



Case-control study on renal cell cancer
and occupational trichloroethylene
exposure,
in the Arve valley (France)

OCCUPATIONAL
QUESTIONNAIRES

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OCCUPATIONAL QUESTIONNAIRES: THE JOB HISTORY (JH)

Could you please, list all jobs you have held after leaving school, until your current job or your retirement?

Include all major changes within a same company as separate jobs.

For each one, please detail - starting and ending years

- name and address (at least the city), of the company

- your job title

Subject's Identification Number: - - - - -

Job 1: from - - - - to - - - -

Company name:

Address of the company:

Job title:

Job 2: from - - - - to - - - -

Company name:

Address of the company:

Job title:

Job 3: from - - - - to - - - -

Company name:

Address of the company:

Job title:

Job 4: from - - - - to - - - -

Company name:

Address of the company:

Job title:

Job 5: from - - - - to - - - -

Company name:

Address of the company:

Job title:

Now, I would like to ask you some questions about each of your jobs in turn, starting by the oldest one. We are interested in the kind of tasks and the places you did these tasks, to get a picture as precise as possible of your various jobs and their environment.

OCCUPATIONAL QUESTIONNAIRES:
THE GENERAL OCCUPATIONAL QUESTIONNAIRE

Code Number:

JOB N° --- FROM --- TO ---

Q1: Can you describe in more detail the activities or products made by your company or employer?

Q 1b: How many people worked in your company?

Q2: Can you describe the place (room...) where you usually worked?

Indoor	<input type="checkbox"/>	In an office or a store	<input type="checkbox"/>
Outdoor	<input type="checkbox"/>	In a warehouse	<input type="checkbox"/>
Underground	<input type="checkbox"/>	In production workshop / a plant	<input type="checkbox"/>
At home	<input type="checkbox"/>	In a laboratory	<input type="checkbox"/>

Other place? If yes, which kind of place?

Q2a: How many people worked in this same place (or around you if you were outdoor)?

Q2b: What was approximately the size of the room?

Q3: Please, describe your specific tasks (what you did, and how you did it). If you performed different tasks, please start with the main one (the most time consuming).

Main task:

Other tasks:

Q 3a: How much time did you spend on your main tasks? (% of the day or of the week or of the month, or hours/day, hours/week, days/week: please specify)

Q 4: Which machine or equipment did you use ?

Q 4a: If you used machines did you clean or maintain them?

YES --- NO ---

If YES, please describe how you did it:

Q 5: What kind of different jobs were done by others working nearby to you?

Note for interviewers: in case of clerical work without any possibility of exposure, please go straight to the next job description

Q 6: Were you exposed from your own tasks, or from a neighbour, to any chemical used as solvent, thinner, degreasing agent or cleaning agent (except detergents or soaps)?

YES --- NO ---

If yes, was it:

	Yes	No	DK	If yes, % time	If yes, for which use
Trichloroethylene					
Perchloroethylene					
Other chlorinated Solvent					
White spirit					
Kerosene					
Gasoline					
Other Petroleum solvents					
Other solvent, thinner, Degreasing agent Which one?					

Q 6a: If you were exposed to any chlorinated solvent, how did you use it, or how was it used by your neighbour?

	Yes	No	D K
In a cold way			
In a hot way, or as a vapour			
In a small box			
In a large open batch			
In a large closed batch			
Other: how was it used?			

Q 7: Were you exposed from your own tasks, or from a neighbour, to some petroleum oils?

YES --- NO ---

If yes, was it:

	Yes	No	DK
Cutting fluids			
Lubricating oils			
Hydraulic fluids			
Other oils? Which ones?			

Q8: Were you exposed from your own tasks, or from a neighbour, to some metal dust?

YES --- NO ---

If yes, was it:

	Yes	No	DK	If yes, for which use?
Lead				
Cadmium, or Cadmium plated parts				
Other metal? Which ones?				For which use?

Q 9: Did you install or remove any kind of insulation for thermal or phonic purpose?

YES --- NO ---

If yes, was it:

	Yes	No	DK	If yes, for which use?
Glass or rock fibres				
asbestos				
Other insulating material? Which ones?				For which use?

Q10: What other materials or chemicals than those described before, did you use or were you exposed to?

For each one, can you specify their use (e.g. colouring agent...) or function (e.g. raw material), or source of exposure (e.g. from a painter at my side)

Material or chemical	Use, or function, or source of exposure

Q 11: For one or more tasks, did you have any protective equipment?

YES --- NO ---

If yes, was it:

	Yes	No	DK	For which task?
Simple dust mask				
Air supplied mask				
Asbestos made equipment (gloves, screens)				
Exhaust ventilation				
Other (please specify)				

Screw cutting questionnaire

Code Number:

JOB N° --- FROM --- TO ---

Q1: Can you describe in more detail the production of your company?

Q 1b: How many people worked in your company?

Q2: Can you describe the place (room, workshop ...) where you usually worked:

Which size?

How many people were working in this room?

Q 3: Did you have to move in other rooms / or workshops? YES -- NO --

If Yes, for which reasons?

.....

How much time?

.....

Q 4: which were the machines and materials in the main workshop or room you were working in, (and in the other ones if necessary)

	In your main workshop		In a secondary shop		How far were you from the closest one
	NO	If Yes, How many	NO	If Yes, How many	
Screw cutting machines					
Digital driven machines					
washing machines in a cold phase					
Washing machines in a hot phase (or vapour) -open washing machine - half open washing machine - closed - with a drying channel					
Other machines? Which ones?					

Q 5: Did you do one or more of the following tasks?

	YES	NO	If Yes, % time
Screw cutter , or screw cutting helper			
Digital driven machine operator If yes, were metal parts still wet with TRI when you received it?
Metal parts checking If yes, were metal parts still wet with TRI when you received it?
Metal plating If yes, was it nickel plating Chromium plating Cadmium plating
Washing with a cold solvent If yes, was it in a little box ('boite à Nétoline') In a large open batch With Trichloroethylene With another chlorinated solvent? Which one? With a petroleum solvent With another chemical? Which one?
Washing with a hot solvent If yes, was it With Trichloroethylene With another chlorinated solvent? Which one? With a petroleum solvent With another chemical? Which one?
Emptying / filling in washing machines with solvent If yes, was it done in a manual way automatically
Cleaning of the washing machine, scraping mud, ... If yes, was it done with a ventilated mask?
Solvent distillation

<p>Other tasks involving a Trichloroethylene use (cleaning floors, ...) If yes, which ones?</p>	<p>.....</p>	<p>.....</p>	<p>.....</p>
<p>Machine maintenance, other than for TRI cleaning or recovering If yes, did you do maintenance of brakes or clutches?</p>	<p>.....</p>	<p>.....</p>	<p>.....</p>
<p>Installation or removal of any insulation material If yes, was it rock or glass wool Asbestos Other? Which ones?</p>	<p>..... </p>	<p>..... </p>	<p>..... </p>
<p>Other tasks than those described above? If yes, which ones and </p>			<p>How much time? </p>