



EMPLOYMENT HISTORY FORM for FOLLOW-UP

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FORM CODE: EHA
VERSION: 2.0 12/18/2017

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 since the last SPIROMICS visit. For check box questions please select "Yes" or "No" on all items. Please answer all questions.

The following questions ask about your employment history.

1a) Has your employment status changed since your last SPIROMICS visit?

- No₀ → **Go to END**
- Yes₁
- No Answer₂ → **Go to END**

2a) How has your employment situation changed since your last SPIROMICS visit? Have you...

(Please read all options before recording an answer)

- Started a new job₁ → **Go to Item 3**
- On leave but still employed₂ → **Go to END**
- Temporarily laid off₃ → **Go to END**
- Unemployed and looking for work₄ → **Go to Item 9**
- Unable to work₅ → **Go to Item 9**
- Going to school₆ → **Go to Item 9**
- Keeping house₇ → **Go to Item 9**
- Retired₈ → **Go to Item 9**
- Other₉ → **Go to Item 9**
- No answer₀ → **Go to END**

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

Occupation: _____

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

Job Duties: _____

5) What is your business or industry? (If applicable, what do they make or do in this business?)

Business: _____

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l) in building or highway construction? .

	No ₀	Yes ₁	How many years?
m) in an aluminum factory?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> .
n) in a rubber tire plant?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> .
o) in HVAC?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> .
p) in demolition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> .
q) in remodeling?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> .
r) in professional cleaning?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> .
s) in beauty care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> .
t) in agriculture?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> .
u) in the flooring industry?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> .

14) Do you now work as:

	No ₀	Yes ₁	How many years?
a) a boilermaker?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> .
b) a carpenter?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> .
c) a chemical worker?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> .
d) an electrician?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> .
e) an elevator operator?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> .
f) an insulator?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> .
g) a lather?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> .
h) a machinist?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> .
i) a mechanic?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> .
j) a millwright?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> .
k) a pipefitter?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> .
l) a plasterer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> .
m) a plumber?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> .
n) a sander?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> .
o) a sheet metal worker?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> .
p) a steelworker?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> .
q) a welder?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> .
r) a pig farmer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> .
s) a rigger?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> .
t) a roofer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> .
u) a painter?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> .
v) a mason?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> .

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

	No ₀	Yes ₁	How many years?
a) Irritant gases, such as chlorine or ammonia?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> .
b) Fire, smoke or other combustion products?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> .
c) Incinerators, boilers, or oil refineries?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> .
d) Coal dust or powder?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> .
e) Silica or sand, or concrete, cement, or rock dust?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> .
f) Indoor fuel powered motors, compressors, or engines?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> .

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g) Diesel engine exhaust?	<input type="checkbox"/>				
h) Wheat flour or other grain dusts?	<input type="checkbox"/>				
i) Animal feeds or fodder?	<input type="checkbox"/>				
j) Cotton dust or cotton processing?	<input type="checkbox"/>				
k) Wood dust or saw dust?	<input type="checkbox"/>				
	No ₀	Yes ₁	How many years?		
l) Cadmium fumes or batteries or silver solder?	<input type="checkbox"/>				
m) Other metal dusts or metal fumes?	<input type="checkbox"/>				
n) Welding or flame cutting?	<input type="checkbox"/>				
o) Fiberglass or other man-made mineral fibers?	<input type="checkbox"/>				
p) Explosives or blasting fumes?	<input type="checkbox"/>				
q) Asbestos?	<input type="checkbox"/>				

If Question 13d = Y (that is, history of working in a mine) answer questions 16 and 17, otherwise Go to End.

16) In Question 13 you indicated you work in a mine...what type of mine is it?

- Open pit₁
- Underground₂
- Other₃

16a. If other, please specify:

17) What is mined?

- Hard rock (e.g., lead, zinc, silver, gold, etc.)₁
- Uranium₂
- Coal₃
- Other₄

17a. If other, please specify:

END OF FORM