

## FOLLOW-UP EMPLOYMENT HISTORY

ID NUMBER:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

FORM CODE: EHF  
 VERSION: 1.0 09/04/2024

Event: \_\_\_\_\_

0a) Date of Collection:   /   /

0b) Staff Code:

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

**The following questions ask about your employment history. Please provide information about your current job, including military service, paid, self-paid, or unpaid (i.e., volunteer) positions involving at least 20 hours of work per week. For these questions, please do not consider taking care of your house or family as employment. If your current work includes multiple jobs at the same time, please provide information about the main job where you spend the most hours working per week.**

0c) Last in-person clinic visit:   /   /

0d) Current job reported during last in-person clinic visit: \_\_\_\_\_  
 (reference when answering items 31-34)

1) Has your employment status changed since your last in-person clinic visit?

- No<sub>0</sub> → **Go to End**
- Yes<sub>1</sub>
- Declines to answer<sub>2</sub> → **Go to End**

2) Which of the following best describes how your employment status has changed since your last in-person clinic visit?

**(Please read all options before recording an answer)**

- Started a new job<sub>1</sub> → **Go to 3**
- On leave but still employed<sub>2</sub> → **Go to End**
- Temporarily laid off<sub>3</sub> → **Go to End**
- Unemployed and looking for work<sub>4</sub> → **Go to 31**
- Unable to work due to health reasons<sub>5</sub> → **Go to 31**
- Going to school<sub>6</sub> → **Go to 31**
- Taking care of house or family<sub>7</sub> → **Go to 31**
- Retired<sub>8</sub> → **Go to 31**
- Other<sub>9</sub>

ID NUMBER:																				
------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

FORM CODE: EHF  
VERSION: 1.0 09/04/2024

Event: \_\_\_\_\_

Declines to answer<sub>0</sub> → **Go to 31**

2a) If Other, please specify: \_\_\_\_\_ → **Go to 31**

3) How many new jobs have you started since your last in-person clinic visit?

*NOTE: Enter all new jobs previously held from the most recent job started to the EARLIEST job started since your last in-person clinic visit.*

**New Job #1 (most recent)**

4) Which of the following best describes your most recent new job? (choose only one)

- Artist or art-related<sub>1</sub>
- Building and grounds or maintenance and environmental services<sub>2</sub>
- Construction and building trades<sub>3</sub>
- Farming: animal and agriculture<sub>4</sub>
- Firefighter<sub>5</sub>
- Food preparation and serving<sub>6</sub>
- Medical and dental healthcare-related<sub>7</sub>
- Forestry<sub>8</sub>
- Military<sub>9</sub>
- Mining or drilling<sub>10</sub>
- Police or correctional<sub>11</sub>
- Production-related (machine operator, manufacturing, assembling, or processing)<sub>12</sub>
- Professional (including business, financial, engineering, computer, science, media, education)<sub>13</sub>
- Sales, office, retail, administrative<sub>14</sub>
- Transportation: truck driver<sub>15</sub>
- Transportation: bus, care or van driver<sub>16</sub>
- Other transportation-related<sub>17</sub>
- Vehicle, engine, or aircraft mechanic<sub>18</sub>
- Welder<sub>19</sub>
- Hairdresser or barber<sub>20</sub>
- Nail salon worker<sub>21</sub>
- Custodian or housekeeper<sub>22</sub>
- Pesticide applicator<sub>23</sub>
- Other<sub>24</sub>

4a) If Other, please specify: \_\_\_\_\_

4b) Does your most recent new job expose you to vapors, gas, dust, or fumes?

- No<sub>0</sub>
- Yes<sub>1</sub>
- Don't know<sub>2</sub>

ID NUMBER:										
------------	--	--	--	--	--	--	--	--	--	--

Event: \_\_\_\_\_

5) What is your job title or role in your most recent new job?

---

6) Which category best describes the type of physical activity involved in your most recent new job? (*choose only one*)

- Sitting at a desk (e.g., any job involving mostly computer or phone work)<sub>1</sub>
- Driving a vehicle<sub>2</sub>
- Manual work (e.g., construction, mechanical work, agriculture, cleaning, food preparation)<sub>3</sub>
- Standing (e.g., at a service counter, store, salon, in a classroom)<sub>4</sub>
- Other<sub>5</sub>

6a) If Other, please specify: \_\_\_\_\_

7) Approximately, what date did you begin working in this job?   /   /      
MM DD YYYY

8) Are you currently working in this job?

- No<sub>0</sub>
- Yes<sub>1</sub> → **Go to 9**

8a) Approximately what date did you stop working in this job?

