Parkinson’s Disease & Manganese Project

Occupational History Interview

Private and Confidential

For Medical Research Only

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A. Date of Birth  _____ / _____ /_____

B. Sex  Male / Female

C. Have you ever been employed in any of the following occupations or worked in any factory concerned with these jobs or processes?

1. The manufacture of rubber and rubber products  Yes / No
2. Cable manufacturing  Yes / No
3. The manufacture of dyes and dyestuffs  Yes / No
4. Manufacture and professional use of solvents  Yes / No
5. Leather work  Yes / No
6. Welding of metals  Yes / No
7. Manufacture or professional use of paints  Yes / No
8. Gasworks and coke ovens  Yes / No
9. Rodent or pest extermination  Yes / No
10. Sewage works  Yes / No
11. Laboratory technician  Yes / No
12. Medicine or Nursing  Yes / No
13. Textile printing and dyeing  Yes / No
14. Manufacture of plastics  Yes / No
15. Hairdressing or Beauty therapy  Yes / No
16. Metal casting  Yes / No
17. Printing  Yes / No
18. Metal smelting  Yes / No
19. Professional use or manufacture of pesticides  Yes / No

D. Please give details if you have answered “Yes” to any part of “C”. Give the name of the firm, describe the work you carried out and give the years you worked.

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<th>NAMES OF FIRM</th>
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E. We are interested in any metal welding work you may have done.

1. What was your job title? __________________________

2. How many hours a week were you working as a welder? ______________

3. How many years in total did you work as a welder for? ______________

4. What type of metal were you welding?
   - Stainless Steel (_____ %)
   - Mild Steel (_____ %)
   - Other (_____ %)

5. Can you remember what type of electrode you used most? ______________

6. What type of welding technique did you use?
   - Manual Metal Arc (MMA) (_____ %)
   - Tungsten Inert Gas (TIG) (_____ %)
   - Metal Inert Gas (MIG) (_____ %)

7. What kind of engineering control was used?
   - General Ventilation (_____ %)
   - Local Exhaust Ventilation (LEV) (_____ %)
   - Only Natural Ventilation (_____ %)

8. If LEV was used, how far was the hood from the welding area? ______________

9. Did you wear a welding visor when welding? Yes (_____ %) No

10. What immediate surroundings were you in mostly when welding?
    - Indoor (_____ %)
    - Outdoor (_____ %)
    - Enclosed space (e.g. inside a tank) (_____ %)

11. When welding, were you near other welders? Yes (_____ %) No

12. Over an average 8-hour shift, how much time did you spending arcing ___ hrs
F. We are interested in your diet and smoking habits

1. Have you ever smoked cigarettes regularly (at least once a week)?  Yes / No

2. Which year did you start smoking regularly? ___________

3. Number smoked per day
   Less than 10/day  □  10-20/day  □  More than 20/day  □

4. Which year did you stop smoking regularly? ___________

5. How many years have you smoked for? ___________

6. Which of the following have you eaten regularly (at least once a week)?
   Spinach  □  Lentils  □  Liver  □  Poultry  □
   Whole grains  □  Cereals  □  Red meat  □

7. Do you currently take daily vitamin supplements?  Yes / No

8. Which vitamins? _________________________________

9. When did you start taking daily vitamins? ___________

10. Have you ever taken any of the following substances?
    “Angel dust”  □  “Ozone”  □  “Wack”  □  “Rocket fuel”  □
    “Killer joints”  □  “Crystal supergrass”  □  PCP  □  Phencyclidine  □

G. Finally, we would ask for some extra information about you.

1. What is your marital status? _______________________

2. How many children do you have? _________

3. What is the highest education achievement you have made?
   School-leaving exams  □  O-levels  □  A-levels  □  Diplomas  □
   University degree  □  Certificates  □  Post graduate degree  □

Thank you for your time and cooperation