

## BASELINE EMPLOYMENT HISTORY FORM

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FORM CODE: EHB  
VERSION: 1.0 06/09/2021

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.

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<sub>0</sub> → **Go to End**
  - Yes<sub>1</sub>
  - Declines to answer<sub>2</sub> → **Go to End**

**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<sub>1</sub> → **Go to 3**
- On leave but still employed<sub>2</sub> → **Go to 3**
- Temporarily laid off<sub>3</sub> → **Go to 3**
- Unemployed and looking for work<sub>4</sub> → **Go to 8**
- Unable to work due to health reasons<sub>5</sub> → **Go to 8**
- Going to school<sub>6</sub> → **Go to 8**
- Taking care of house or family<sub>7</sub> → **Go to 8**
- Retired<sub>8</sub> → **Go to 8**
- Other<sub>9</sub>
- Declines to answer<sub>0</sub> → **Go to 8**

2a) If Other, please specify: \_\_\_\_\_ → **Go to 8**

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3) Which of the following best describes your current job? (choose only one)

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

3a) If Other, please specify: \_\_\_\_\_

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

\_\_\_\_\_

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)<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>

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

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

/   /      
MM DD YYYY

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

.  hours

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**Longest Held Job**

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

- No<sub>0</sub> → **Go to 15**
- Yes<sub>1</sub>
- Declines to answer<sub>2</sub> → **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)

- 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>

9a) If Other, please specify: \_\_\_\_\_

10) What was your job title or role in your longest held job?

\_\_\_\_\_

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11) Which category best describes the type of physical activity involved in your longest held 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>

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

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

13) Approximately what date did you stop working in this job?   /   /      
MM DD YYYY

14) On average, how many hours per week 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 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.**

**Dust**

15) In your current 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?
15a) Coal dust or powder?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
15b) 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"/>
15c) Wheat flour or other grain dusts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
15d) Animal feeds or fodder?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
15e) Cotton dust or cotton processing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
15f) Wood dust or saw dust?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
15g) Welding or flame cutting?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
15h) Other metal dusts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
15i) Asbestos?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
15j) Other?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>

15j1a) If Other, please specify: \_\_\_\_\_

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16) In any job, have 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>		
16a) Coal dust or powder?	<input type="checkbox"/>				
16b) Silica or sand, or concrete, cement, or rock dust?	<input type="checkbox"/>				
16c) Wheat flour or other grain dusts?	<input type="checkbox"/>				
16d) Animal feeds or fodder?	<input type="checkbox"/>				
16e) Cotton dust or cotton processing?	<input type="checkbox"/>				
16f) Wood dust or saw dust?	<input type="checkbox"/>				
16g) Welding or flame cutting?	<input type="checkbox"/>				
16h) Other metal dusts?	<input type="checkbox"/>				
16i) Asbestos?	<input type="checkbox"/>				
16j) Other?	<input type="checkbox"/>				

16j1a) If Other, please specify: \_\_\_\_\_

**Fumes**

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

	<u>No<sub>0</sub></u>	<u>Yes<sub>1</sub></u>	<u>How many years?</u>		
17a) Incinerators, boilers, or oil refineries?	<input type="checkbox"/>				
17b) Indoor fuel powered motors, compressors, or engines?	<input type="checkbox"/>				
17c) Diesel engine exhaust?	<input type="checkbox"/>				
17d) Cadmium fumes or batteries or silver solder?	<input type="checkbox"/>				
17e) Other metal fumes?	<input type="checkbox"/>				
17f) Welding or flame cutting?	<input type="checkbox"/>				
17g) Fiberglass or other man-made mineral fibers?	<input type="checkbox"/>				
17h) Explosives or blasting fumes?	<input type="checkbox"/>				
17i) Hair bleach?	<input type="checkbox"/>				
17j) Keratin or Brazilian hair straightening treatment?	<input type="checkbox"/>				
17k) Nail polish or nail polish remover?	<input type="checkbox"/>				
17l) Paints, glues, solvents, or acids?	<input type="checkbox"/>				
17m) Other?	<input type="checkbox"/>				

17m1a) If Other, please specify: \_\_\_\_\_

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18) In any job, have 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>		
18a) Incinerators, boilers, or oil refineries?	<input type="checkbox"/>				
18b) Indoor fuel powered motors, compressors, or engines?	<input type="checkbox"/>				
18c) Diesel engine exhaust?	<input type="checkbox"/>				
18d) Cadmium fumes or batteries or silver solder?	<input type="checkbox"/>				
18e) Other metal fumes?	<input type="checkbox"/>				
18f) Welding or flame cutting?	<input type="checkbox"/>				
18g) Fiberglass or other man-made mineral fibers?	<input type="checkbox"/>				
18h) Explosives or blasting fumes?	<input type="checkbox"/>				
18i) Hair bleach?	<input type="checkbox"/>				
18j) Keratin or Brazilian hair straightening treatment?	<input type="checkbox"/>				
18k) Nail polish or nail polish remover?	<input type="checkbox"/>				
18l) Paints, glues, solvents, or acids?	<input type="checkbox"/>				
18m) Other?	<input type="checkbox"/>				

18m1a) If Other, please specify: \_\_\_\_\_

**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?

	<u>No</u> <sub>0</sub>	<u>Yes</u> <sub>1</sub>	<u>How many years?</u>		
19a) Irritant gases, such as chlorine or ammonia?	<input type="checkbox"/>				
19b) Fire, smoke, or other combustion products?	<input type="checkbox"/>				
19c) Pesticides?	<input type="checkbox"/>				
19d) Cleaning products?	<input type="checkbox"/>				
19e) Other?	<input type="checkbox"/>				

19e1a) If Other, please specify: \_\_\_\_\_

20) In any job, have 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>		
20a) Irritant gases, such as chlorine or ammonia?	<input type="checkbox"/>				
20b) Fire, smoke, or other combustion products?	<input type="checkbox"/>				
20c) Pesticides?	<input type="checkbox"/>				
20d) Cleaning products?	<input type="checkbox"/>				
20e) Other?	<input type="checkbox"/>				

20e1a) If Other, please specify: \_\_\_\_\_

**END OF FORM**