/   /      
MM DD YYYY

9) On average, how many hours per week do(did) you work?   .  hours

**I'm now going to ask you a series of questions about the type of inhaled exposures (e.g., vapors, gas, dust, or fumes) you may have had at your most recent new job. Do not count temporary one-time exposures that might have happened.**

**Dust**

10) In your most recent new job, do you come into regular contact with any of the following specific examples of dust?

	No <sub>0</sub>	Yes <sub>1</sub>	How many years?
10a) Coal dust or powder?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> . <input type="text"/>
10b) Silica or sand, or concrete, cement, or rock dust?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> . <input type="text"/>
10c) Wheat flour or other grain dusts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> . <input type="text"/>
10d) Animal feeds or fodder?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> . <input type="text"/>
10e) Cotton dust or cotton processing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> . <input type="text"/>
10f) Wood dust or saw dust?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> . <input type="text"/>
10g) Welding or flame cutting?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> . <input type="text"/>
10h) Other metal dusts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> . <input type="text"/>
10i) Asbestos?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> . <input type="text"/>
10j) Other?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> . <input type="text"/>

ID NUMBER:										
------------	--	--	--	--	--	--	--	--	--	--

10j1a) If Other, please specify: \_\_\_\_\_

**Fumes**

11) In your most recent new job, do you come into regular contact with any of the following specific examples of fumes?

	<u>No</u> <sub>0</sub>	<u>Yes</u> <sub>1</sub>	<u>How many years?</u>
11a) Incinerators, boilers, or oil refineries?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/>
11b) Indoor fuel powered motors, compressors, or engines?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/>
11c) Diesel engine exhaust?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/>
11d) Cadmium fumes or batteries or silver solder?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/>
11e) Other metal fumes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/>
11f) Welding or flame cutting?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/>
11g) Fiberglass or other man-made mineral fibers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/>
11h) Explosives or blasting fumes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/>
11i) Hair bleach?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/>
11j) Keratin or Brazilian hair straightening treatment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/>
11k) Nail polish or nail polish remover?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/>
11l) Paints, glues, solvents, or acids?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/>
11m) Other?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/>

11m1a) If Other, please specify: \_\_\_\_\_

**Gases or Vapors**

12) In your most recent new job, do you come into regular contact with any of the following specific examples of gas or vapors?

	<u>No</u> <sub>0</sub>	<u>Yes</u> <sub>1</sub>	<u>How many years?</u>
12a) Irritant gases, such as chlorine or ammonia?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/>
12b) Fire, smoke, or other combustion products?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/>
12c) Pesticides?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/>
12d) Cleaning products?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/>
12e) Other?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/>

12e1a) If Other, please specify: \_\_\_\_\_

**New Job #2**

13) Which of the following best describes your new job? (choose only one)

- Artist or art-related<sub>1</sub>
- Building and grounds or maintenance and environmental services<sub>2</sub>
- Construction and building trades<sub>3</sub>
- Farming: animal and agriculture<sub>4</sub>
- Firefighter<sub>5</sub>
- Food preparation and serving<sub>6</sub>
- Medical and dental healthcare-related<sub>7</sub>
- Forestry<sub>8</sub>

ID NUMBER:																			
------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

FORM CODE: EHF  
VERSION: 1.0 09/04/2024

Event: \_\_\_\_\_

- Military<sup>9</sup>
- Mining or drilling<sup>10</sup>
- Police or correctional<sup>11</sup>
- Production-related (machine operator, manufacturing, assembling, or processing)<sup>12</sup>
- Professional (including business, financial, engineering, computer, science, media, education)<sup>13</sup>
- Sales, office, retail, administrative<sup>14</sup>
- Transportation: truck driver<sup>15</sup>
- Transportation: bus, care or van driver<sup>16</sup>
- Other transportation-related<sup>17</sup>
- Vehicle, engine, or aircraft mechanic<sup>18</sup>
- Welder<sup>19</sup>
- Hairdresser or barber<sup>20</sup>
- Nail salon worker<sup>21</sup>
- Custodian or housekeeper<sup>22</sup>
- Pesticide applicator<sup>23</sup>
- Other<sup>24</sup>

13a) If Other, please specify: \_\_\_\_\_

13b) Does(Did) your new job expose you to vapors, gas, dust, or fumes?

- No<sup>0</sup>
- Yes<sup>1</sup>
- Don't know<sup>2</sup>

14) What is(was) your job title or role in your new job?

\_\_\_\_\_

15) Which category best describes the type of physical activity involved in your new job? (*choose only one*)

- Sitting at a desk (e.g., any job involving mostly computer or phone work)<sup>1</sup>
- Driving a vehicle<sup>2</sup>
- Manual work (e.g., construction, mechanical work, agriculture, cleaning, food preparation)<sup>3</sup>
- Standing (e.g., at a service counter, store, salon, in a classroom)<sup>4</sup>
- Other<sup>5</sup>

15a) If Other, please specify: \_\_\_\_\_

16) Approximately what date did you begin working in this job?   /   /      
MM DD YYYY

17) Are you currently working in this job?

