

Part 2
PERIODIC MEDICAL QUESTIONNAIRE

1. NAME _____

2. SOCIAL SECURITY # ___ ___ ___ ___ ___ ___ ___ ___

3. CLOCK NUMBER ___ ___ ___ ___ ___

4. PRESENT OCCUPATION _____

5. PLANT _____

6. ADDRESS _____

7. _____

(Zip Code)

8. TELEPHONE NUMBER _____

9. INTERVIEWER _____

10. DATE _____

11. What is your marital status? 1. Single ___ 4. Separated/
 2. Married ___ Divorced ___
 3. Widowed ___

12. OCCUPATIONAL HISTORY

12A. In the past year, did you work 1. Yes ___ 2. No ___

full time (30 hours per week
or more) for 6 months or more?

IF YES TO 12A:

12B. In the past year, did you work 1. Yes ___ 2. No ___
in a dusty job? 3. Does Not Apply ___

12C. Was dust exposure: 1. Mild ___ 2. Moderate ___
 3. Severe ___

12D. In the past year, were you 1. Yes ___ 2. No ___
exposed to gas or chemical
fumes in your work?