

Building Trades National Medical Screening Program Work History Questionnaire

Please answer the following questions and keep this for your reference. Do not mail this form to us.

1. List all trades you worked in at DOE sites. After entering each trade, enter the DOE site where you worked in that trade and the years that you worked in that trade and at that site. If you worked in a trade at more than one DOE site, enter that trade again and then enter the site and the years worked information. Repeat for any additional DOE sites where you worked in that trade. *(If you did not work in a specific trade/craft, please provide an explanation under 1.b).*

Trade and Site One

1. Trade/ Craft: _____ and DOE Site: _____
 - 1.1 What was the first year you worked in this trade at this DOE site? _____
 - 1.2 What was the last year you worked in this trade at this DOE site? _____
 - 1.3 What are the total years you worked at this site in this trade? (Can be approximate) _____

Trade and Site Two

1. a Trade/ Craft: _____ and DOE Site: _____
 - 1.1a What was the first year you worked in this trade at this DOE site? _____
 - 1.2a What was the last year you worked in this trade at this DOE site? _____
 - 1.3a What are the total years you worked at this site in this trade? (Can be approximate) _____.

(Please list additional locations on the back of this sheet.)

1. b. If you did not work in a specific trade/craft, please provide an explanation.

Now we will ask questions relating to each trade you worked in at DOE sites, regardless of how many DOE sites you worked at while in each trade.

2. During the period (_____) to (_____) did you often work less than full time or have
Year year
periods when you did not work? Consider periods where you worked in another trade, were laid off, unable to work, or worked part-time.

Trade One: Yes _____ No _____

2.1

If yes, what percentage of your time did you work at a DOE site in this trade?

_____ %

Or

If yes, how many years and months during that time period did you work at a DOE site in this trade?

_____ years _____ months

2.2 Did you work in this trade at any non-DOE locations? Yes _____ No _____

2.3 If yes, what is the total number of years (including apprenticeship) you have worked in this trade? Include all time spent working in this trade, not just at DOE sites.

_____ years

2. a Trade Two: Yes _____ No _____

2.1a

If yes, what percentage of your time did you work at a DOE site in this trade?

_____ %

Or

If yes, how many years and months during that time period did you work at a DOE site in this trade?

_____ years _____ months

2.2a Did you work in this trade at any non-DOE locations? Yes _____ No _____

2.3a If yes, what is the total number of years (including apprenticeship) you have worked in this trade? Include all time spent working in this trade, not just at DOE sites.

_____ years

3. For each DOE site that you have listed, please list all contractors that you worked for and the dates you worked for each contractor. If you cannot remember the name of a contractor write "Unknown". If you do not know exact dates, enter your best estimate of employment dates for each contractor. (Please, use the back of this sheet to list additional contractors and dates.)

DOE Site One

Contractors

Contractor Dates

DOE Site Two

Contractors

Contractor Dates

4. Did you work in any buildings that concern you (Please list building name or number and reason for concern)?

Questions 5, 6 and 7 will ask you to rate your exposures according to the frequency of exposure. Please give exposure ratings for each trade that you worked in at DOE sites. Do not give separate exposure ratings for each site.

Exposure means that a material did, or may have, gotten into the air or onto surfaces where you worked, even if you were not directly working with it, and even if you were wearing a respirator or other protective equipment. Do not include as exposures materials that were only present in your work area in sealed containers such as glove boxes or drums or that were part of an undisturbed solid object such as asbestos floor tiles.

The scale for rating your exposures is below:

- 5 Continuous
- 4 Daily or most days per week
- 3 Couple of times per week
- 2 Few times a month
- 1 Rarely
- 0 None or Unknown

These terms are approximations, not exact. Select the one that best fits your experience.

Use "Continuous" if a task or material was a main part of your daily work, such as painting and solvents might be for a painter, even if it was less than 100% of the time.

Use "Rarely" for tasks or materials that you experienced at any time, but no more than an average of about one time per month. If you do not recall ever doing a task or having an exposure to a material, leave that item unchecked and the computer will mark it as "None or Unknown".

5. What tasks did you do while working at DOE sites? Please indicate how often using the scale to the right. Please consider each trade you worked in while at DOE sites separately. (Use the back of this form to list any other tasks that you did at DOE sites that may have exposed you to a hazardous material. Also, indicate how often you performed each task.)

