

Collection date of occupational history information:

(DD-MM-YYYY)

## OCCUPATIONAL HISTORY

Participant's employment status?

- ☐ Self-employed
- ☐ Formal/full-time employment by someone else
- ☐ Part-time employment by someone else
- ☐ Informal employment (dependent on availability of work)
- ☐ Unemployed

(If Employed) What kind of industry does the participant work in?

- ☐ Agriculture
- ☐ Chemical
- ☐ Communications / IT
- ☐ Financial Services
- ☐ Healthcare
- ☐ Infrastructure
- ☐ Manufacturing
- ☐ Mining
- ☐ Public Services
- ☐ Research & Development
- ☐ Restaurant / Food
- ☐ Retail / Wholesale
- ☐ Textile
- ☐ Other

(If Other) Specify work industry:

(If Employed) Does the participant ever wear personal protective equipment on the job?

- ☐ Yes
- ☐ No

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