
Chapter 6

Taking an Occupational History

Barry S. Levy and Rose H. Goldman

Recognition of occupational diseases and injuries depends on obtaining an occupational history. An occupational history is taken in the context of a complete medical history, which includes a description of the patient's chief complaint and other current medical problems, past medical history, review of systems, family history, residential history, current medications, and personal habits, including use of tobacco products, alcohol, and recreational drugs, as well as hobbies and other nonoccupational activities. The minimal components of a screening occupational history could include attention to the chief complaint (or diagnosis) for clues suggesting a relationship to activities at work or at home; a list of current and longest held jobs; a current job description; and questions about symptoms during or after exposures to fumes, dusts, chemicals, loud noise, radiation, or musculoskeletal stresses. Findings from the clinical encounter may prompt the clinician to take a more thorough occupational history. Such triggers could include a suggestive temporal relationship between an exposure and symptoms; a "sentinel health event" or diagnosis that has been strongly linked to exposures, such as pulmonary tuberculosis, asthma, contact dermatitis, bladder cancer, peripheral neuropathy, or pulmonary fibrosis; the occurrence of an illness in an unexpected person, such as lung cancer in a non-smoker; and symptoms without any other clear etiology or diagnosis.

A detailed occupational history contains the following information. A standardized form may be useful in recording this information. (See an example of a standard form at the end of this chapter.)

Description of All Jobs Held

Starting with the current or last (previous) job, determine for each job: name of employer and type of industry, title and description of job and tasks performed, and starting and ending dates. Obtain information on routine tasks as well as overtime and unusual tasks. If workers have multiple tasks, have them describe a typical workshift and have them simulate the motions of complex tasks. Since the physician or other health care provider is often not knowledgeable about technical details of the person's work, it is important to have the person explain work tasks in detail. Visiting the current workplace may be helpful. In the list of past jobs, include military service and part-time jobs, even part-time

and summer jobs while in school, and work as a homemaker and parent. Also include jobs in the informal sector of the economy. Some workers, such as workers in the construction trades and temporary office workers, work at many different workplaces and therefore one may be able to obtain only an overview of their jobs and information on the most hazardous workplaces that they can specifically recall.

Review of Occupational Exposures

Obtain information on known or suspected hazardous exposures in all jobs held. Include chemical exposures, physical exposures (such as loud noise, vibration, radiation, and temperature extremes), biologic exposures (to infectious agents), and psychosocial exposures (to working conditions and situations that provoke increased stress). Obtain information on both routine exposures as well as accidents and unusual incidents, such as spills and machinery malfunctions.

To what was the worker exposed? Often the worker may know the substance only by a brand name, slang term, or code number, or may only be able to describe its color, odor, and other characteristics. If certain exposures are suspected by the interviewer, he or she should specifically ask the worker if those exposures were present. Sometimes it is helpful to ask questions from a list of general or industry-specific chemicals that has been prepared in advance. It is typical for workers to be exposed to multiple hazards at work. The availability of material safety data sheets (MSDSs), along with reliance on workers' rights guaranteed by the federal Hazard Communication Standard, can often facilitate access to detailed information on hazards to which a worker has been or is being exposed.

When, for how long, and in what manner was the worker exposed? Describe worker inhalation, ingestion, and/or skin contact with the hazard that occurs routinely as well as unusual exposures, such as when hazardous liquids may have been splashed into the eyes or onto the skin or mucous membranes.

What was the level of exposure? Workers are unlikely to be able to exactly quantitate exposures, but usually can provide descriptions of the intensity of the exposure, such as, "It was so dusty that I couldn't see the wall at the other end of the building 100 feet away." In addition, workers may be aware that OSHA or other governmental agencies have obtained quantitative measurements of air contaminants or other hazards in the workplace.

Was personal protective equipment (PPE), such as gloves, masks and respirators, safety glasses and goggles, and protective clothing and footwear, available and used? If it was, determine what types of PPE were used, and under what circumstances and for how long they were used. Determine if PPE fit properly. Determine if respirator cartridges were changed at appropriate intervals.

Also determine if the worker washed hands, showered, and changed work-clothes before going home.

Did the worker eat, drink, or smoke in his or her work area? If so, for how long and how frequently?

Timing of Symptoms in Relation to Exposures

Determine any temporal relationship between symptoms and work exposures. Do the symptoms decrease or clear entirely during weekends and vacation periods only to recur on return to work? This pattern often occurs when symptoms are due to chemicals, such as organic solvents, that are easily absorbed and have short biologic half-lives.