Key to How Often

5 - Continuous
 4 - Daily or most days per week
 3 - Couple of times per week
 2 - Few times a month
 1 - Rarely
 0 - None or unknown

Tasks You Performed

Did you work with paints by:	Trade One	Trade Two
Spray or apply paints, varnishes, or stains		
Applying chromium based paints		
Applying epoxy based paints		
Applying lead based paints		
Applying polyurethane or isocyanate-based paints		
Scraping or grinding paints or coatings		
Did you work with asbestos or other dusty materials by:		
	Trade One	Trade Two
Drilling, grinding, cutting, applying, blasting asbestos or transite		
Doing any asbestos gasket or packing work		
Using asbestos blankets or asbestos gloves		
Sanding or refinishing asbestos floor tiles		
Pouring, mixing, handling Gilonite		
Working with vermiculite.		
Replacing asbestos brakes or clutches		
Demolishing buildings		
Finishing or sanding drywall		
Grinding paints or coatings		
Machining graphite blocks		
Sandblasting		
Spraying fireproofing or insulation		
Installing fiberglass, mineral wool, rockwool, or slagwool insulation.		
Drill, cut or demolish concrete		
Pouring concrete		
Did you work with wood products by:		
	Trade One	Trade Two
Cutting or planing with power tools		
Sanding using power sanders		
Work with moldy wood.		
Did you work with herbicides (weed Killer) or pesticides by:		
	Trade One	Trade Two
Mixing herbicides (weed killer) or pesticides		
Spray applying herbicides (weed killer) or pesticides		
Did you work with metals by:		
	Trade One	Trade Two
Building or dismantling steel structures		
Grinding or scraping cadmium coated		

steel		
Grinding or scraping lead coated surfaces		
Flame cutting, burning or welding cadmium coated steel		
Flame cutting, burning or welding lead paint coated surfaces		
Flame cutting, burning or welding stainless steel		
Cutting or grinding stainless steel		
Cutting or installing nickel coated sheets or cadmium coated metals		
Installing, repairing or dismantling lead shielding		
Burning, pouring, grinding lead		
Pulling lead coated cable		
Doing any mercury work		
Cutting, installing, removing, repairing, grinding, or threading pipe		
Soldering or brazing		
Welding (any type)		
Cutting, grinding, burning or welding galvanized metals		
Cut/grind with tungsten carbide tools or abrasives		
Did you work with solvents, acids or caustics by:		
	Trade One	Trade Two
Cleaning parts using solvents (solvent degreasing)		
Fueling trucks or equipment		
Solvent stripping walls, ceiling or floors		
Thinning paints, cleaning, stripping or degreasing		
Magnifluxing welds, vessels, etc.		
Using acids (e.g. muriatic acid) or caustics for cleaning or degreasing		
Did you work near radiation sources by:		
	Trade One	Trade Two
Installing, repairing, dismantling radiation contaminated equipment		
Operating equipment or working in radiation contaminated areas		

6. What tasks did others around you do while working at DOE sites? Please indicate how often by using the scale to the right. (Please use the back of this form to list any other tasks that you did at DOE sites that may have exposed you to a hazardous material. Also, indicate how often you performed each task.

Key to How Often

- 5 - Continuous
- 4 - Daily or most days per week
- 3 - Couple of times per week
- 2 - Few times a month
- 1 - Rarely
- 0 - None or unknown

Tasks You Worked Near

Did others around work with paints by:	Trade One	Trade Two
Spray or apply paints, varnishes, or stains		
Applying chromium based paints		
Applying epoxy based paints		
Applying lead based paints		
Applying polyurethane or isocyanate-based paints		
Scraping or grinding paints or coatings		

Did others around you work with asbestos or other dusty materials by:	Trade One	Trade Two
Drilling, grinding, cutting, applying, blasting asbestos or transite		
Doing any asbestos gasket or packing work		
Using asbestos blankets or asbestos gloves		
Sanding or refinishing asbestos floor tiles		
Pouring, mixing, handling Gilsonite		
Working with vermiculite.		
Replacing asbestos brakes or clutches		
Demolishing buildings		
Finishing or sanding drywall		
Grinding paints or coatings		
Machining graphite blocks		
Sandblasting		
Spraying fireproofing or insulation		
Installing fiberglass, mineral wool, rockwool, or slagwool insulation.		
Drill, cut or demolish concrete		
Pouring concrete		

Did others around you work with wood products by:	Trade One	Trade Two
Cutting or planing with power tools		
Sanding using power sanders		
Work with moldy wood.		

