

BASELINE EMPLOYMENT HISTORY FORM

ID NUMBER:										
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FORM CODE: EHB
VERSION: 2.0 09/21/2022

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?
- No₀ → **Go to End**
 - Yes₁
 - Declines to answer₂ → **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)

- Working₁ → **Go to 3**
- On leave but still employed₂ → **Go to 3**
- Temporarily laid off₃ → **Go to 3**
- Unemployed and looking for work₄ → **Go to 8**
- Unable to work due to health reasons₅ → **Go to 8**
- Going to school₆ → **Go to 8**
- Taking care of house or family₇ → **Go to 8**
- Retired₈ → **Go to 8**
- Other₉
- Declines to answer₀ → **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-related¹ → **Go to 3b**
- Building and grounds or maintenance and environmental services² → **Go to 3b**
- Construction and building trades³ → **Go to 3b**
- Farming: animal and agriculture⁴ → **Go to 3b**
- Firefighter⁵ → **Go to 3b**
- Food preparation and serving⁶ → **Go to 3b**
- Medical and dental healthcare-related⁷ → **Go to 3b**
- Forestry⁸ → **Go to 3b**
- Military⁹ → **Go to 3b**
- Mining or drilling¹⁰ → **Go to 3b**
- Police or correctional¹¹ → **Go to 3b**
- Production-related (machine operator, manufacturing, assembling, or processing)¹² → **Go to 3b**
- Professional (including business, financial, engineering, computer, science, media, education)¹³ → **Go to 3b**
- Sales, office, retail, administrative¹⁴ → **Go to 3b**
- Transportation: truck driver¹⁵ → **Go to 3b**
- Transportation: bus, care or van driver¹⁶ → **Go to 3b**
- Other transportation-related¹⁷ → **Go to 3b**
- Vehicle, engine, or aircraft mechanic¹⁸ → **Go to 3b**
- Welder¹⁹ → **Go to 3b**
- Hairdresser or barber²⁰ → **Go to 3b**
- Nail salon worker²¹ → **Go to 3b**
- Custodian or housekeeper²² → **Go to 3b**
- Pesticide applicator²³ → **Go to 3b**
- Other²⁴

3a) If Other, please specify: _____

3b) Does your current job expose you to vapors, gas, dust, or fumes?

- No⁰
- Yes¹
- Don't know²

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

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- Other transportation-related¹⁷ → **Go to 9b**
- Vehicle, engine, or aircraft mechanic¹⁸ → **Go to 9b**
- Welder¹⁹ → **Go to 9b**
- Hairdresser or barber²⁰ → **Go to 9b**
- Nail salon worker²¹ → **Go to 9b**
- Custodian or housekeeper²² → **Go to 9b**
- Pesticide applicator²³ → **Go to 9b**
- Other²⁴

9a) If Other, please specify: _____

- 9b) Did your longest held job expose you to vapors, gas, dust, or fumes?
- No⁰
 - Yes¹
 - Don't know²

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

- 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)¹
 - Driving a vehicle²
 - Manual work (e.g., construction, mechanical work, agriculture, cleaning, food preparation)³
 - Standing (e.g., at a service counter, store, salon, in a classroom)⁴
 - Other⁵

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

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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?

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

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>No</u> ₀	<u>Yes</u> ₁	<u>How many years?</u>
16a) Coal dust or powder?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/>
16b) Silica or sand, or concrete, cement, or rock dust?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/>
16c) Wheat flour or other grain dusts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/>
16d) Animal feeds or fodder?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/>
16e) Cotton dust or cotton processing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/>
16f) Wood dust or saw dust?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/>
16g) Welding or flame cutting?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/>
16h) Other metal dusts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/>
16i) Asbestos?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/>
16j) Other?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <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</u> ₀	<u>Yes</u> ₁	<u>How many years?</u>
17a) Incinerators, boilers, or oil refineries?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/>
17b) Indoor fuel powered motors, compressors, or engines?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/>
17c) Diesel engine exhaust?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/>
17d) Cadmium fumes or batteries or silver solder?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/>

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| 17e) Other metal fumes? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17f) Welding or flame cutting? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17g) Fiberglass or other man-made mineral fibers? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17h) Explosives or blasting fumes? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17i) Hair bleach? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17j) Keratin or Brazilian hair straightening treatment? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17k) Nail polish or nail polish remover? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17l) Paints, glues, solvents, or acids? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17m) Other? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

17m1a) If Other, please specify: _____

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

- | | <u>No</u> ₀ | <u>Yes</u> ₁ | <u>How many years?</u> |
|---|--------------------------|--------------------------|--|
| 18a) Incinerators, boilers, or oil refineries? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> |
| 18b) Indoor fuel powered motors, compressors, or engines? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> |
| 18c) Diesel engine exhaust? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> |
| 18d) Cadmium fumes or batteries or silver solder? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> |
| 18e) Other metal fumes? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> |
| 18f) Welding or flame cutting? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> |
| 18g) Fiberglass or other man-made mineral fibers? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> |
| 18h) Explosives or blasting fumes? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> |
| 18i) Hair bleach? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> |
| 18j) Keratin or Brazilian hair straightening treatment? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> |
| 18k) Nail polish or nail polish remover? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> |
| 18l) Paints, glues, solvents, or acids? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> |
| 18m) Other? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> . <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> ₀ | <u>Yes</u> ₁ | <u>How many years?</u> |
|---|--------------------------|--------------------------|--|
| 19a) Irritant gases, such as chlorine or ammonia? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> |
| 19b) Fire, smoke, or other combustion products? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> |
| 19c) Pesticides? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> |
| 19d) Cleaning products? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> |
| 19e) Other? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> |

19e1a) If Other, please specify: _____

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

	<u>No</u> ₀	<u>Yes</u> ₁	<u>How many years?</u>		
20a) Irritant gases, such as chlorine or ammonia?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20b) Fire, smoke, or other combustion products?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20c) Pesticides?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20d) Cleaning products?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20e) Other?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

20e1a) If Other, please specify: _____

END OF FORM