

## **Paternal Occupational Questionnaire**

be int on ho	This questionnaire will ask about your work experience during the 3 months before your partner became pregnant until the birth of your child. We are nterested in jobs that that were paid, volunteer, or military service, which lasted one month or more for 10 or more hours per week. Please do not include stay-atnome parenting and education activities as a job, we ask about those separately. Please circle your response or fill in blanks where indicated.												
1.	Between 3 mont have a job?	hs before the	pregnancy a	nd the date	of your (	CHILD's birth,	did you						
	1 YES	2 NO		9 DON'T	KNOW								
2.	During that time, (i.e. not just takir	•		• `	ne) stud	ent?							
	1 YES	2 NO-	SKIP TO 3	9 DON'T	KNOW								
	2b. IF YES: At what level or grade were you enrolled? Please circle your response.												
	<ul><li>1 HIGH OR VOCATIONAL SCHOOL</li><li>2 COLLEGE—UNDERGRAD</li><li>3 GRAD OR PROFESSIONAL SCHOOL</li><li>9 Don't Know</li></ul>												
	2c. IF COLLE	EGE OR ABO\	/E: What wa	s your majo	r field of	study?							
	2d. During which regular student?				's pregna	ancy were yo	u a						
	Before your part 3 months bef		cy: ths before	1 month be	efore								
	During your part	ner's pregnan 3 4	cy: (MONTH 5 6	S) 7 8	9	10							
	DON'T KNO\	N											
Rep	orting Burden Statemer	nt											

Public reporting burden of this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-XXXX)

3.	<ol><li>IF NOT A STUDENT OR NO JOB: Which of the doing during the 3 months before and during yall. THAT APPLY)</li></ol>		į.
	Stay at home parent or caregiver Disabled Unemployed/in between jobs Incarcerated Something else? SPECIFY: Don't know		
	3b. If you answered 'unemployed' to numb title?	ber 3, What was your usual job or job	
	SKIP TO NEXT SECTION IF NO JOBS		
4.	4. We would like to know more about the jobs th the pregnancy and the birth of [CHILD] that la hours/week. We are interested in types of jobs the same employer, include those as separate a contractor doing similar work for different concludes the property of the propert	asted one month or more at 10 or mores, so if you worked different jobs with te jobs. But if you were self-employed ompanies, include that as one job.	е
	worked for (or whether self-employed), and the most recent during the pregnancy.	ne city it was located in, starting with the	٦€
,	JOB TITLE EMPLO	OYER CITY/STATE	
	<del></del>		
E	B.		
	C.		

_	D.	
	— E.	
	F.	
	 G.	
	lease answer questions 5-10 for each of the jobs you listed above dditional sheets have been provided for each job title.	(A-G).
5.	Job title (Fill in job titles specified under A-G):	
6.	When did you start working at this job?	(MO/YR)
7.	When did you stop working at this job?	(MO/YR)
	How many hours per week did you work on this job during the time per interest?  (HRS/WK)	eriod of
9.	Please describe what type of business this was, or what the company	made or did?
	D. Please describe your main duties or activities for this job that is what bw you did it. Please be detailed.	you did and

Appendix E15

11. At any of these jobs (or as a student), did you regularly, that is a least once per week, work with or around any substances or chemicals? Please include substances such as solvents or degreasers, pesticides, heavy metals, or radioactive materials (includes X-rays). If you answer No to this question, you have completed this questionnaire. Thank you. If you answer Yes, please answer the remaining questions.

1 YES 2 NO 8 REFUSED 9 DON'T KNOW

We would like to know more about the chemicals or substances that you may have used. Some of the names may not look familiar to you, but answer as best you can.

12, Did you work with or around any of the following <u>at least once per week</u> at any job you described (or school)?

If you answer 'yes' to any of the chemicals, please specify which months during the time period you were around this chemical. CHECK ALL MONTHS IN WHICH EXPOSURE OCCURRED OR MARK DON'T KNOW.

	_ 1	2	8	9	Months before and during pregnancy												
	YES	NO	RF	DK	-3	-2	-1	1	2	3	4	5	6	7	8	9	10
Oil-based paints																	
Lacquers																	
Varnishes																	
Paint thinners																	
Paint strippers																	
Automotive fluids (SPECIFY BELOW)																	
Freon																	
Antifreeze																	
Gasoline																	
Degreasers																	
Brake fluid																	
Toluene, xylene,																	
styrene or benzene																	
Carbon disulfide																	
Carbon tetrachloride																	
Perchlorethylene (perc)																	
Trichloroethylene (TCE) or trichlorethane (TCA)																	
Vinyl chloride																	
Glycol ethers																	
Alcohols, such as methanol or ethanol																	
Adhesives or glues, like rubber cement																	
Any other solvents or degreasers? (SPECIFY)																	
Phthalates																	