- No<sup>0</sup>
- Yes<sup>1</sup> → **Go to 18**

ID NUMBER:										
------------	--	--	--	--	--	--	--	--	--	--

FORM CODE: EHF  
VERSION: 1.0 09/04/2024

Event: \_\_\_\_\_

17a) Approximately what date did you stop working in this job?

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
MM			DD			YYYY			

18) On average, how many hours per week do(did) you work? . hours

**I'm now going to ask you a series of questions about the type of inhaled exposures (e.g., vapors, gas, dust, or fumes) you may have had at your new job. Do not count temporary one-time exposures that might have happened.**

**Dust**

19) In your new job, do(did) you come into regular contact with any of the following specific examples of dust?

	<u>No</u> <sub>0</sub>	<u>Yes</u> <sub>1</sub>	<u>How many years?</u>
19a) Coal dust or powder?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
19b) Silica or sand, or concrete, cement, or rock dust?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
19c) Wheat flour or other grain dusts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
19d) Animal feeds or fodder?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
19e) Cotton dust or cotton processing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
19f) Wood dust or saw dust?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
19g) Welding or flame cutting?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
19h) Other metal dusts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
19i) Asbestos?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
19j) Other?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>

19j1a) If Other, please specify: \_\_\_\_\_

**Fumes**

20) In your new job, do(did) you come into regular contact with any of the following specific examples of fumes?

	<u>No</u> <sub>0</sub>	<u>Yes</u> <sub>1</sub>	<u>How many years?</u>
20a) Incinerators, boilers, or oil refineries?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
20b) Indoor fuel powered motors, compressors, or engines?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
20c) Diesel engine exhaust?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
20d) Cadmium fumes or batteries or silver solder?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
20e) Other metal fumes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
20f) Welding or flame cutting?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
20g) Fiberglass or other man-made mineral fibers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
20h) Explosives or blasting fumes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
20i) Hair bleach?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
20j) Keratin or Brazilian hair straightening treatment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
20k) Nail polish or nail polish remover?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
20l) Paints, glues, solvents, or acids?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
20m) Other?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>

ID NUMBER:										
------------	--	--	--	--	--	--	--	--	--	--

20m1a) If Other, please specify: \_\_\_\_\_

**Gases or Vapors**

21) In your new job, do(did) you come into regular contact with any of the following specific examples of gas or vapors?

	<u>No</u> <sub>0</sub>	<u>Yes</u> <sub>1</sub>	<u>How many years?</u>
21a) Irritant gases, such as chlorine or ammonia?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/>
21b) Fire, smoke, or other combustion products?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/>
21c) Pesticides?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/>
21d) Cleaning products?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/>
21e) Other?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/>

21e1a) If Other, please specify: \_\_\_\_\_

**New Job #3**

22) Which of the following best describes your new job? (choose only one)

- Artist or art-related<sub>1</sub>
- Building and grounds or maintenance and environmental services<sub>2</sub>
- Construction and building trades<sub>3</sub>
- Farming: animal and agriculture<sub>4</sub>
- Firefighter<sub>5</sub>
- Food preparation and serving<sub>6</sub>
- Medical and dental healthcare-related<sub>7</sub>
- Forestry<sub>8</sub>
- Military<sub>9</sub>
- Mining or drilling<sub>10</sub>
- Police or correctional<sub>11</sub>
- Production-related (machine operator, manufacturing, assembling, or processing)<sub>12</sub>
- Professional (including business, financial, engineering, computer, science, media, education)<sub>13</sub>
- Sales, office, retail, administrative<sub>14</sub>
- Transportation: truck driver<sub>15</sub>
- Transportation: bus, care or van driver<sub>16</sub>
- Other transportation-related<sub>17</sub>
- Vehicle, engine, or aircraft mechanic<sub>18</sub>
- Welder<sub>19</sub>
- Hairdresser or barber<sub>20</sub>
- Nail salon worker<sub>21</sub>
- Custodian or housekeeper<sub>22</sub>
- Pesticide applicator<sub>23</sub>
- Other<sub>24</sub>

22a) If Other, please specify: \_\_\_\_\_

ID NUMBER:										
------------	--	--	--	--	--	--	--	--	--	--

Event: \_\_\_\_\_

22b) Does(Did) your new job expose you to vapors, gas, dust, or fumes?

- No<sub>0</sub>
- Yes<sub>1</sub>
- Don't know<sub>2</sub>

23) What is(was) your job title or role in your new job?

