OCCUPATIONAL HISTORY WORKSHEET

ID no. ___ ___ ___-___ ___ ___ ___
Form Type O W 0 1

1. PARTICIPANT’S INITIALS: ___ ___ ___

2. DATE OF INTERVIEW: ___ ___ ___ - ___ ___ - ___ ___ ___

   Month   Day   Year

A. REFERENCE DATE:
   (COMPLETE BEFORE BEGINNING INTERVIEW)

   ___ ___ ___ - ___ ___ - ___ ___ ___
   Month   Day   Year

3. What was your job status as of the reference date?
   INTERVIEWER READ LIST

   Employed full-time (01)
   Employed part-time (02)
   Homemaker, never held a full-time or part-time job for as long as six months (03)
   Homemaker, previously held a job for at least six months (04)
   Homemaker who works part-time (05)
   Retired (06)
   Unemployed, with previous work experience (07)
   Unemployed with no work experience (never worked) (08)
   Student (09)
   Disabled, with previous work experience (10)
   Disabled, without previous work experience (11)

IF RESPONSE TO THIS QUESTION IS 03, 08 OR 11, COMPLETE ONLY ITEMS 10 TO 12.
THE OCCUPATIONAL HISTORY WORKSHEET IS COMPLETED IN REVERSE CHRONOLOGICAL ORDER STARTING WITH THE MOST RECENT JOB AS OF THE REFERENCE DATE.

I would like some information about each of the jobs, either part-time or full-time, that you have held for 6 months or more beginning with the job you held just prior to [REFERENCE DATE], if you changed jobs (e.g., promotion) in the same company, consider this as a new job.

4A What was your job or occupation as of the [REFERENCE DATE].

IF A PERSON WORKED FOR A COMPANY/GOVERNMENT AGENCY THAT REQUIRED CHANGES IN LOCATION WITHOUT A CHANGE IN JOB DUTIES, THEN THE JOB SHOULD BE LISTED ONCE AND THE DURATION OF THE JOB SHOULD BE THE APPROXIMATE SUM OF THE AMOUNT OF TIME SPENT AT ALL THE WORK SITES.

5. What were your job duties when you worked in this job?

6. What was the name of the employer you worked for in this job?

7. What kind of place was (NAME OF COMPANY); that is, what did they make or do?

8. In what year did you start as a (JOB TITLE)?

9. How long (in years) did you work at this job?

4B What job or occupation did you have before the one we just discussed?

REPEAT ITEMS 5-9 FOR THIS JOB.

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10. INTERVIEWER:
   A. SIGNATURE: ____________________________________________
   B. ACCESS STAFF NO.: ___ ___ ___-___ ___

11. RESEARCH COORDINATOR:
   A. SIGNATURE: ____________________________________________
   B. ACCESS STAFF NO.: ___ ___ ___-___ ___

12. DATE FORM COMPLETED: _____ ___-____  _____  _____
     Month    Day     Year
OCCUPATIONAL HISTORY WORKSHEET

ID no. ___ ___ ___-___ ___ ___ ___
Form Type OW ___ ___

- IF THIS IS A BASELINE INTERVIEW, USE FORM TYPE OW01.
- IF THIS IS A FOLLOW-UP INTERVIEW, USE FORM TYPE OW02.

1. PARTICIPANT’S INITIALS: ___ ___ ___

2. DATE OF INTERVIEW: ___ ___ ___-
   Month          Day              Year

   ________________________________
   Month          Day              Year

   A. REFERENCE DATE:

   (COMPLETE BEFORE BEGINNING INTERVIEW)

3. INDICATE THE TIME OF INTERVIEW:
   Baseline                  (01)
   Follow-Up                (02)

   intwtime

If this is a baseline interview, ask Question 4, and then go to Question 6.
If this is a follow-up interview, ask Question 3A.
3A. Has case been selected to give completed job history?  

Yes (01)  
No (02)  

jobhist

If Yes, ask Questions 4 and 5.  
If No, skip Question 4 and ask Question 5.

