Residential and Occupational History

Residential History

1. What is your current address?
   Address
   City
   State  Zip code
   How long have you lived at this address?  years
   Do you live at least 9 months of the year at this address?
   ☐ Yes  ☐ No
   If No, what is the zip code of your other residence?  

2. Was this your address on your last COPDGene visit?
   ☐ Yes  ☐ No  ☐ Uncertain
   If No, what was your address then?
   Address
   City
   State  Zip code
   How long did you live at this address?  years

3. At what address have you lived the longest?
   ☐ Current address  ☐ Address on last COPDGene visit  ☐ Another address
   If Another address, what was that address?
   Address
   City
   State  Zip code
   In what year did you start living at this address?  
   In what year did you stop living at this address?  

4. At what address or intersection did you live the longest before you were 13?

   Address ____________________________________________
   City
   State Zip code

   At what age did you move to this address? (Enter 0 if before 1 year old.) ___ years old
   At what age did you move from this address? ___ years old

**Occupational History in the Last 5 Years**

1. In the 5 years since your last COPDGene visit, have you worked?
   - Yes  
   - No   
   - Uncertain

   If No, then skip to page 5, *Lifetime Occupational History*, question 1.

2. In the 5 years since your last COPDGene visit, what has been your main occupation?

3. Which code below best describes your main occupation in the last 5 years? ___
   
   1. Artist or art-related
   2. Building and grounds, cleaning and maintenance
   3. Construction and building trades
   4. Farming: animal and agriculture
   5. Firefighter
   6. Food preparation and serving
   7. Medical, dental, and health-care-related
   8. Forestry
   9. Military
   10. Mining or drilling
   11. Police or correctional
   12. Production-related *
   13. Professional **
   14. Sales, office, retail, and administrative
   15. Transportation: truck driver
   16. Transportation: bus, car, or van driver
   17. Other transportation-related
   18. Vehicle, engine, or aircraft mechanic
   19. Welder
   20. Other

   * Machine operator, manufacturing, assembling, or processing
   ** Including business, financial, engineering, computer, science, media, education

4. At what address have you worked the longest in the last 5 years?

   Address ____________________________________________
   City
   State Zip code

5. In the 5 years since your last COPDGene visit, in what industry have you worked?

   ____________________________________________
6. Are you working as of now?
   ○ Yes  ○ No
   If No, what was the approximate date you stopped working?  ___ / ___ / ___
   If you are no longer working, why did you stop working?
      ○ Reached retirement age
      ○ Retired because of my lung disease
      ○ Retired because of another medical problem
      ○ Other

Dust Exposure in the Last 5 Years

1. In the 5 years since your last COPDGene visit, have you worked a year or more in a dusty job?
   ○ Yes  ○ No  ○ Uncertain
   If No, then skip to page 4, question 1.

2. In the 5 years since your last visit, what has been your main occupation in that dusty job?

3. Which code from page 2 best describes this dust-related occupation?  __ __

4. In this job, what were the most common kinds of dust to which you were exposed?
   ○ Animal dander
   ○ Cotton, wool, cloth, or textile
   ○ Flour
   ○ Grain
   ○ Hay
   ○ Paper or cardboard
   ○ Plastic or rubber
   ○ Wood or sawdust
   ○ Another kind of dust (specify)

5. In this dusty job, how often were you exposed to dust?
   ○ Less than 1 day a week  ○ 1-3 days a week  ○ 4-7 days a week
6. In this dusty job, how much dust were you exposed to?
   - ○ A little
   - ○ A moderate amount
   - ○ A lot

7. In what industry is this dusty job?

8. Are you working in this dusty job as of now?
   - ○ Yes
   - ○ No

**Gas, Smoke, Vapor, and Fume Exposures in the Last 5 Years**

1. In the 5 years since your last COPDGene visit, have you been exposed to gas, smoke, or chemical vapors or fumes in your work?
   - ○ Yes
   - ○ No
   - ○ Uncertain

   If No, then skip to page 5, *Lifetime Occupational History*, question 1.

