709-864-7251  
                                  Toll Free: 1-888-737-7250  
                                  Email: bvminers@mun.ca  
                                  Mail: P.O. Box 4200  
                                  St. John's, NL Canada A1C 5S7

Any new information on work history or health history you submit will be added to your file so that it will be as complete and as up-to-date as possible.

**How will my records be stored?**

The Registry is a record of your work and health history. Information collected for the Registry will be transferred to the Newfoundland and Labrador Centre for Health Information (NLCHI) for storage. They will keep your information secure. No unauthorized person will have access to your electronic or paper records or know that you are registered. You are free to withdraw from the Registry at any time in the future simply by sending a request in writing to the:

Privacy Officer  
 Newfoundland and Labrador Centre for Health Information (NLCHI)  
 Telephone: 709-752-6000  
 Email: [privacy@nlchi.nl.ca](mailto:privacy@nlchi.nl.ca)  
 Mail: 70 O'Leary Avenue  
 St. John's NL A1B 2C7

**What are the risks of exposure to asbestos?**

Everybody who worked at the Baie Verte site was exposed to large amounts of asbestos. Asbestos, even in small amounts, can increase the risk of developing a number of asbestos-related diseases. Some are very serious and can develop many years after the exposure. Please note that your total exposure to asbestos includes not only your exposure at the Baie Verte mine but also possible exposure at other jobs, or at home, or in the community while not at work.

**It is important for anyone who was exposed to asbestos to see a medical professional regularly.**

**What should you do next?**

We advise **all** participants in the Baie Verte Miners' Registry to do the following:

- See a family doctor and tell them about your having worked with asbestos and that you are in this Registry.
- Give your health professional the enclosed envelope (marked 'For Your Health Professional'). It has a letter that details the Registry and a booklet that has the best and most up-to-date information about how to diagnose and treat asbestos-related diseases.
- Tell your health professional if you are a smoker or are exposed to second-hand tobacco smoke or if you have smoked or been exposed to second-hand tobacco smoke in the past.
- Tell family members who lived with you while you worked at Baie Verte that they may also have been exposed to asbestos fibres and should see their doctor and tell him or her about your exposure to asbestos.

**Want to know more about the Registry?**

The Final Report includes a description of how the Registry was made and presents what it may tell us about the work and health of former Baie Verte employees. A summary of the report is included with this package. You can get a copy of the Full Report on the website [www.bvminers.ca](http://www.bvminers.ca) or you can ask for a paper copy of the report by contacting the Registry office at 709-864-7251 (Toll Free: 1-888-737-7250) or by emailing [bvminers@mun.ca](mailto:bvminers@mun.ca).

**Questions?**

If you have questions do not hesitate to contact the Baie Verte Miners Registry at **709-864-7251**, toll free at **1-888-737-7250**, or by email, [bvminers@mun.ca](mailto:bvminers@mun.ca).

To talk to someone who is not involved with the study at all, but can advise you on your rights as a participant in a research study, contact:

Office of the Health Research Ethics Authority (HREA)  
Phone: 709-777-6974  
Email: [info@hrea.ca](mailto:info@hrea.ca)



---

**Prof. Stephen Bornstein**

Director, SafetyNet Centre for Occupational Health & Safety Research  
Team Leader of SafetyNet's Baie Verte Registry Project Team



**Registrant 0000**

### **Work History in Your File**

At this time, your personal registry file includes information about your work in the **Baie Verte Asbestos Mine/Mill**. We collected this information from the sources listed below.

**If you have questions or more information to add, please contact the**

Baie Verte Miners Registry  
 c/o SafetyNet, Memorial University  
 Telephone: 709-864-7251 Toll Free: 1-888-737-7250  
 Email: [bvminers@mun.ca](mailto:bvminers@mun.ca)  
 Mail: P.O. Box 4200, St. John's, NL, A1C 5S7

#### **SOURCE**

MinersMedical (Baie Verte Hospital)	<b>From</b> [date]	<b>To</b> [date]
Selikoff Research	<b>From</b> [date]	<b>To</b> [date]
Survey	<b>From</b> [date]	<b>To</b> [date]
USW Union Records	<b>From</b> [date]	<b>To</b> [date]
WHSCC Claim	<b>From</b> [date]	<b>To</b> [date]



Registrant 0000

**Health Information in Your File**

At this time, your personal file contains information on your health that we collected from the survey you filled out. With your written permission, we asked for further information about your asbestos-related health history from the sources listed below.

**If you have questions or more information to add, please contact the**

Baie Verte Miners Registry  
 c/o SafetyNet, Memorial University  
 Telephone: 709-864-7251 Toll Free: 1-888-737-7250  
 Email: bvminers@mun.ca  
 Mail: P.O. Box 4200, St. John's, NL, A1C 5S7

**SOURCE**

[Institution]	[Received / Not Received]
[Institution]	[Received / Not Received]
[Institution]	[Received / Not Received]

## Cover Letter for Health Professionals



Dear Sir or Madam:

The person who has handed you this envelope is a former employee of the Baie Verte asbestos mine/mill and has joined the Baie Verte Miners' Registry. This envelope contains a brochure setting out the current best practices for screening and treating asbestos-related diseases.

If you have any questions, or would like to request a copy of information from your patient's Baie Verte Miners' Registry file (including health and work history), please contact the:

**Baie Verte Miners Registry  
c/o SafetyNet, Memorial University**

**Telephone: 709-864-7251      Toll Free: 1-888-737-7250**

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