4. What was your job status as of the reference date?  

INTERVIEWER READ LIST

Employed full-time (01)  
Employed part-time (02)  
Homemaker, never held a full-time or part-time job for as long as six months (03)  
Homemaker, previously held a job for at least six months (04)  
Homemaker who works part-time (05)  
Retired (06)  
Unemployed, with previous work experience (07)  
Unemployed with no work experience (never worked) (08)  
Student (09)  
Disabled, with previous work experience (10)  
Disabled, without previous work experience (11)

jobstat

IF THIS IS THE BASELINE INTERVIEW AND THE RESPONSE TO THIS QUESTION IS 03, 08 OR 11, COMPLETE ONLY ITEMS 12 TO 14.

5. What is your current job status?  

INTERVIEWER READ LIST

Employed full-time (01)  
Employed part-time (02)  
Homemaker, never held a full-time or part-time job for as long as six months (03)  
Homemaker, previously held a job for at least six months (04)  
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jobstard
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I would like some information about each of the jobs, either part-time or full-time, that you have held for 6 months or more beginning with the job you held just prior to [REFERENCE DATE].* If you changed jobs (e.g., promotion) in the same company, consider this as a new job.

6A What was your job or occupation as of the [REFERENCE DATE]*

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6B What job or occupation did you have before the one we just discussed?

REPEAT ITEMS 6-11 FOR THIS JOB.

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I would like some information about each of the jobs, either part-time or full-time, that you have held for 6 months or more beginning with the job you held just prior to [REFERENCE DATE].* If you changed jobs (e.g., promotion) in the same company, consider this as a new job.

6I What job or occupation did you have before the one we just discussed?

IF A PERSON WORKED FOR A COMPANY/GOVERNMENT AGENCY THAT REQUIRED CHANGES IN LOCATION WITHOUT A CHANGE IN JOB DUTIES, THEN THE JOB SHOULD BE LISTED ONCE AND THE DURATION OF THE JOB SHOULD BE THE APPROXIMATE SUM OF THE AMOUNT OF TIME SPENT AT ALL THE WORK SITES.

7. What were your job duties when you worked in this job?
8. What was the name of the employer you worked for in this job?
9. What kind of place was (NAME OF COMPANY); that is, what did they make or do?
10. In what year did you start as a (JOB TITLE)?
11. How long (in years) did you work at this job?

6J What job or occupation did you have before the one we just discussed?

REPEAT ITEMS 6-11 FOR THIS JOB.

<table>
<thead>
<tr>
<th>Q6</th>
<th>Q7</th>
<th>Q8</th>
<th>Q9</th>
<th>Q10</th>
<th>Q11</th>
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</thead>
<tbody>
<tr>
<td>JOB OR OCCUPATION</td>
<td>JOB DUTIES</td>
<td>NAME OF COMPANY</td>
<td>TYPE OF BUSINESS</td>
<td>YEAR STARTED</td>
<td>DURATION OF JOB</td>
</tr>
<tr>
<td>I</td>
<td></td>
<td></td>
<td></td>
<td>19 ___ ___</td>
<td>___ <em><strong>/</strong></em>____ years/months</td>
</tr>
<tr>
<td>J</td>
<td></td>
<td></td>
<td></td>
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<td>___ <em><strong>/</strong></em>____ years/months</td>
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<th>Q10 YEAR STARTED</th>
<th>Q11 DURATION OF JOB</th>
</tr>
</thead>
<tbody>
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<td>19 ___ ___</td>
<td>___ ___/ _____   years/months</td>
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<td></td>
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<tr>
<td>M</td>
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<td></td>
<td>19 ___ ___</td>
<td>years/months</td>
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<td></td>
<td></td>
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12. INTERVIEWER:
   
   A. SIGNATURE: 
   ____________________________
   
   B. ACCESS STAFF NO.: ___ ___ ___-___ ___
   
13. RESEARCH COORDINATOR:
   
   A. SIGNATURE: 
   ____________________________
   
   B. ACCESS STAFF NO.: ___ ___ ___-___ ___
   
14. DATE FORM COMPLETED: _________-_______-________
    Month     Day     Year
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<td>OW02=Two-year follow-up</td>
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<td>02=Employed part-time</td>
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<td></td>
<td></td>
<td></td>
<td>03=Homemaker</td>
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<td></td>
<td></td>
<td></td>
<td>06=Retired</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>07=Unemployed or Student</td>
</tr>
<tr>
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<td>10=Disabled</td>
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### FORM 11 – Revision 1
**Occupational History Worksheet**

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<td>Patient ID</td>
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*Refer to the form for skip pattern for this item.*