2. In the 5 years since your last COPDGene visit, what has been your main occupation in that job?

3. Which code from page 2 best describes this occupation? □□

4. In this job, what were the *most common* kinds of gas, smoke, or chemical vapors or fumes to which you were exposed?
   - ○ Cutting oils or mists
   - ○ Exhaust: primarily diesel engine
   - ○ Exhaust: primarily gasoline engine
   - ○ Exhaust: both diesel and gasoline engine
   - ○ Exhaust: primarily another kind
   - ○ Fumes from chemicals
   - ○ Gasoline or other fuel fumes
   - ○ Pesticides or insecticides
   - ○ Smoke from burning buildings, fuel oil, refuse, or wood
   - ○ Paint or lacquers
   - ○ Solvents
   - ○ Welding
   - ○ Other gas, smoke, or chemical vapor or fume ____________________________

5. In this job, how often were you exposed to gas, smoke, or chemical vapors or fumes?
   - ○ Less than 1 day a week
   - ○ 1-3 days a week
   - ○ 4-7 days a week
6. In this job, how much gas, smoke, or chemical vapors or fumes were you exposed to?
   - O A little
   - O A moderate amount
   - O A lot

7. In what industry is this job?

   ___________________________________________

8. Are you working in this job with gas, smoke, or chemical vapors or fumes as of now?
   - O Yes
   - O No
   - O Uncertain

**Lifetime Occupational History**

1. Over your working life, what has been your main occupation?

   ___________________________________________

   How long have you had this job? ______ years

2. Which code from page 2 best describes this occupation?

   ______

3. In what industry is this occupation?

   ___________________________________________

   How long did you work in this industry? ______ years

4. Have you ever worked for at least a year in any dusty job?
   - O Yes
   - O No
   - O Uncertain

   If No, then skip to page 6, question 11.

   What was the approximate year you started? ______

   What was the approximate year you stopped? ______

5. What was your occupation with the longest exposure to dust?

   ___________________________________________

6. Which code from page 2 above best describes this occupation?

   ______
7. In this job, what were the most common kinds of dust to which you were exposed?

- Animal dander
- Cotton, wool, cloth, or textile
- Flour
- Grain
- Hay
- Paper or cardboard
- Plastic or rubber
- Wood or sawdust
- Asbestos
- Cement
- Coal
- Fiberglass
- Granite or other rock
- Lime
- Metal: aluminum, copper, iron, steel
- Plaster
- Sand or silica
- Talc
- Another kind of dust (specify)

8. In this job, how often were you exposed to dust?

- Less than 1 day a week
- 1-3 days a week
- 4-7 days a week

9. In this job, how much dust were you exposed to?

- A little
- A moderate amount
- A lot

10. In what industry is this job?

11. Have you ever been exposed to gas, smoke, chemical vapors, or chemical fumes in your work?

- Yes
- No
- Uncertain

If No, then skip to page 7, question 18.

What was the approximate year you started? [ ]
What was the approximate year you stopped? [ ]

12. What was your occupation with the longest exposure to gas, smoke, or chemical vapors or fumes?

13. Which code from page 2 best describes this occupation? [ ]
14. In this job, what were the most common kinds of gas, smoke, or chemical vapors or fumes to which you were exposed?
   - Cutting oils or mists
   - Exhaust: primarily diesel engine
   - Exhaust: primarily gasoline engine
   - Exhaust: both diesel and gasoline engine
   - Exhaust: primarily another kind
   - Fumes from chemicals
   - Gasoline or other fuel fumes
   - Pesticides or insecticides
   - Smoke from burning buildings, fuel oil, refuse, or wood
   - Paint or lacquers
   - Solvents
   - Welding
   - Other gas, smoke, or chemical vapor or fume

15. In this job, how often were you exposed to gas, smoke, or chemical vapors or fumes?
   - Less than 1 day a week
   - 1-3 days a week
   - 4-7 days a week

16. In this job, how much were you exposed to gas, smoke, or chemical vapors or fumes?
   - A little
   - A moderate amount
   - A lot

17. In what industry is this job?

18. Have you ever been exposed to asbestos in your work?
   - Yes
   - No
   - Uncertain
   
   If No, then STOP.
   
   What was the approximate year your exposure to asbestos started?
   
   What was the approximate year your exposure to asbestos stopped?

19. What was your occupation with the longest exposure to asbestos?

20. Which code from page 2 best describes this asbestos-related occupation?
21. In this job, how often were you exposed to asbestos?
   - ☐ Less than 1 day a week
   - ☐ 1-3 days a week
   - ☐ 4-7 days a week

22. Which answer best describes your exposure to asbestos in this job?
   - ☐ Did not handle asbestos but it was present in ceilings or overhead pipes
   - ☐ Did not handle asbestos but worked where asbestos dust was created by others
   - ☐ Handled asbestos or asbestos-containing products and created asbestos dust

22. In what industry is this job?

________________________________________________________________________