

Occupational History Questionnaire

Please tell us about **EACH job or occupation you had for at least 3 months or longer** both in Canada and elsewhere. Include full time, part time, seasonal, volunteer, and military service if you have worked the equivalent of 3 months or more. Include your current job, even if you have had it for less than 3 months or **if you are retired, we still require the information. Begin with your most recent job and continue back to your first job.**

1. Work History

	A	B	C	D	E	F
Job #	Time Period Start year and end year of each job	Type of Industry, Business, or Service	What was your Job Title?	Job Location: City, Province and Country (if outside Canada)	Main Job Duties	Job Status: -full time -part time -casual -seasonal -volunteer
<i>Example:</i>	<i>1998 to 2005</i>	<i>Automotive</i>	<i>Automotive Machinist</i>	<i>Kelowna, BC</i>	<i>transmissions and brakes, clean and repair parts</i>	<i>Full time</i>
1.	_____ to _____					
2.	_____ to _____					
3.	_____ to _____					
4.	_____ to _____					
5.	_____ to _____					
6.	_____ to _____					
7.	_____ to _____					
8.	_____ to _____					

Please provide your best estimate of the time period if you cannot remember exact years. **Please provide answers for all columns (A-M).**
Once you have finished with all your job entries, proceed to Section 2.

Questions continued - Please answer all questions for each corresponding job number (columns A-M)

G	H	I	J	K	L	M
Job Shift - Most common type of shift you worked? e.g. Regular morning starts between 3am and 6am, Regular Day start after 6am, Regular Evening ends around midnight -Regular Morning -Rotating -Regular Day -Split -Regular Evening -Irregular -Regular Night -Other	Typical shift? -Less than 8 hrs -8 hrs -10 hrs -12 hrs -More than 12 hrs -Variable -Other -Don't know	#hours usually worked per week -For N/A or Don't know enter 0	Number of weeks worked per year (0-52) -For N/A or Don't know enter 0	How much advanced notice did your employer give you for shifts worked? -Months -Days -Weeks -Hours -N/A	Was self-scheduling or shift swapping permitted by employer? -Self scheduling -Shift swapping -Both -Neither -N/A or Don't know	How many days per month did you work Night shift? (i.e. night shift is >3 hrs between 12am-5am -For N/A or Don't know enter 0
<i>Example: Regular Day</i>	<i>8 hrs</i>	<i>40 hrs</i>	<i>50 weeks</i>	<i>2 weeks</i>	<i>Shift swapping</i>	<i>0</i>
		_____ hrs/wk	_____ wk/yr			_____ days/mo
		_____ hrs/wk	_____ wk/yr			_____ days/mo
		_____ hrs/wk	_____ wk/yr			_____ days/mo
		_____ hrs/wk	_____ wk/yr			_____ days/mo
		_____ hrs/wk	_____ wk/yr			_____ days/mo
		_____ hrs/wk	_____ wk/yr			_____ days/mo
		_____ hrs/wk	_____ wk/yr			_____ days/mo
		_____ hrs/wk	_____ wk/yr			_____ days/mo

2. Work Exposure

Have you ever worked with or been exposed to any of the following while at a job? (Select ALL that apply)

Name of Material or Exposure	Exposed? (please check box)			Job # (enter matching Job # from 1 st column on work history pages)		Total number of months exposed while at this job?	
	No	Yes	Don't know	A.	B.	A.	B.
Asbestos				Job # _____	Job # _____	_____ months	_____ months
Chromium salts				Job # _____	Job # _____	_____ months	_____ months
Cadmium salts				Job # _____	Job # _____	_____ months	_____ months
Coal tar, soot, pitch, asphalt, creosote				Job # _____	Job # _____	_____ months	_____ months
Mineral, cutting or lubricating oil				Job # _____	Job # _____	_____ months	_____ months
Benzidine				Job # _____	Job # _____	_____ months	_____ months
Benzene				Job # _____	Job # _____	_____ months	_____ months
Isopropyl				Job # _____	Job # _____	_____ months	_____ months
Dyestuffs				Job # _____	Job # _____	_____ months	_____ months
Vinyl Chloride				Job # _____	Job # _____	_____ months	_____ months
Degreasing				Job # _____	Job # _____	_____ months	_____ months
Ionizing radiation (i.e., x-ray)				Job # _____	Job # _____	_____ months	_____ months
Welding				Job # _____	Job # _____	_____ months	_____ months
Diesel engine exhaust				Job # _____	Job # _____	_____ months	_____ months
Gasoline engine exhaust				Job # _____	Job # _____	_____ months	_____ months
Pressure treated wood				Job # _____	Job # _____	_____ months	_____ months
Paints, stains, varnish				Job # _____	Job # _____	_____ months	_____ months
Glue				Job # _____	Job # _____	_____ months	_____ months
Herbicides, insecticides, fungicides				Job # _____	Job # _____	_____ months	_____ months
Other (not listed above) Specify _____				Job # _____	Job # _____	_____ months	_____ months