OMB#: 0925-XXXX Exp. XX/XXXX

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## HCHS/SOL Occupation Classification and Exposures Questionnaire

ID NUMBER: FORM CODE: OCE Contact VERSION: A 7/04/07 SEQ #
Acrostic:
ADMINISTRATIVE INFORMATION  Oa. Completion Date:  Month Day Year  Ob. Staff ID:
<b>Instructions:</b> Mark a check in the appropriate box for the response. Unless instructed, mark ONLY one response.
A. Current Employment Status  1. Are you retired?  No 0 → GO TO QUESTION 4  Yes 1
2. In what year did you retire?
3. Before you retired, in what job did you work the majority of hours per week?  Occupation Code (Select occupation code from list A)
4. Are you a?  a. homemaker (i.e. care for family home) b. student  No Yes  1  0  1  1
5. Please indicate your current employment status. ( <i>Mark only one</i> )  Employed full time (>35 hours/week in one job or more than one job  Employed part time (≤35 hours/week)  Not currently employed  5. Please indicate your current employment status. ( <i>Mark only one</i> )  1
6. How many months in a year did you work in the past year?  Months
7. In a typical week, how many days do you go to work per week?  Number of days per/week
8. How many hours does your work day usually last at your job(s)?  Hours
9. On a typical day, do you have a regular work schedule?  No $0 \longrightarrow GO TO QUESTION 11$ Yes $1 \longrightarrow GO TO QUESTION 11$

ID NUMBER:							FORM CODE: OCE VERSION: A 7/04/07	Contact Occasion		SEQ#		
NOWIDER.								Occasion				
10. When do	you usı	ually	begir	า worl	<b>&lt;</b> ?		:	 m / pm				
11. When do	you usi	ually	end \	work?			am / pm	, p				
12. How many	y days	per r	month	n do y	ou wo	ork	extra hours beyond y	our usual sch	edule?	1		
							Days per month					
13. Which of t	he follo	owinę	g bes	t desc	cribes		ur <u>usual</u> work schedu Day shift Afternoon shift Night shift Split shift Irregular shift/on-call Rotating shift	1	y one)			
14. Do you ev	er wor	k the	: late	night	shift ( No Yes	•	er midnight)? 0	TION 16				
15. Do you wo	ork the	late	(	shift On a r On a r	egula	ar b	asis 1	e specify):				
B. Current O									_			
16. In what jo	b do yo	ou cu	ırrentl	y wor	k the	ma	jority of your work ho  Occupation Code	•		ode from l	ist A	)
17. How many	y hours	s per	week	do y	ou wo	ork a	at that job?	Number of	f hours	/week		
18. Do you ha	-	othe	er job	(s) th	at you	u wo	ork at in addition to th	e job that you	ı work t	the majorit	y of	hours
por mook.					No Yes	6	0	ESTION 21-				
19. How many	y hours	per	week	do y	ou wo	ork a	at that job?	Number of	f hours	/week		
20. What do y	ou do i	in tha	at job	?			7					
							Occupation Code	(Select occup	oation c	code from	list A	<i>1</i> )
C. Occupation 21. At the job to speak in	you cu	rrent	tly wo voice o	rk the	e majo der to of the of the	ority o be e tim	of your work hours pheard when a persone 1	oer week, how n is two feet a	/ often away)?	is it noisy	(you	need

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ID NUMBER:					FORM CODE: OCE VERSION: A 7/04/07	Contact Occasion		SEQ#	

Occasionally 6 Don't know 9

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ID NUMBER:						FORM CODE: VERSION: A		Contact Occasion		SEQ#		
22. At the job (ear) prot		rrently	work the	major	rity o	f your work	hours p	per week, hov	v often	do you we	ar hear	ing
` ' / '			25% o 50% 75% 100% Occas Don't	ionally know	ime /	2						
any type	of orgar	nic solve	ents, for None 25% c 50% 75% 100% Occas Don't	exampof the tift the tissionally know	ple s time ime	styrene, trich  1	nloroeth	oer week, hov nylene, toluend	e, or xy	rlene?		
24. At the job metals su			ese, lea	d, or m of the t of the ti	nercu time ime	ıry?	hours p	oer week, hov	v often	are you ex	kposed	to
25. In your ci	urrent jo	b(s) are	e you ex	posed No Yes	to v			fumes at wor O QUESTION				
26. How ofte	n do yo	u wear a	None	of the ti	time ime		our curr	rent job(s)?				