Did others around work with herbicides (weed Killer) or pesticides by:	Trade One	Trade Two
Mixing herbicides (weed killer) or pesticides		
Spray applying herbicides (weed killer) or pesticides		

Did others around you work with metals by:	Trade One	Trade Two
Building or dismantling steel structures		
Grinding or scraping cadmium coated steel		
Grinding or scraping lead coated surfaces		

Flame cutting, burning or welding cadmium coated steel		
Flame cutting, burning or welding lead paint coated surfaces		
Flame cutting, burning or welding stainless steel		
Cutting or grinding stainless steel		
Cutting or installing nickel coated sheets or cadmium coated metals		
Installing, repairing or dismantling lead shielding		
Burning, pouring, grinding lead		
Pulling lead coated cable		
Doing any mercury work		
Cutting, installing, removing, repairing, grinding, or threading pipe		
Soldering or brazing		
Welding (any type)		
Cutting, grinding, burning or welding galvanized metals		
Cut/grind with tungsten carbide tools or abrasives		

Did others around work with solvents, acids or caustics by:	Trade One	Trade Two
Cleaning parts using solvents (solvent degreasing)		
Fueling trucks or equipment		
Solvent stripping walls, ceiling or floors		
Thinning paints, cleaning, stripping or degreasing		
Magnifluxing welds, vessels, etc.		
Using acids (e.g. muriatic acid) or caustics for cleaning or degreasing		

Did others around you work near radiation sources by:	Trade One	Trade Two
Installing, repairing, dismantling radiation contaminated equipment		
Operating equipment or working in radiation contaminated areas		

General Work History

Please list the jobs that you have held for more than one year since high school. For each job, list the year started and the year ended. Also, please indicate how often using the scale to the right. If you did not experience an exposure you can just leave the column blank.

Job means type of work. For example, if you worked as a pipe fitter in construction for 20 years, consider that one job. You do not need to list each employer within work in that craft. List different jobs within the trade if you think the exposures on that job were unique or different from what a pipe fitter would usually have

Key to How Often

- 5 Continuous
- 4 Daily or most days per week
- 3 Couple of times per week
- 2 Few times a month
- 1 Rarely
- 0 None or Unknown

Job Title	Year Started	Year Ended	In this job, how often were you exposed to the following? (Use the scale to show how often)										
			Asbestos	Silica	Welding	Beryllium	Solvents	Lead	Cadmium	Chromium	Mercury	Radiation	Noise

9. Have you ever worked with beryllium or a beryllium compound or in an area where you believe beryllium or a beryllium compound was used?

Yes _____ No _____ Don't Know _____

(If you answered No to question 9, then please skip to question 10.)

9.1 Have you ever worked in a production area where Beryllium was used?

Yes _____ No _____ Don't Know _____

Bldg. # _____, First year _____, Last year _____
 Bldg. # _____, First year _____, Last year _____
 Bldg. # _____, First year _____, Last year _____

9.2 Have you ever worked near any activities where parts were machined containing Beryllium?

Yes _____ No _____ Don't Know _____

Bldg. # _____, First year _____, Last year _____
 Bldg. # _____, First year _____, Last year _____
 Bldg. # _____, First year _____, Last year _____

9.3 Have you ever worked at activities that generated dust while in a Beryllium area?

Yes _____ No _____ Don't Know _____

Bldg. # _____, First year _____, Last year _____
 Bldg. # _____, First year _____, Last year _____
 Bldg. # _____, First year _____, Last year _____

10. While at the DOE site were you involved, or near, any incidents that directly exposed you to a hazardous material?

Yes _____ No _____ Don't Know _____

Please, list each incident giving information about where and when it occurred, as well as, information about to what hazards you may have been exposed. (An incident is any accidental event at a DOE site that may have exposed you to an unusually large amount of a hazardous material or radiation. Large spills or leaks, fires, criticalities, or personal contamination requiring being scrubbed down are examples of incidents.)

(Please use the back of this form if you need more room.)

