

# **BASELINE EMPLOYMENT HISTORY FORM**

ID NUMBER:		FORM CODE: EI VERSION: 2.0 09/21	Evont
0a) Date of Co	Ilection:		0b) Staff Code:
Carefully ans		garding employment. For check box o	eted during the participant's clinic visit. questions, please select "Yes" or "No" on all

The following questions ask about your employment history. Please provide information about your current job and your longest held job since age 16 (if different), 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 or longest held job included multiple jobs at the same time, please provide information about the main job where you spent the most hours working per week.

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

$] No_0 \rightarrow Go to End$			
] Yes <sub>1</sub>			
] Declines to answer <sub>2</sub> $\rightarrow$	Go	to	Enc

## Current Job

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

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

 $Working_1 → Go to 3$  $On leave but still employed_2 → Go to 3$  $Temporarily laid off_3 → Go to 3$  $Unemployed and looking for work_4 → Go to 8$ Unable to work due to health reasons<sub>5</sub> → Go to 8Going to school<sub>6</sub> → Go to 8Taking care of house or family<sub>7</sub> → Go to 8Retired<sub>8</sub> → Go to 8Other<sub>9</sub>Declines to answer<sub>0</sub> → Go to 8

2a) If Other, please specify: \_\_\_\_\_

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3) Which of the following best describes your current job? (choose only one)	
$\square$ Artist or art-related <sub>1</sub> $\rightarrow$ <b>Go to 3b</b>	
$\Box$ Building and grounds or maintenance and environmental services <sub>2</sub> $\rightarrow$ <b>Go to 3b</b>	
$\Box$ Construction and building trades <sub>3</sub> $\rightarrow$ <b>Go to 3b</b>	
$\Box$ Farming: animal and agriculture <sub>4</sub> $\rightarrow$ <b>Go to 3b</b>	
$\Box \text{ Firefighter}_5 \rightarrow \textbf{Go to 3b}$	
$\Box$ Food preparation and serving <sub>6</sub> $\rightarrow$ <b>Go to 3b</b>	
$\square$ Medical and dental healthcare-related <sub>7</sub> $\rightarrow$ <b>Go to 3b</b>	
□ Forestry <sub>8</sub> $\rightarrow$ <b>Go to 3b</b>	
Military <sub>9</sub> → Go to 3b	
$\square \text{ Mining or drilling}_{10} \rightarrow \textbf{Go to 3b}$	
$\square$ Police or correctional <sub>11</sub> $\rightarrow$ <b>Go to 3b</b>	
$\Box$ Production-related (machine operator, manufacturing, assembling, or processing) <sub>12</sub> $\rightarrow$ <b>Go to 3k</b>	)
Professional (including business, financial, engineering, computer, science, media,	
education) <sub>13</sub> → Go to 3b	
$\Box$ Sales, office, retail, administrative <sub>14</sub> $\rightarrow$ <b>Go to 3b</b>	
Transportation: truck driver $_{15} \rightarrow \mathbf{Go to 3b}$	
Transportation: bus, care or van driver <sub>16</sub> $\rightarrow$ <b>Go to 3b</b>	
$\Box$ Other transportation-related <sub>17</sub> $\rightarrow$ <b>Go to 3b</b>	
$\Box$ Vehicle, engine, or aircraft mechanic <sub>18</sub> $\rightarrow$ <b>Go to 3b</b>	
$\square Welder_{19} \rightarrow \textbf{Go to 3b}$	
$\Box$ Hairdresser or barber <sub>20</sub> $\rightarrow$ <b>Go to 3b</b>	
Nail salon worker <sub>21</sub> → Go to 3b	
$\Box$ Custodian or housekeeper <sub>22</sub> $\rightarrow$ <b>Go to 3b</b>	
Pesticide applicator <sub>23</sub> → Go to 3b	
Other <sub>24</sub>	
3a) If Other, please specify:	
3b) Does your current job expose you to vapors, gas, dust, or fumes?	
$\square$ No <sub>0</sub>	
$\square$ Yes <sub>1</sub>	
$\square$ Don't know <sub>2</sub>	

4) What is your job title or role in your current job?