ID NUMBER:							FORM COI VERSION:		Contact Occasion		SEQ#		
27. In your c	urrent a. b. c. d. e. f. g. h. i. j. k. l. m. o.	pa glu ac pe du wo cle pe cu sn we tol ve co	ints, ues, ids desticion esticion esticion entrole trole trole eldino pacc hicle okine	varnisl pastes or alkali des dust ng or dis	nes, la or othes sinfected ducts achin urning se st st	acque ner ac eting s s othe ie oils g woo	ers dhesives solutions r than sol s, or meta		? (Mark all tha e grease, oil o iluids				
D. Occupati	onal	Expos	sure	s – Lor	ngest	Held	Type of	Job					
28. What is t	he typ	oe of jo	ob th	nat you	have		· ·		Select occupa	ation o	code from li	st A)	
29. In what y	ear d	id you	star	t doing	that t	ype c	of job?		(4 diç	git yea	ar)		
30. How mar	ny yea	ars ha	ve yo	ou done	or d				? ween 1 and 9	99)			
31. Is the job held the I			itly w	ork the	majo No Yes			·	er week, the	type o	of job that y	ou ha	ave
32. What is t	he lat	est ye	ar yo	ou have	e/had	work	ed doing	the longes	t held job?			4 diç	git year
33. How mar	ny hou	urs/we	ek d	lo you d	or did				neld type of jo ween 1 and 9				
34. At that jo when a p					ay)? of the of the	e time time		ed to spea	k in a raised v	voice (	or louder to	be h	neard

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ID NUMBER:									FORM CODE: OCE VERSION: A 7/04/07	Contact Occasion		SEQ#	
35. At that jo	b, ho	OW C	often	ı do	No 25 50 75 10 Oc	ne % o %	of the	ne tine tine	<b>—</b>	etection?			
36. Are you o	or we	ere y	/ou	exp	ose	d to	vap No Ye	)	gas, dust, or fumes w $ 0 \longrightarrow \mathbf{GOTC} $	hile on that jo D QUESTION			
37. What we	re yo a. b. c. d. e. f. g. h. i. j. k. l. m n. o.		pai glu aci pes dus wo cle cut sm we tob ver	nts, es, ds costicion sts od costicion sts od costicion strole ting oke lding acconicle oking	var pas or al des dust ng o eum oils fror g fui o sr exl g fu	nish tes kalis r dis pro mes mes mok haus mes	nes, or o s duc achi urnii e e st	laco ther ectin ts of ine o	(Mark all that apply) quers adhesives  g solutions her than solvents (like pils, or metal working fl rood		or fuel)		
E. Other Jok Now I am go	. ,	to as	sk yo	ou a	bou	t an	y ot	ther	noisy jobs you have he	eld for one ye	ear or lo	nger.	
38. Have you louder) to				ther	noi	sy jo	No Ye	)	ear or longer) where you are some some some some some some some som	ou had to spo	eak in a	raised vo	ice (or

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ID					FORM CODE: OCE	Contact		SEO#	
NUMBER:					VERSION: A 7/04/07	Occasion		SEQ#	

## List A: Occupational Codes for Question 3, 15, 19, and 27

01	Senior professional/technical worker (doctor, professor, lawyer, architect, engineer)
02	Junior professional/Technical worker (midwife, nurse, teacher, editor, photographer)
03	Administrator/executive/manager (working proprietor, government official, section chief, department or bureau director, administrative cadre, village leader)
04	Office staff (secretary, office helper)
05	Farmer, fisherman, hunter
06	Skilled worker (foreman, group leader, craftsman)
07	Non-skilled worker (ordinary laborer, construction, yard, migrant laborer)
80	Army officer, police officer
09	Ordinary soldier, policeman
10	Driver
11	<b>Service worker</b> (housekeeper, cook, waiter, doorkeeper, hairdresser, counter salesperson, launderer, child care worker)
12	Athlete, actor, musician
13	Other
99	Unknown

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