Question 11 deals with radiation monitoring at all DOE sites you worked. Please answer to the best of your recollection.

11. Did you ever carry a radiation monitoring badge or dosimeter? Yes _____ No _____

(If you answered No to question 11, then please skip to question 12.)

11.1 When did you first wear a radiation monitoring badge or dosimeter?

When hired _____ Later on _____ Never _____ Don't Know _____

11.2 How regularly did you wear the badge or dosimeter after that date?

Always _____ Usually _____ Rarely _____ Never _____ Don't Know _____

11.3 Did the radiation monitoring badge or dosimeter number change?

Yes _____ No _____ Don't Know _____

Explain: _____

11.4 How often was your badge or dosimeter exchanged or recalibrated?

Radiation Badge: Weekly _____ Monthly _____ Quarterly _____

Annually _____ Never _____ Don't Know _____ Other _____

Explain, if other _____

Dosimeter: Weekly _____ Monthly _____ Quarterly _____

Annually _____ Never _____ Don't Know _____ Other _____

Explain, if other _____

Please check any conditions that are true for you.

11.5 You were sometimes told to leave your badge or dosimeter outside your work area. Yes _____ No _____

11.6 You wore a radiation badge or dosimeter under a lead apron. Yes _____ No _____

Did either of these events occur?

12. You were decontaminated or scrubbed down. Yes _____ No _____

12.1 If yes, why? _____

What area? _____ What year? _____

12.2 Were there others working with you who had to be decontaminated at that time? Yes ____ No ____

12.3 You were involved in a major fire at a DOE site. (You were in the smoke.) Yes ____ No ____

13. Aside from a normal physical, did you ever have any of these conditions occur while at work or because of something that happened at work? If any occurred more than three times, indicate the year that it occurred approximate number of times it occurred in each year. (Please list additional occurrences on the back on this sheet.)

13.1 Blood was drawn Yes _____ No _____

Year _____ Number of times in that year _____

Year _____ Number of times in that year _____

13.2 Nasal swipes taken Yes _____ No _____

Year _____ Number of times in that year _____

Year _____ Number of times in that year _____

13.3 Urine or feces tested Yes _____ No _____

Year _____ Number of times in that year _____

Year _____ Number of times in that year _____

13.4 Chest x-ray taken Yes _____ No _____

Year _____ Number of times in that year _____

Year _____ Number of times in that year _____

13.5 Whole body count Yes _____ No _____

Year _____ Number of times in that year _____

Year _____ Number of times in that year _____

13.6 Tools, clothing or shoes were decontaminated or replaced Yes _____ No _____

Year _____ Number of times in that year _____

Year _____ Number of times in that year _____

14. What percentage of your time working at DOE sites was the noise level:?
(Percentages should equal 100)

Quiet (you could speak in a normal voice) _____% +

Somewhat loud (you had to raise your voice) _____% +

Very loud (you had to shout to be heard) _____% = 100%

- 14.1 Do you wear a hearing aid? Yes _____ No _____

If yes, do you have an accepted claim for hearing loss? Yes _____ No _____

- 14.2 Has your handwriting changed over the past 10 years? (Your signature may change for many reasons. One reason may be nervous system damage from hazardous materials. A reduction in control of the hand, most clearly seen in changes to the signature, can be a sign of nerve damage.)

Yes _____ No _____

15. Please list any health conditions that you have which you believe are related to your work at DOE sites.

16. Have you ever been told by a physician that you may have a disease related to your work at DOE sites?
(Your response is meant only to be to the best of your recollection and is not a legally binding statement.)

Yes _____ No _____ Don't Know _____

- 16.1 Please describe the conditions _____

- 16.2 If yes, when were you told this? _____

17. Have you been diagnosed with any of the following?

17.1 Hearing Loss Yes _____ No _____

17.2 Asbestosis Yes _____ No _____

17.3 Silicosis Yes _____ No _____

17.4 Cancer Yes _____ No _____

17.5 Disease from Beryllium Yes _____ No _____

17.6 Disease from Radiation Yes _____ No _____

18. Claim filing information:

18.1 Have you filed a claim with EEOICPA? Yes _____ No _____

18.2 Have you filed a Worker's Compensation claim? Yes _____ No _____

19. Please tell us about anything you think is important that we have not asked about.

(Please, use the back of this form if you need more room.)