## Appendix E15

Cooling or lubricating oils PCBS Metals (PROBE & SPECIFY) Lead Nickel Chromium Mercury Manganese Metal dust or fumes Others? Anesthetic gases Ethylene oxide Pesticides or herbicides, e.g. bug or weed killers (SPECIFY & NAME BELOW IF KNOWN) Herbicides Fungicides Insecticides Rat poison X-ray or radioactive materials Diesel fumes	Cutting oils								
oils         PCBS           Metals         (PROBE & SPECIFY)           Lead         Image: Comparison of the	Cooling or lubricating								
Metals (PROBE & SPECIFY)  Lead Nickel Chromium Mercury Manganese Metal dust or fumes Others? Anesthetic gases Ethylene oxide Pesticides or herbicides, e.g. bug or weed killers (SPECIFY & NAME BELOW IF KNOWN) Herbicides Fungicides Insecticides Rat poison X-ray or radioactive materials	oils								
(PROBE & SPECIFY) Lead Nickel Chromium Mercury Manganese Metal dust or fumes Others? Anesthetic gases Ethylene oxide Pesticides or herbicides, e.g. bug or weed killers (SPECIFY & NAME BELOW IF KNOWN) Herbicides Fungicides Insecticides Rat poison X-ray or radioactive materials	PCBs								
Lead Nickel Chromium Mercury Manganese Metal dust or fumes Others? Anesthetic gases Ethylene oxide Pesticides or herbicides, e.g. bug or weed killers (SPECIFY & NAME BELOW IF KNOWN) Herbicides Fungicides Insecticides Rat poison X-ray or radioactive materials	Metals								
Nickel Chromium Mercury Manganese Metal dust or fumes Others? Anesthetic gases Ethylene oxide Pesticides or herbicides, e.g. bug or weed killers (SPECIFY & NAME BELOW IF KNOWN) Herbicides Fungicides Insecticides Rat poison X-ray or radioactive materials	(PROBE & SPECIFY)								
Chromium  Mercury  Manganese  Metal dust or fumes  Others?  Anesthetic gases  Ethylene oxide  Pesticides or herbicides, e.g. bug or weed killers (SPECIFY & NAME BELOW IF KNOWN)  Herbicides  Fungicides  Insecticides  Rat poison  X-ray or radioactive materials	Lead								
Mercury Manganese Metal dust or fumes Others? Anesthetic gases Ethylene oxide Pesticides or herbicides, e.g. bug or weed killers (SPECIFY & NAME BELOW IF KNOWN) Herbicides Fungicides Insecticides Rat poison X-ray or radioactive materials	Nickel								
Manganese  Metal dust or fumes  Others?  Anesthetic gases  Ethylene oxide  Pesticides or herbicides, e.g. bug or weed killers (SPECIFY & NAME BELOW IF KNOWN)  Herbicides  Fungicides  Insecticides  Rat poison  X-ray or radioactive materials	Chromium								
Metal dust or fumes Others? Anesthetic gases Ethylene oxide Pesticides or herbicides, e.g. bug or weed killers (SPECIFY & NAME BELOW IF KNOWN) Herbicides Fungicides Insecticides Rat poison X-ray or radioactive materials	Mercury								
Others?  Anesthetic gases  Ethylene oxide  Pesticides or herbicides, e.g. bug or weed killers (SPECIFY & NAME BELOW IF KNOWN)  Herbicides  Fungicides  Insecticides  Rat poison  X-ray or radioactive materials	Manganese								
Anesthetic gases  Ethylene oxide  Pesticides or herbicides, e.g. bug or weed killers (SPECIFY & NAME BELOW IF KNOWN)  Herbicides  Fungicides Insecticides  Rat poison  X-ray or radioactive materials	Metal dust or fumes								
Ethylene oxide  Pesticides or herbicides, e.g. bug or weed killers (SPECIFY & NAME BELOW IF KNOWN)  Herbicides  Fungicides Insecticides Rat poison  X-ray or radioactive materials	Others?								
Ethylene oxide  Pesticides or herbicides, e.g. bug or weed killers (SPECIFY & NAME BELOW IF KNOWN)  Herbicides  Fungicides Insecticides Rat poison  X-ray or radioactive materials	Anesthetic gases								
Pesticides or herbicides, e.g. bug or weed killers (SPECIFY & NAME BELOW IF KNOWN)  Herbicides  Fungicides  Insecticides  Rat poison  X-ray or radioactive materials									
weed killers (SPECIFY & NAME BELOW IF KNOWN)  Herbicides  Fungicides  Insecticides  Rat poison  X-ray or radioactive materials	Pesticides or								
(SPECIFY & NAME BELOW IF KNOWN)  Herbicides  Fungicides  Insecticides  Rat poison  X-ray or radioactive materials	herbicides, e.g. bug or								
BELOW IF KNOWN)  Herbicides  Fungicides  Insecticides  Rat poison  X-ray or radioactive materials									
Herbicides Fungicides Insecticides Rat poison X-ray or radioactive materials	(SPECIFY & NAME								
Fungicides Insecticides Rat poison X-ray or radioactive materials									
Insecticides Rat poison X-ray or radioactive materials									
Rat poison X-ray or radioactive materials									
X-ray or radioactive materials									
materials									
Pharmaceuticals or drugs									
drugs SPECIFY:									
	or Lon 1.								
Any other? (please	Any other? (please			1					
specify)									

nentioned (at which job), including how often you were around them.	
	—

12c. Did you work mostly indoors, outdoors, or both?

1 INDOORS 2 OUTDOORS 3 BOTH 9 DON'T KNOW

12d. When you were around these, did you usually use any protective gear or equipment such as gloves, masks, respirators or fume hoods?

1 YES 2 NO

DON'T KNOW

12e. IF YES: Which did you use? (CIRCLE ALL THAT APPLY)

GLOVES OR PROTECTIVE CLOTHING
GOGGLES
MASK
RESPIRATOR
FUME HOOD OR LOCAL VENTILATION
OTHER (Specify):