---

24) Which category best describes the type of physical activity involved in your new job? (choose only one)

- Sitting at a desk (e.g., any job involving mostly computer or phone work)<sub>1</sub>
- Driving a vehicle<sub>2</sub>
- Manual work (e.g., construction, mechanical work, agriculture, cleaning, food preparation)<sub>3</sub>
- Standing (e.g., at a service counter, store, salon, in a classroom)<sub>4</sub>
- Other<sub>5</sub>

24a) If Other, please specify: \_\_\_\_\_

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

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
MM			DD			YYYY			

26) Are you currently working in this job?

- No<sub>0</sub>
- Yes<sub>1</sub> → **Go to 27**

26a) Approximately what date did you stop working in this job?

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
MM			DD			YYYY			

27) On average, how many hours per week do(did) you work?

<input type="text"/>	<input type="text"/>	.	<input type="text"/>	hours
----------------------	----------------------	---	----------------------	-------

**I'm now going to ask you a series of questions about the type of inhaled exposures (e.g., vapors, gas, dust, or fumes) you may have had at your new job. Do not count temporary one-time exposures that might have happened.**

**Dust**

28) In your new job, do(did) you come into regular contact with any of the following specific examples of dust?

	<u>No<sub>0</sub></u>	<u>Yes<sub>1</sub></u>	<u>How many years?</u>
28a) Coal dust or powder?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
28b) Silica or sand, or concrete, cement, or rock dust?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
28c) Wheat flour or other grain dusts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
28d) Animal feeds or fodder?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
28e) Cotton dust or cotton processing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
28f) Wood dust or saw dust?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
	<u>No<sub>0</sub></u>	<u>Yes<sub>1</sub></u>	<u>How many years?</u>



ID NUMBER:										
------------	--	--	--	--	--	--	--	--	--	--

FORM CODE: EHF  
 VERSION: 1.0 09/04/2024

Event: \_\_\_\_\_

- 28g) Welding or flame cutting?
- 28h) Other metal dusts?
- 28i) Asbestos?
- 28j) Other?

28j1a) If Other, please specify: \_\_\_\_\_

**Fumes**

29) In your new job, do(did) you come into regular contact with any of the following specific examples of fumes?

- |   | <u>No</u> <sub>0</sub>   | <u>Yes</u> <sub>1</sub>  | <u>How many years?</u>   |
|---|--------------------------|--------------------------|--|
| 29a) Incinerators, boilers, or oil refineries?            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 29b) Indoor fuel powered motors, compressors, or engines? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 29c) Diesel engine exhaust?                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 29d) Cadmium fumes or batteries or silver solder?         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 29e) Other metal fumes?                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 29f) Welding or flame cutting?                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 29g) Fiberglass or other man-made mineral fibers?         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 29h) Explosives or blasting fumes?                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 29i) Hair bleach?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 29j) Keratin or Brazilian hair straightening treatment?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 29k) Nail polish or nail polish remover?                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 29l) Paints, glues, solvents, or acids?                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 29m) Other?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

29m1a) If Other, please specify: \_\_\_\_\_

**Gases or Vapors**

30) In your new job, do(did) you come into regular contact with any of the following specific examples of gas or vapors?

- |   | <u>No</u> <sub>0</sub>   | <u>Yes</u> <sub>1</sub>  | <u>How many years?</u>   |
|---|--------------------------|--------------------------|--|
| 30a) Irritant gases, such as chlorine or ammonia? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 30b) Fire, smoke, or other combustion products?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 30c) Pesticides?                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 30d) Cleaning products?                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 30e) Other?                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

30e1a) If Other, please specify: \_\_\_\_\_

ID NUMBER:										
------------	--	--	--	--	--	--	--	--	--	--

FORM CODE: EHF  
VERSION: 1.0 09/04/2024

Event: \_\_\_\_\_

**I'm now going to ask you a few questions about the job you had at your last in-person clinic visit.**

- 31) Did you leave your job mentioned at your last in-person clinic visit because of breathing or lung problems?
  - No<sub>0</sub>
  - Yes<sub>1</sub>
  - Don't know<sub>2</sub>
  
- 32) Did your job mentioned at your last in-person clinic visit expose you to vapors, gas, dust, or fumes?
  - No<sub>0</sub>
  - Yes<sub>1</sub>
  - Don't know<sub>2</sub>
  
- 33) Are you no longer working at your job mentioned at your last in-person clinic visit at least in part to avoid the things that caused you difficulty breathing, such as air quality, temperature, or physical exertion?
  - No<sub>0</sub>
  - Yes<sub>1</sub>
  - Don't know<sub>2</sub>
  
- 34) Thinking back to where you were employed during your last in-person clinic visit, did you stop working there, at least in part, because of missed time due to illness?
  - No<sub>0</sub>
  - Yes<sub>1</sub>
  - Don't know<sub>2</sub>

**END OF FORM**