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HCHS/SOL Occupation Classification and Exposures Questionnaire

ID NUMBER:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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FORM CODE: OCE
VERSION: A
7/04/07

Contact Occasion	<input type="text"/>	<input type="text"/>	SEQ #	<input type="text"/>	<input type="text"/>
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Acrostic: _____

ADMINISTRATIVE INFORMATION

0a. Completion Date: / /
Month Day Year

0b. Staff ID:

Instructions: 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...? No Yes
 a. homemaker (i.e. care for family home) 0 1
 b. student 0 1

5. Please indicate your current employment status. (Mark only one)

Employed full time (>35 hours/week in one job or more than one job)	<input type="checkbox"/>
Employed part time (≤35 hours/week)	1 <input type="checkbox"/>
Not currently employed	2 <input type="checkbox"/>
	3 <input type="checkbox"/> → GO TO QUESTION 28

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 → **GO TO QUESTION 11**
 Yes 1

10. When do you usually begin work? : ____ am / pm

11. When do you usually end work? : ____ am / pm

12. How many days per month do you work extra hours beyond your usual schedule?
 Days per month

13. Which of the following best describes your usual work schedule? (Mark only one)

- Day shift 1
- Afternoon shift 2
- Night shift 3
- Split shift 4
- Irregular shift/on-call 5
- Rotating shift 6

14. Do you ever work the late night shift (after midnight)?
 No 0 → **GO QUESTION 16**
 Yes 1

15. Do you work the late night shift (after midnight)...?
 On a regular basis 1
 On a rotating basis 2 (Please specify): _____

B. Current Occupation(s)

16. In what job do you currently work the majority of your work hours per week? _____
 Occupation Code (Select occupation code from list A)

17. How many hours per week do you work at that job? Number of hours/week

18. Do you have any other job(s) that you work at in addition to the job that you work the majority of hours per week?
 No 0 → **GO TO QUESTION 21**
 Yes 1

19. How many hours per week do you work at that job? Number of hours/week

20. What do you do in that job? _____
 Occupation Code (Select occupation code from list A)

C. Occupational Exposures – Current Job(s)

21. At the job you currently work the majority of your work hours per week, how often is it noisy (you need to speak in a raised voice or louder to be heard when a person is two feet away)?

- None of the time 1
- 25% of the time 2
- 50% 3
- 75% 4
- 100% 5

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Occasionally
Don't know

6	
9	

22. At the job you currently work the majority of your work hours per week, how often do you wear hearing (ear) protection?

- None of the time 1
- 25% of the time 2
- 50% 3
- 75% 4
- 100% 5
- Occasionally 6
- Don't know 9

23. At the job you currently work the majority of your work hours per week, how often are you exposed to any type of organic solvents, for example styrene, trichloroethylene, toluene, or xylene?

- None of the time 1
- 25% of the time 2
- 50% 3
- 75% 4
- 100% 5
- Occasionally 6
- Don't know 9

24. At the job you currently work the majority of your work hours per week, how often are you exposed to metals such as manganese, lead, or mercury?

- None of the time 1
- 25% of the time 2
- 50% 3
- 75% 4
- 100% 5
- Occasionally 6
- Don't know 9

25. In your current job(s) are you exposed to vapors, gas, dust or fumes at work?

- No 0 → **GO TO QUESTION 27**
- Yes 1

26. How often do you wear a respirator while you are at your current job(s)?

- None of the time 1
- 25% of the time 2
- 50% 3
- 75% 4
- 100% 5
- Occasionally 6
- Don't know 9

27. In your current job(s), are you exposed to any of the following? *(Mark all that apply)*

- a. paints, varnishes, lacquers
- b. glues, pastes or other adhesives
- c. acids or alkalis
- d. pesticides
- e. dusts
- f. wood dust
- g. cleaning or disinfecting solutions
- h. petroleum products other than solvents (like grease, oil or fuel)
- i. cutting oils, machine oils, or metal working fluids
- j. smoke from burning wood
- k. welding fumes
- l. tobacco smoke
- m. vehicle exhaust
- n. cooking fumes
- o. solvents or degreasers

D. Occupational Exposures – Longest Held Type of Job

28. What is the type of job that you have held the longest? _____
 Occupation Code *(Select occupation code from list A)*

29. In what year did you start doing that type of job? (4 digit year)

30. How many years have you done or did you do that type of job?
 (Whole number between 1 and 99)

31. Is the job you currently work the majority of your work hours per week, the type of job that you have held the longest?

No 0

Yes 1 → **GO TO QUESTION 38**

32. What is the latest year you have/had worked doing the longest held job? (4 digit year)

33. How many hours/week do you or did you work in the longest held type of job?
 (Whole number between 1 and 99)

34. At that job, how often is it or was it noisy (you needed to speak in a raised voice or louder to be heard when a person was two feet away)?

None of the time	1	<input type="checkbox"/>
25% of the time	2	<input type="checkbox"/>
50%	3	<input type="checkbox"/>
75%	4	<input type="checkbox"/>
100%	5	<input type="checkbox"/>
Occasionally	6	<input type="checkbox"/>
Don't know	9	<input type="checkbox"/>

35. At that job, how often do you or did you wear hearing (ear) protection?

- None of the time 1
- 25% of the time 2
- 50% 3
- 75% 4
- 100% 5
- Occasionally 6
- Don't know 9

36. Are you or were you exposed to vapors, gas, dust, or fumes while on that job?

- No 0 → **GO TO QUESTION 38**
- Yes 1

37. What were you exposed to on that job? (Mark all that apply)

- a. paints, varnishes, lacquers
- b. glues, pastes or other adhesives
- c. acids or alkalis
- d. pesticides
- e. dusts
- f. wood dust
- g. cleaning or disinfecting solutions
- h. petroleum products other than solvents (like grease, oil or fuel)
- i. cutting oils, machine oils, or metal working fluids
- j. smoke from burning wood
- k. welding fumes
- l. tobacco smoke
- m. vehicle exhaust
- n. cooking fumes
- o. solvents or degreasers

E. Other Job(s)

Now I am going to ask you about any other noisy jobs you have held for one year or longer.

38. Have you held any other noisy jobs (1 year or longer) where you had to speak in a raised voice (or louder) to be heard?

- No 0
- Yes 1
- Unknown 9

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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)
- 08 **Army officer, police officer**
- 09 **Ordinary soldier, policeman**
- 10 **Driver**
- 11 **Service worker** (housekeeper, cook, waiter, doorkeeper, hairdresser, counter salesperson, launderer, child care worker)
- 12 **Athlete, actor, musician**
- 13 **Other**
- 99 **Unknown**