



EMPLOYMENT HISTORY FORM – ANNUAL VISITS

ID NUMBER:

FORM CODE: EHA
VERSION: 1.0 9/21/2011

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0a) Form Date / /

0b) Staff Code

Instructions: This form should be interviewer administered, and completed during the participant's visit. Carefully answer each question regarding employment in the last 12 months. For check box questions please select "Yes" or "No" on all items. Please answer all questions.

The following questions concern employment.

1) Has your employment status changed in the last 12 months?
Yes Y
No N → **Go to Item 18**
No Answer U → **Go to Item 18**

2) How has your employment situation changed in the last 12 months?
Have you (*Please read all options before recording an answer*):
Started a new job 1 → **Go to Item 3**
On leave but still employed 2 → **Go to Item 18**
Temporarily laid off 3 → **Go to Item 18**
Unemployed and looking for work 4 → **Go to Item 9**
Unable to work 5 → **Go to Item 9**
Going to school 6 → **Go to Item 9**
Keeping house 7 → **Go to Item 9**
Retired 8 → **Go to Item 9**
Other 9 → **Go to Item 9**
No answer 0 → **Go to Item 18**

3) In your new job, what kind of work do you do? That is, what is your occupation?
Occupation : _____

4) In this job, what are your usual activities or duties?
Job Duties: _____

5) What is your business or industry? (If necessary: what do they make or do in this business?)
Business: _____

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6) Approximately what date did you begin working in this job?

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 (MM/YYYY)

7) On average, how many hours per week do you work?

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8) Does your current job expose you to vapors, gas, dust, or fumes?

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- Yes.....Y
- No.....N
- Don't know.....U

I'm now going to ask you a few questions about the last job you had.

9) Did you leave your last job because of breathing or lung problems?

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- Yes.....Y
- No.....N
- No Answer/Don't know.....U

10) Did your last job expose you to vapors, gas, dust or fumes?

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- Yes.....Y
- No.....N
- Don't know.....U

11) Are you no longer working at your last job at least in part to avoid the things that caused you difficulty breathing, such as air quality, temperature, or physical exertion?

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- Yes.....Y
- No.....N
- Don't know.....U

12) Thinking back to where you were last employed, did you stop working there, at least in part, because of missed time due to illness?

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- Yes.....Y
- No.....N
- Don't know.....U

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I'm now going to ask you a series of questions that might describe your current job. [Questions 13-15 should only be answered by participants who answered Started a new job in the past 12 months in Question 2]

13) Do you now work:	Yes	No	How many months?
a) in a cotton, flax or hemp mill?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> . <input type="text"/>
b) in a foundry?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> . <input type="text"/>
c) in a glass works?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> . <input type="text"/>
d) in a mine?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> . <input type="text"/>
e) in a pottery?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> . <input type="text"/>
f) in a power plant?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> . <input type="text"/>
g) in a quarry?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> . <input type="text"/>
h) in a refinery?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> . <input type="text"/>
i) or with asbestos?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> . <input type="text"/>
j) in synthetic fibers or fabric manufacturing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> . <input type="text"/>
k) in a paper mill?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> . <input type="text"/>
l) in building or highway construction?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> . <input type="text"/>
m) in an aluminum factory?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> . <input type="text"/>
n) in a rubber tire plant?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> . <input type="text"/>
o) in HVAC?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> . <input type="text"/>
p) in demolition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> . <input type="text"/>
q) in remodeling?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> . <input type="text"/>
r) in professional cleaning?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> . <input type="text"/>
s) in beauty care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> . <input type="text"/>
t) in agriculture?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> . <input type="text"/>
u) in the flooring industry?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> . <input type="text"/>

14) Do you now work as:	Yes	No	How many months?
a) a boilermaker?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> . <input type="text"/>
b) a carpenter?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> . <input type="text"/>
c) a chemical worker?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> . <input type="text"/>
d) an electrician?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> . <input type="text"/>
e) an elevator operator?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> . <input type="text"/>
f) an insulator?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> . <input type="text"/>
g) a lather?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> . <input type="text"/>
h) a machinist?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> . <input type="text"/>
i) a mechanic?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> . <input type="text"/>
j) a millwright?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> . <input type="text"/>
k) a pipefitter?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> . <input type="text"/>
l) a plasterer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> . <input type="text"/>
m) a plumber?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> . <input type="text"/>
n) a sander?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> . <input type="text"/>

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- | | Yes | No | How many months? |
|--------------------------------|--------------------------|--------------------------|--|
| o) a sheet metal worker? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> <input type="text"/> . <input type="text"/> |
| p) a steelworker? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> <input type="text"/> . <input type="text"/> |
| q) a welder? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> <input type="text"/> . <input type="text"/> |
| r) a pig farmer? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> <input type="text"/> . <input type="text"/> |
| s) a rigger? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> <input type="text"/> . <input type="text"/> |
| t) a roofer? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> <input type="text"/> . <input type="text"/> |
| u) a painter? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> <input type="text"/> . <input type="text"/> |
| v) a mason? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> <input type="text"/> . <input type="text"/> |

15) In your job, do you come into regular contact with any of the following specific examples of vapors, gas, dust or fumes?

