



## EMPLOYMENT HISTORY FORM

ID NUMBER:

FORM CODE: EHF  
VERSION: 2.1 5/8/11

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0a) Form Date.....   /   /

0b) Staff Code ....

**Instructions:** This form should be completed during the participant’s visit. Carefully answer each question regarding current and past employment. For check box questions please select “Yes” or “No” on all items. Please answer all questions.

**The following questions concern employment.**

1) Have you ever been employed for a wage or salary, either part-time or full-time? .....

Yes..... Y

No ..... N → **Go to Item 18**

No Answer ..... U → **Go to Item 18**

2) Which of the following best describes your current employment situation?.....

Are you currently:

Working..... 1 → **Go to Item 13**

On leave but still employed..... 2 → **Go to Item 13**

Temporarily laid off ..... 3 → **Go to Item 13**

Unemployed and looking for work ..... 4

Unable to work..... 5

Going to school..... 6

Keeping house..... 7

Retired ..... 8

Other ..... 9

No answer..... 0 → **Go to Item 18**

3) In your last job, what kind of work did you do? That is, what was your occupation?

Occupation : \_\_\_\_\_

4) In this job, what were your usual activities or duties?

Job Duties:\_\_\_\_\_

5) What was your business or industry? (If necessary: what did they make or do in this business?)

Business:\_\_\_\_\_

6) What year did you begin working in this job? .....

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7) How many years, altogether, did you work in this job? .....

7a) On average, how many hours per week did you work in this job? .....

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

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

9) Are you not working at least in part to avoid the things that caused you difficulty breathing, such as air quality, temperature, or physical exertion?.....

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

10) Thinking back to when you were last employed, did you stop working, at least in part, because of missed time due to illness ? .....

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

11) Did this job expose you to vapors, gas, dust or fumes?.....

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

12) Was this work the longest job that you have ever held? .....

- Yes..... Y → **Go to Item 18**
- No ..... N
- Don't know ..... U → **Go to Item 18**

a) In your longest held job, what kind of work did you do? That is, what was your occupation?  
Occupation: \_\_\_\_\_

b) In this job, what were your usual activities or duties?  
Job Duties: \_\_\_\_\_

c) What was your business or industry? (If necessary: what did they make or do in this business?)  
Business: \_\_\_\_\_

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d) Did this job expose you to vapors, gas, dust or fumes?..... 

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

e) What year did you begin working in this job?..... 

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f) How many years, altogether, did you work in this job? ..... 

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g) On average, how many hours per week did you work in this job?..... 

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*If Question 2 = 1, 2, or 3 (that is, currently employed) answer questions 13-17)*

13) At this job, what kind of work do you do? That is, what is your occupation?

Occupation: \_\_\_\_\_

14) In this job, what are your usual activities or duties?

Job Duties: \_\_\_\_\_

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

Business: \_\_\_\_\_

16) How many years, altogether, have you worked in this job? ..... 

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

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18) Have you ever worked:

	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) Have you ever worked as:

	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"/>
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 years?  |
|--------------------------------|--------------------------|--------------------------|--|
| 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"/> |

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

- |  | Yes                      | No                       | How many years?  |
|--|--------------------------|--------------------------|--|
| 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 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) What 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: \_\_\_\_\_

If Question 2 = 1, 2, or 3 (that is, currently employed) answer question 23)

**The following questions relate either to your current job or your longest held job.**

- 23) Does your current job expose you to vapors, gas, dust or fumes?.....
- Yes..... Y
  - No ..... N
  - Don't know ..... U

- 24) Is your current work the longest job that you have ever held? .....
- Yes..... Y → **End**
  - No ..... N
  - Don't know ..... U → **End**

a) In your longest held job, what kind of work did you do? That is, what was your occupation?  
Occupation: \_\_\_\_\_

b) In this job, what were your usual activities or duties?  
Job Duties: \_\_\_\_\_

c) What was your business or industry? (If necessary: what did they make or do in this business?)  
Business: \_\_\_\_\_

- d) Did this job expose you to vapors, gas, dust or fumes?.....
- Yes..... Y
  - No ..... N
  - Don't know ..... U

e) What year did you begin working in this job?.....

f) How many years, altogether, did you work in this job? .....

g) On average, how many hours per week did you work in this job?.....