

## INITIAL MEDICAL QUESTIONNAIRE

1. NAME \_\_\_\_\_
2. SOCIAL SECURITY # \_\_\_\_\_
3. CLOCK NUMBER \_\_\_\_\_
4. PRESENT OCCUPATION \_\_\_\_\_
5. PLANT \_\_\_\_\_
6. ADDRESS \_\_\_\_\_
7. \_\_\_\_\_  
(Zip Code)
8. TELEPHONE NUMBER \_\_\_\_\_
9. INTERVIEWER \_\_\_\_\_
10. DATE \_\_\_\_\_
11. Date of Birth \_\_\_\_\_  
Month Day Year
12. Place of Birth \_\_\_\_\_
13. Sex  
1. Male \_\_\_\_\_  
2. Female \_\_\_\_\_
14. What is your marital status?  
1. Single \_\_\_\_\_ 4. Separated/  
2. Married \_\_\_\_\_ Divorced \_  
3. Widowed \_\_\_\_\_
15. Race  
1. White \_\_\_\_\_ 4. Hispanic \_\_\_\_\_  
2. Black \_\_\_\_\_ 5. Indian \_\_\_\_\_  
3. Asian \_\_\_\_\_ 6. Other \_\_\_\_\_
16. What is the highest grade completed in school? \_\_\_\_\_  
(For example 12 years is completion of high school)

OCCUPATIONAL HISTORY