- | | Yes | No | How many months? |
|---|--------------------------|--------------------------|--|
| a) Irritant gases, such as chlorine or ammonia..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> <input type="text"/> . <input type="text"/> |
| b) Fire, smoke or other combustion products | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> <input type="text"/> . <input type="text"/> |
| c) Incinerators, boilers, or oil refineries | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> <input type="text"/> . <input type="text"/> |
| d) Coal dust or powder..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> <input type="text"/> . <input type="text"/> |
| e) Silica or sand, or concrete, cement, or rock dust | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> <input type="text"/> . <input type="text"/> |
| f) Indoor fuel powered motors, compressors, or engines..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> <input type="text"/> . <input type="text"/> |
| g) Diesel engine exhaust | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> <input type="text"/> . <input type="text"/> |
| h) Wheat flour or other grain dusts..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> <input type="text"/> . <input type="text"/> |
| i) Animal feeds or fodder..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> <input type="text"/> . <input type="text"/> |
| j) Cotton dust or cotton processing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> <input type="text"/> . <input type="text"/> |
| k) Wood dust or saw dust | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> <input type="text"/> . <input type="text"/> |
| l) Cadmium fumes or batteries or silver solder | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> <input type="text"/> . <input type="text"/> |
| m) Other metal dusts or metal fumes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> <input type="text"/> . <input type="text"/> |
| n) Welding or flame cutting | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> <input type="text"/> . <input type="text"/> |
| o) Fiberglass or other man-made mineral fibers..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> <input type="text"/> . <input type="text"/> |
| p) Explosives or blasting fumes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> <input type="text"/> . <input type="text"/> |

If Question 13d = Y (that is, history of working in a mine) answer questions 16-17)

In question 13 you indicated you work in a mine.

- 16) Why type of mine is it?
- Open pit 1
- Underground..... 2
- Other 3
- Specify: _____

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17) What is mined?

- Hard rock (e.g., lead, zinc, silver, gold, etc) 1
- Uranium 2
- Coal 3
- Other 4
- Specify: _____

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18) During your last visit you indicated you worked in the following location(s). We'd like to know for how many years you worked in this(these) location(s). [DO NOT READ: If none are marked skip to question 19]

	Yes	No	How many years?
a) in a cotton, flax or hemp mill?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> . <input type="text"/>
b) in a foundry?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> . <input type="text"/>
c) in a glass works?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> . <input type="text"/>
d) in a mine?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> . <input type="text"/>
e) in a pottery?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> . <input type="text"/>
f) in a power plant?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> . <input type="text"/>
g) in a quarry?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> . <input type="text"/>
h) in a refinery?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> . <input type="text"/>
i) or with asbestos?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> . <input type="text"/>
j) in synthetic fibers or fabric manufacturing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> . <input type="text"/>
k) in a paper mill?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> . <input type="text"/>
l) in building or highway construction?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> . <input type="text"/>
m) in an aluminum factory?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> . <input type="text"/>
n) in a rubber tire plant?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> . <input type="text"/>
o) in HVAC?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> . <input type="text"/>
p) in demolition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> . <input type="text"/>
q) in remodeling?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> . <input type="text"/>
r) in professional cleaning?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> . <input type="text"/>
s) in beauty care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> . <input type="text"/>
t) in agriculture?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> . <input type="text"/>
u) in the flooring industry?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> . <input type="text"/>

19) During your last visit you indicated you worked in the following occupation(s). We'd like to know for how many years you worked in this(these) occupation(s). [DO NOT READ: If none are marked skip to question 20]

	Yes	No	How many years?
a) a boilermaker?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> . <input type="text"/>
b) a carpenter?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> . <input type="text"/>
c) a chemical worker?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> . <input type="text"/>
d) an electrician?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> . <input type="text"/>
e) an elevator operator?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> . <input type="text"/>
f) an insulator?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> . <input type="text"/>
g) a lather?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> . <input type="text"/>
h) a machinist?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> . <input type="text"/>
i) a mechanic?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> . <input type="text"/>
j) a millwright?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> . <input type="text"/>
k) a pipefitter?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> . <input type="text"/>
l) a plasterer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> . <input type="text"/>
m) a plumber?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> . <input type="text"/>

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| n) a sander? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> . |
| o) a sheet metal worker? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> . |
| p) a steelworker? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> . |
| q) a welder? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> . |
| r) a pig farmer? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> . |
| s) a rigger? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> . |
| t) a roofer? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> . |
| u) a painter? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> . |
| v) a mason? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> . |

20) During your last visit, you indicated that as part of a job you regularly came into contact with one or more of the following specific examples of vapors, gas, dust or fumes. [DO NOT READ: If none are marked skip to question 21]

- | | Yes | No | How many years? |
|--|--------------------------|--------------------------|---|
| a) Irritant gases, such as chlorine or ammonia | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> . |
| b) Fire, smoke or other combustion products | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> . |
| c) Incinerators, boilers, or oil refineries | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> . |
| d) Coal dust or powder | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> . |
| e) Silica or sand, or concrete, cement, or rock dust | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> . |
| f) Indoor fuel powered motors, compressors, or engines | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> . |
| g) Diesel engine exhaust | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> . |
| h) Wheat flour or other grain dusts | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> . |
| i) Animal feeds or fodder | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> . |
| j) Cotton dust or cotton processing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> . |
| k) Wood dust or saw dust | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> . |
| l) Cadmium fumes or batteries or silver solder | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> . |
| m) Other metal dusts or metal fumes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> . |
| n) Welding or flame cutting | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> . |
| o) Fiberglass or other man-made mineral fibers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> . |
| p) Explosives or blasting fumes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> . |

If Question 18d = Y (that is, history of working in a mine) answer questions 21-22)

In question 18 you indicated you have worked in a mine.

- 21) Why type of mine was it?
- Open pit 1
- Underground 2
- Other 3
- Specify: _____

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22) What was mined?.....

- Hard rock (e.g., lead, zinc, silver, gold, etc)..... 1
- Uranium 2
- Coal 3
- Other 4
- Specify: _____