

Sister Study occupational exposure history questionnaire

Now I'm going to ask about specific chemicals and other materials that you have ever used in any of the jobs you have held.

1. Have you handled [MATERIAL] at least once a week in any job you have had?	2. How many years and/or months in all have you worked with [MATERIAL] at least once a week?	3. During the [months/years] you worked with [MATERIAL] about how many days per week or per month did you handle them?
a. gasoline or any other petroleum products Yes No	____ ____ Years Months	____ ____ # Days Week Month Year In Total
b. any solvents, such as benzene, toluene, naphthalene and so forth Yes No	____ ____ Years Months	____ ____ # Days Week Month Year In Total
c. any dyes or inks [Do not include using or handling pens, markers, or other writing instruments, or handling toner cartridges for copies or printers.] Yes No	____ ____ Years Months	____ ____ # Days Week Month Year In Total
d. any paints Yes No	____ ____ Years Months	____ ____ # Days Week Month Year In Total
e. any stains or varnishes Yes No	____ ____ Years Months	____ ____ # Days Week Month Year In Total
f. any pesticides Yes No	____ ____ Years Months	____ ____ # Days Week Month Year In Total
g. any acids Yes No	____ ____ Years Months	____ ____ # Days Week Month Year In Total
h. any lubricating oils Yes No	____ ____ Years Months	____ ____ # Days Week Month Year In Total
i. any glues or adhesives [Do not include adhesives tapes of any kind.] Yes No	____ ____ Years Months	____ ____ # Days Week Month Year In Total

j. any soldering materials Yes No	____ ____ Years Months	____ ____ # Days Week Month Year In Total
k. any metals [Do not include handling finished metal products like pens, paper clips, filing cabinets, or tools. Only include working with metal being used in the production of something else.] Yes No	____ ____ Years Months	____ ____ # Days Week Month Year In Total
l. dust from sand rock, clay or brick Yes No	____ ____ Years Months	____ ____ # Days Week Month Year In Total
m. animal parts, carcasses, blood, or raw meat Yes No	____ ____ Years Months	____ ____ # Days Week Month Year In Total
n. x-rays Yes No	____ ____ Years Months	____ ____ # Days Week Month Year In Total