

17A. Have you ever worked full time (30 hours 1. Yes _ 2. No__
per week or more) for 6 months or more?

IF YES TO 17A:

B. Have you ever worked for a year or 1. Yes__ 2.No__
more in any dusty job? 3.Does Not Apply _

Specify job/industry _____ Total Years
Worked __

Was dust exposure: 1. Mild __ 2. Moderate __
3. Severe __

C. Have you even been exposed to gas or 1. Yes __ 2. No __
chemical fumes in your work?

Specify job/industry _____ Total Years
Worked __

Was exposure: 1. Mild __ 2. Moderate __
3. Severe __

D. What has been your usual occupation or job--the one you
have worked at the longest?

1. Job occupation _____

2. Number of years employed in this occupation _____

3. Position/job title _____

4. Business, field or industry _____

(Record on lines the years in which you have worked in any of
these industries, e.g. 1960-1969)

Have you ever worked:

YES NO

E. In a mine?..... [] []

F. In a quarry?..... [] []

G. In a foundry?..... [] []

H. In a pottery?..... [] []

I. In a cotton, flax or hemp mill?..... [] []

J. With asbestos?..... [] []

18. PAST MEDICAL HISTORY