

FOLLOW-UP EMPLOYMENT HISTORY

ID NUMBER:										
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FORM CODE: EHF
 VERSION: 1.0 01/09/2025

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 study 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 study visit: / /

0d) Current job reported during last study visit: _____
 (reference when answering items 31-34)

1) Has your employment status changed since your last study visit?

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

2) Which of the following best describes how your employment status has changed since your last study visit?

(Please read all options before recording an answer)

- Started a new job₁ → **Go to 3**
- On leave but still employed₂ → **Go to End**
- Temporarily laid off₃ → **Go to End**
- Unemployed and looking for work₄ → **Go to 31**
- Unable to work due to health reasons₅ → **Go to 31**
- Going to school₆ → **Go to 31**
- Taking care of house or family₇ → **Go to 31**
- Retired₈ → **Go to 31**
- Other₉
- Declines to answer₀ → **Go to 31**

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

3) How many new jobs have you started since your last study visit?

NOTE: Enter all new jobs previously held from the most recent job started to the EARLIEST job started since your last study visit.

New Job #1 (most recent)

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

- Artist or art-related¹
- Building and grounds or maintenance and environmental services²
- Construction and building trades³
- Farming: animal and agriculture⁴
- Firefighter⁵
- Food preparation and serving⁶
- Medical and dental healthcare-related⁷
- Forestry⁸
- Military⁹
- Mining or drilling¹⁰
- Police or correctional¹¹
- Production-related (machine operator, manufacturing, assembling, or processing)¹²
- Professional (including business, financial, engineering, computer, science, media, education)¹³
- Sales, office, retail, administrative¹⁴
- Transportation: truck driver¹⁵
- Transportation: bus, care or van driver¹⁶
- Other transportation-related¹⁷
- Vehicle, engine, or aircraft mechanic¹⁸
- Welder¹⁹
- Hairdresser or barber²⁰
- Nail salon worker²¹
- Custodian or housekeeper²²
- Pesticide applicator²³
- Other²⁴

4a) If Other, please specify: _____

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

- No⁰
- Yes¹
- Don't know²

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

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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)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

6a) If Other, please specify: _____

7) 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			

8) Are you currently working in this job?

- No₀
- Yes₁ → **Go to 9**

8a) 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			

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

<input type="text"/>	<input type="text"/>	.	<input type="text"/>	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 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?

	<u>No</u> ₀	<u>Yes</u> ₁	<u>How many years?</u>
10a) Coal dust or powder?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <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"/> <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"/> <input type="text"/>
10d) Animal feeds or fodder?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <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"/> <input type="text"/>
10f) Wood dust or saw dust?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <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"/> <input type="text"/>
10h) Other metal dusts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <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"/> <input type="text"/>
10j) Other?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>

10j1a) If Other, please specify: _____

Fumes

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

	No ₀	Yes ₁	<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?

	No ₀	Yes ₁	<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-related₁
- Building and grounds or maintenance and environmental services₂
- Construction and building trades₃
- Farming: animal and agriculture₄
- Firefighter₅
- Food preparation and serving₆
- Medical and dental healthcare-related₇
- Forestry₈
- Military₉
- Mining or drilling₁₀
- Police or correctional₁₁

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- Production-related (machine operator, manufacturing, assembling, or processing)¹²
- Professional (including business, financial, engineering, computer, science, media, education)¹³
- Sales, office, retail, administrative¹⁴
- Transportation: truck driver¹⁵
- Transportation: bus, care or van driver¹⁶
- Other transportation-related¹⁷
- Vehicle, engine, or aircraft mechanic¹⁸
- Welder¹⁹
- Hairdresser or barber²⁰
- Nail salon worker²¹
- Custodian or housekeeper²²
- Pesticide applicator²³
- Other²⁴

13a) If Other, please specify: _____

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

- No⁰
- Yes¹
- Don't know²

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)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

15a) If Other, please specify: _____

16) 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			

17) Are you currently working in this job?

- No⁰
- Yes¹ → **Go to 18**

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

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<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?

<input type="text"/>	<input type="text"/>	.	<input type="text"/>	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 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> ₀	<u>Yes</u> ₁	<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> ₀	<u>Yes</u> ₁	<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"/>

20m1a) If Other, please specify: _____

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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> ₀	<u>Yes</u> ₁	<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-related₁
- Building and grounds or maintenance and environmental services₂
- Construction and building trades₃
- Farming: animal and agriculture₄
- Firefighter₅
- Food preparation and serving₆
- Medical and dental healthcare-related₇
- Forestry₈
- Military₉
- Mining or drilling₁₀
- Police or correctional₁₁
- Production-related (machine operator, manufacturing, assembling, or processing)₁₂
- Professional (including business, financial, engineering, computer, science, media, education)₁₃
- Sales, office, retail, administrative₁₄
- Transportation: truck driver₁₅
- Transportation: bus, care or van driver₁₆
- Other transportation-related₁₇
- Vehicle, engine, or aircraft mechanic₁₈
- Welder₁₉
- Hairdresser or barber₂₀
- Nail salon worker₂₁
- Custodian or housekeeper₂₂
- Pesticide applicator₂₃
- Other₂₄

22a) If Other, please specify: _____

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

No₀

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- Yes₁
- Don't know₂

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)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

24a) If Other, please specify: _____

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

26) Are you currently working in this job?

- No₀
- Yes₁ → **Go to 27**

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

/ /
MM DD YYYY

27) 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

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

	No ₀	Yes ₁	How many years?
28a) Coal dust or powder?	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>
28c) Wheat flour or other grain dusts?	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>
28e) Cotton dust or cotton processing?	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>
	No ₀	Yes ₁	How many years?
28g) Welding or flame cutting?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> . <input type="text"/>

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- 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?

- | | No ₀ | Yes ₁ | How many years? |
|---|--------------------------|--------------------------|--|
| 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?

- | | No ₀ | Yes ₁ | How many years? |
|---|--------------------------|--------------------------|--|
| 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: _____

I'm now going to ask you a few questions about the job you had at your last study visit.

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31) Did you leave your job mentioned at your last study visit because of breathing or lung problems?

- No₀
- Yes₁
- Don't know₂

32) Did your job mentioned at your last study visit expose you to vapors, gas, dust, or fumes?

- No₀
- Yes₁
- Don't know₂

33) Are you no longer working at your job mentioned at your last study visit at least in part to avoid the things that caused you difficulty breathing, such as air quality, temperature, or physical exertion?

- No₀
- Yes₁
- Don't know₂

34) Thinking back to where you were employed during your last study visit, did you stop working there, at least in part, because of missed time due to illness?

- No₀
- Yes₁
- Don't know₂

END OF FORM