Part 2

PERIODIC MEDICAL QUESTIONNAIRE

1. NAME _____

2. CLOCK NUMBER ___ ___ ___ ___ ___ ___ ___

3. PRESENT OCCUPATION _____

4. PLANT _____

5. ADDRESS _____

6. _____
(Zip Code)

7. TELEPHONE NUMBER _____

8. INTERVIEWER _____

9. DATE _____

10. What is your marital status?
1. Single ___
2. Married ___
3. Widowed ___
4. Separated/ Divorced ___

11. <u>OCCUPATIONAL HISTORY</u>

11A. In the past year, did you work full time (30 hours per week or more) for 6 months or more? 1. Yes ___ 2. No ___

IF YES TO 11A:

11B. In the past year, did you work in a dusty job? 1. Yes ___ 2. No ___ 3. Does not Apply ___

11C. Was dust exposure: 1. Mild ___ 2. Moderate ___ 3. Severe ___

11D. In the past year, were you exposed to gas or chemical fumes in your work? 1. Yes ___ 2. No ___

11E. Was exposure: 1. Mild ___ 2. Moderate ___ 3. Severe ___