



Paternal Occupational Questionnaire

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 interested 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-at-home 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 months before the pregnancy and the date of your CHILD's birth, did you have a job?

1 YES 2 NO 9 DON'T KNOW

2. During that time, were you enrolled as a regular (full-time) student? (i.e. not just taking 1 class or community classes)

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.

- 1 HIGH OR VOCATIONAL SCHOOL
2 COLLEGE—UNDERGRAD
3 GRAD OR PROFESSIONAL SCHOOL
9 Don't Know

2c. IF COLLEGE OR ABOVE: What was your major field of study?

2d. During which months before or during your partner's pregnancy were you a regular student?(CIRCLE ALL THAT APPLY)

Before your partner's pregnancy:

3 months before 2 months before 1 month before

During your partner's pregnancy: (MONTHS)

1 2 3 4 5 6 7 8 9 10

DON'T KNOW

Public Reporting Burden Statement

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. IF NOT A STUDENT OR NO JOB: Which of the following describes what you were doing during the 3 months before and during your partner's pregnancy: (CIRCLE ALL THAT APPLY)

- Stay at home parent or caregiver
- Disabled
- Unemployed/in between jobs
- Incarcerated
- Something else? SPECIFY: _____
- Don't know

3b. If you answered 'unemployed' to number 3, What was your usual job or job title?

SKIP TO NEXT SECTION IF NO JOBS

4. We would like to know more about the jobs that you held between 3 months before the pregnancy and the birth of [CHILD] that lasted one month or more at 10 or more hours/week. We are interested in types of jobs, so if you worked different jobs with the same employer, include those as separate jobs. But if you were self-employed or a contractor doing similar work for different companies, include that as one job.

Please list each job by your title, the name of the companies or organizations you worked for (or whether self-employed), and the city it was located in, starting with the most recent during the pregnancy.

JOB TITLE

EMPLOYER

CITY/STATE

A.

B.

C.

D.

E.

F.

G.

**Please answer questions 5-10 for each of the jobs you listed above (A-G).
Additional sheets have been provided for each job title.**

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)

8. How many hours per week did you work on this job during the time period of
interest?

_____ (HRS/WK)

9. Please describe what type of business this was, or what the company made or did?

10. Please describe your main duties or activities for this job that is what you did and
how you did it. Please be detailed.

Appendix E15

Cutting oils																				
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																				
Pharmaceuticals or drugs SPECIFY:																				
Any other? (please specify)																				

12b. Please describe the activities you were doing around these substances you mentioned (at which job), including how often you were around them.

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

Appendix E15

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

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): _____

DON'T KNOW