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Event:

5) Which category best describes the type of physical activity involved in your current job? *(choose only one)* Sitting at a desk (e.g., any job involving mostly computer or phone work)<sub>1</sub>

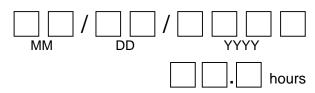
Driving a vehicle<sub>2</sub>

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>
- Other5

5a) If Other, please specify: \_\_\_\_

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



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

# Longest Held Job

8) Have you held any other job for longer than your current job?

 $\square$  No<sub>0</sub>  $\rightarrow$  Go to 15

Yes<sub>1</sub>

 $\Box$  Declines to answer<sub>2</sub>  $\rightarrow$  **Go to 15** 

→ IF 'Unemployed and looking for work', 'Unable to work due to health reasons', 'Going to school', 'Taking care of house or family', 'Retired', or 'Other' to item 2 AND 'No' or 'Declines to answer' to item 8, Go to 16, 18, and 20

9) Which of the following best describes your longest held job? (choose only one)

- $\square$  Artist or art-related  $\rightarrow$  **Go to 9b**
- $\Box$  Building and grounds or maintenance and environmental services<sub>2</sub>  $\rightarrow$  **Go to 9b**
- $\Box$  Construction and building trades<sub>3</sub>  $\rightarrow$  **Go to 9b**
- $\Box$  Farming: animal and agriculture<sub>4</sub>  $\rightarrow$  **Go to 9b**
- $\Box \text{ Firefighter}_5 \rightarrow \textbf{Go to 9b}$
- $\Box$  Food preparation and serving<sub>6</sub>  $\rightarrow$  **Go to 9b**
- $\square$  Medical and dental healthcare-related<sub>7</sub>  $\rightarrow$  **Go to 9b**
- ☐ Forestry<sub>8</sub> → Go to 9b
- $\square \text{ Military}_9 \rightarrow \textbf{Go to 9b}$
- $\square \text{ Mining or drilling}_{10} \rightarrow \textbf{Go to 9b}$
- $\square$  Police or correctional<sub>11</sub>  $\rightarrow$  **Go to 9b**
- $\square$  Production-related (machine operator, manufacturing, assembling, or processing)<sub>12</sub>  $\rightarrow$  **Go to 9b**
- Professional (including business, financial, engineering, computer, science, media,
  - education)<sub>13</sub>  $\rightarrow$  **Go to 9b**
- $\Box$  Sales, office, retail, administrative<sub>14</sub>  $\rightarrow$  **Go to 9b**
- Transportation: truck driver  $15 \rightarrow$  **Go to 9b**
- $\Box$  Transportation: bus, care or van driver<sub>16</sub>  $\rightarrow$  **Go to 9b**

ID NUMBER:				FORM CODE: VERSION: 2.0 0		Event:	
Vehicle, e Welder <sub>19</sub> Hairdress Nail salor Custodia Pesticide Other <sub>24</sub>	engine, or → Go to 9 ser or barb n worker <sub>21</sub> n or house applicator	aircraft m 2b $\Rightarrow Go to$ $\Rightarrow$ keeper <sub>22</sub> $r_{23} \rightarrow Go$	o to 9b 9b → Go to 9 to 9b	→ Go to 9b			
9b) Dic	I your long ] No₀ ] Yes₁ ] Don't kno		ob expose y	ou to vapors, gas	, dust, or fumes	5?	
10) What was yo	our job title	e or role i	n your long	est held job?			_
only one) Sitting at Driving a Manual w	a desk (e. vehicle₂ vork (e.g.,	g., any jc construct	bb involving tion, mecha	physical activity mostly compute nnical work, agric ore, salon, in a cla	r or phone wor ulture, cleaning	k) <sub>1</sub>	
11a) lf	Other, ple	ase spec	cify:				
12) Approximate	ely what da	ate did yo	ou begin wo	rking in this job?	/ [ / [		
13) Approximate	ely what da	ate did yo	ou stop wor	king in this job?	/ [ / [		
14) On average,	, how man	y hours p	oer week di	d you work?			hours

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Event:

