

Occupational Exposures/Hazards

Collection date of occupational exposures information:

(DD-MM-YYYY)

OCCUPATIONAL EXPOSURES / HAZARDS

Has the participant ever worked...

	Yes	No
In a quarry?	<input type="radio"/>	<input type="radio"/>
In a foundry?	<input type="radio"/>	<input type="radio"/>
In a pottery?	<input type="radio"/>	<input type="radio"/>
In a cotton, flax, or hemp mill?	<input type="radio"/>	<input type="radio"/>
With asbestos?	<input type="radio"/>	<input type="radio"/>
With diesel or diesel exhaust?	<input type="radio"/>	<input type="radio"/>
In sandblasting?	<input type="radio"/>	<input type="radio"/>
In tunnelling?	<input type="radio"/>	<input type="radio"/>
In drilling?	<input type="radio"/>	<input type="radio"/>
In any other dusty jobs?	<input type="radio"/>	<input type="radio"/>

Has the participant ever been exposed to gas or chemical fumes in their work?

☐ Yes
☐ No

(If Yes) Was the chemical/gas exposure...

☐ Mild
☐ Moderate
☐ Severe

Has the participant ever worked with insecticides or pesticides?

☐ Yes
☐ No

If yes, how many years has the participant worked with insecticides or pesticides?

(In years.)