Occupational Exposures/Hazards

Collection date of occupational exposures information:				
concetion date of occupational exposures inform	acion.	(DD-MM-YYYY)		
		(1111)		
OCCUPATIONAL EXPOSURES / HAZARDS	1			
Has the participant ever worked				
	Yes	,	No	
In a quarry?	\circ		\circ	
In a foundry?	\bigcirc		0	
In a pottery?	\bigcirc		\circ	
In a cotton, flax, or hemp mill?	\bigcirc		\circ	
With asbestos?	\bigcirc		\bigcirc	
With diesel or diesel exhaust?	\bigcirc		\bigcirc	
In sandblasting?	\bigcirc		\circ	
In tunnelling?	\bigcirc		\circ	
In drilling?	\bigcirc		\circ	
In any other dusty jobs?	0		0	
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 pesticides?	s or	○ Yes ○ No		
If yes, how many years has the participant worked with insecticides or pesticides?		(In years.)		

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