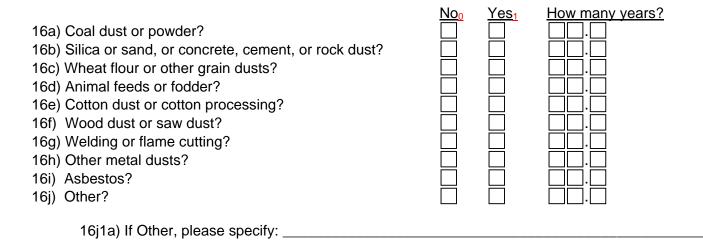
I'm now going to ask you a series of questions about the type of inhaled exposures (e.g., vapors, gas, dust, or fumes) you may have had at your current job or at any job. Do not count temporary one-time exposures that might have happened. If an exposure occurred at more than one job, add all the years together from all jobs with that exposure.

# <u>Dust</u>

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

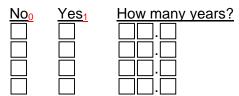
	<u>No</u> 0	Yes <sub>1</sub>	How many years?
15a) Coal dust or powder?			
15b) Silica or sand, or concrete, cement, or rock dust?			
15c) Wheat flour or other grain dusts?			
15d) Animal feeds or fodder?			
15e) Cotton dust or cotton processing?			
15f) Wood dust or saw dust?			
15g) Welding or flame cutting?			
15h) Other metal dusts?			
15i) Asbestos?			
15j) Other?			
15j1a) If Other, please specify:			
, , , , , , , , , , , , , , , , , , , ,			

16) In any job, have you come into regular contact with any of the following specific examples of dust?



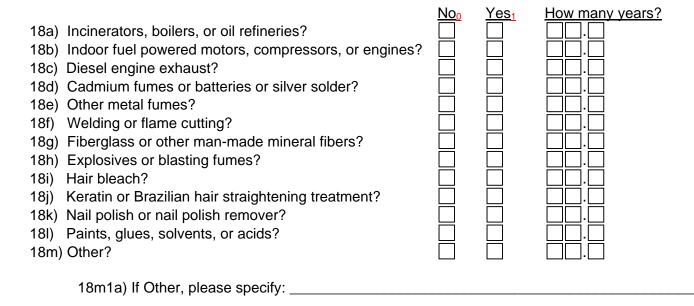
#### <u>Fumes</u>

- 17) In your current job, do you come into regular contact with any of the following specific examples of fumes?
  - 17a) Incinerators, boilers, or oil refineries?
  - 17b) Indoor fuel powered motors, compressors, or engines?
  - 17c) Diesel engine exhaust?
  - 17d) Cadmium fumes or batteries or silver solder?



ID NUMBER:			DDE: <b>EHB</b> .0 09/21/2022	Event:	
17f) Weldi 17g) Fiberg 17h) Explo 17i) Hair b 17j) Kerati 17j) Nail p	sives or blasting fun leach? n or Brazilian hair s olish or nail polish ro s, glues, solvents, or	nade mineral fibers? nes? traightening treatment? emover?			
17m	1a) If Other, please	specify:			

18) In any job, have you come into regular contact with any of the following specific examples of fumes?



#### Gases or Vapors

- 19) In your current job, do you come into regular contact with any of the following specific examples of gas or vapors?
  - 19a) Irritant gases, such as chlorine or ammonia?
     No0
     Yes1
     How many years?

     19b) Fire, smoke, or other combustion products?
     Image: Comparison of the combustion products?
     Image: Comparison of the combustion products?
     Image: Comparison of the combustion products?

     19c) Pesticides?
     Image: Comparison of the combustion products?
     Image: Comparison of the combustion products?
     Image: Comparison of the combustion of the combustion of the combustion of the combustion products?

     19c) Pesticides?
     Image: Comparison of the combustion of the combusting the combustion of the combustion of the combustion o

19e1a) If Other, please specify:

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Event: \_

20) In any job, have you come into regular contact with any of the following specific examples of gas or vapors?

<ul> <li>20a) Irritant gases, such as chlorine or ammonia?</li> <li>20b) Fire, smoke, or other combustion products?</li> <li>20c) Pesticides?</li> <li>20d) Cleaning products?</li> <li>20e) Other?</li> </ul>		How many years?
20e1a) If Other, please specify:		

## END OF FORM