Presence of Similar Illness Among Co-workers

Determine if there may be similar illnesses or symptoms among other workers at the same workplace or at other workplaces of the same employer. If similar illnesses or symptoms are found among co-workers, what work tasks and what work exposures do they share in common? A number of occupational diseases have been discovered by clinicians who recognized such clusters or illness and undertook or facilitated further investigations to elucidate their causes.

Nonoccupational Exposures

It is important to question the worker about nonoccupational exposures, such as those that may occur in the home environment, while engaged in hobby activities at home or elsewhere, and use of medications, tobacco, alcohol, recreational drugs, and other substances. As with other elements of the occupational history, one should obtain information on the amount, frequency, and timing of these other exposures.

Synthesis and Use of Information

Once having obtained an occupational history, it is important to synthesize this information and correlate it with the individual's health problem, additional information concerning work history and workplace exposures, and relevant scientific and medical literature in order to determine (a) whether or not the individual's illness or injury has been initiated or promoted by his or her work, and, if so, (b) what further investigation should be performed and what intervention, and/or preventive measures should be implemented.

Further Reading

- Levy BS, Wegman DH, Halperin WE. Recognizing occupational disease and injury. In Levy BS, Wegman DH (Eds.) *Occupational Health: Recognizing and Preventing Work-Related Disease and Injury* (4th ed.). Philadelphia: Lippincott Williams & Wilkins, 2000, pp. 99–122.
- Goldman RH. Suspecting occupational disease: The clinician's role. In McCunney RJ (Ed.), *A Practical Approach to Occupational and Environmental Medicine*. Philadelphia: Lippincott Williams & Wilkins, 2003, pp. 279–294.

OCCUPATIONAL HISTORY FORM

I. IDENTIFICATION

Name: _____ Soc. Sec. No.: _____

Address: _____ Sex: M F

Birthdate: _____

Telephone: Home _____ Work _____

II. OCCUPATIONAL PROFILE

Fill in the table below listing all jobs at which you have worked, including short-term, seasonal, and part-time employment, and including military service. Start with your present job and go back to the first. Use additional paper if necessary.

Workplace (Employer name and city)	Dates Worked		Average hours per week	Type of Industry	Describe your job duties	Known health hazards in workplace dusts, solvents, etc.)	Protective equip- ment used (gloves, masks, etc.)
	From	To					

Adapted from a form developed by the American Lung Association of San Diego and Imperial Counties, CA.

III. OCCUPATIONAL EXPOSURE INVENTORY

1. Please describe any health problems or injuries you have experienced connected with your present or past jobs:
2. Have any of your co-workers also experienced health problems or injuries connected with the same jobs? No Yes
If yes, please describe:
3. Do you or have you ever smoked cigarettes, cigars, or pipes? No Yes
If so, which and how many per day? _____
Are you still smoking? No Yes
If no, when did you stop? _____
4. Do you smoke while on the job, as a general rule? No Yes
5. Do you have any allergies or allergic conditions? No Yes
If so, please describe:
6. Have you ever worked with any substance which caused you to break out in a rash? No Yes
If so, please describe your reaction and name the substance.
7. Have you ever been off work for more than a day because of an illness or injury related to work? No Yes
If so, please describe:
8. Have you ever worked at a job which caused you trouble breathing, such as cough, shortness of wind, or wheezing? No Yes
If so, please describe:
9. Have you ever changed jobs or work assignments because of any health problems or injuries? No Yes
If so, please describe:
10. Do you frequently experience pain or discomfort in your lower back or have you been under a doctor's care for back problems? No Yes
If so, please describe:
11. Have you ever worked at a job or hobby in which you came into direct contact with any of the following substances by breathing, touching, or direct exposure? If so, please check the box beside the substance:

- | | |
|---|---|
| <input type="checkbox"/> Acids | <input type="checkbox"/> Lead |
| <input type="checkbox"/> Alcohols (industrial) | <input type="checkbox"/> Manganese |
| <input type="checkbox"/> Alkalis | <input type="checkbox"/> Mercury |
| <input type="checkbox"/> Ammonia | <input type="checkbox"/> Methylene chloride |
| <input type="checkbox"/> Arsenic | <input type="checkbox"/> Nickel |
| <input type="checkbox"/> Asbestos | <input type="checkbox"/> Noise (loud) |
| <input type="checkbox"/> Benzene | <input type="checkbox"/> PCBs |
| <input type="checkbox"/> Beryllium | <input type="checkbox"/> Perchloroethylene |
| <input type="checkbox"/> Cadmium | <input type="checkbox"/> Pesticides |
| <input type="checkbox"/> Carbon tetrachloride | <input type="checkbox"/> Phenol |
| <input type="checkbox"/> Chlorinated naphthalenes | <input type="checkbox"/> Phosgene |
| <input type="checkbox"/> Chloroform | <input type="checkbox"/> Radiation |
| <input type="checkbox"/> Chloroprene | <input type="checkbox"/> Rock dust |
| <input type="checkbox"/> Chromates | <input type="checkbox"/> Silica dust |
| <input type="checkbox"/> Coal dust | <input type="checkbox"/> Solvents |
| <input type="checkbox"/> Cold (severe) | <input type="checkbox"/> Styrene |
| <input type="checkbox"/> Cotton dust | <input type="checkbox"/> Talc |
| <input type="checkbox"/> Dichlorobenzene | <input type="checkbox"/> Toluene |
| <input type="checkbox"/> Ethylene dibromide | <input type="checkbox"/> TDI or MDI |
| <input type="checkbox"/> Ethylene oxide | <input type="checkbox"/> Trichloroethylene |
| <input type="checkbox"/> Fibrous glass | <input type="checkbox"/> Trinitrotoluene |
| <input type="checkbox"/> Formaldehyde | <input type="checkbox"/> Vibration |
| <input type="checkbox"/> Heat (severe) | <input type="checkbox"/> Vinyl chloride |
| <input type="checkbox"/> Isocyanates | <input type="checkbox"/> Welding fumes |
| <input type="checkbox"/> Ketones | <input type="checkbox"/> X-rays |

If you have answered "yes" to any of the above, please describe your exposure on a separate sheet of paper.

IV. ENVIRONMENTAL HISTORY

1. Have you ever changed your residence or home because of a health problem?

No	Yes
----	-----

If so, please describe:

2. Do you live next door to or very near an industrial plant?

No	Yes
----	-----

If so, please describe:

3. Do you have a hobby or craft which you do at home?

No	Yes
----	-----

If so, please describe:

4. Does your spouse or any other household member have contact with dusts or chemicals at work or during leisure activities?

No	Yes
----	-----

If so, please describe.

5. Do you use pesticides around your home or garden?

No	Yes
----	-----

If so, please describe:

6. Which of the following do you have in your home?
(Please check those that apply.)

- Air conditioner
- Air purifier
- Humidifier
- Gas stove
- Electric stove
- Fireplace
- Central heating

Additional Questions for the Evaluation of Occupational Associations to the Present Illness or Injury¹

Questions	Interpretation
Is your condition better or worse when you are off work for a few days or on vacation?	Identify patterns suggesting either improvement or exacerbation on withdrawal from exposure.
Is your condition better or worse when you return to work after a weekend or vacation?	Identify patterns suggesting return of the condition on reexposure in the workplace.
Does your condition get worse or better after you have been back at work for several days or shifts?	Identify patterns suggesting either tolerance or cumulative effects with multiple exposure.
Describe your workplace. (Please draw a diagram and indicate your work station.)	Evaluate the proximity to exposure, protection available (ventilation or barriers), mobility within the workplace, and location of co-workers who may also be affected.
What ventilation systems are used in your work space? Do they seem to work?	Obtain a general impression of adequacy of ventilation by air movement and odors.
Does the protective equipment you are issued fit properly? Do you receive instructions in its proper use? Do you ever fix or make changes in the equipment to make it more comfortable?	Consider the possibility that protective equipment is not fully effective. In the case of respirators (masks), ask if they are "fit-tested" to comply with Occupational Safety and Health Administration (OSHA) regulations.
Where do you eat, smoke, and take your breaks when you are on the job?	Identify opportunities for food- and cigarette-borne intake, and evaluate the adequacy of rest stations (isolation from heat, noise, fumes).

Where are your (and your spouse's or partner's) work clothes laundered?

How often do you wash your hands at work, and how do you wash them?

What is your spouse's or partner's occupation?

Have any of your fellow workers experienced similar conditions?

Do you recall a specific incident or accident that occurred on the job? Were others also affected?

Are animals (pets, livestock, birds, or pests such as mice) present in the vicinity of the workplace? Has there been a change in their health, appearance, or behavior?

Identify possibility of passive exposure at home or of prolonged skin contact.

Identify the potential for contamination of hands or contact with solvents or drying agents.

Identify the potentials for passive exposure (an occupational history for the spouse or partner may be indicated.).

Identifying others who may have been affected may lead to inquiries that clarify the individual patient's problem. Prevention-oriented interventions or requests for investigation by the state or federal enforcement agency may be required.

Identify unusual or transient conditions that may have resulted in an exposure not reflected in the occupational history, such as leaks, fires, or uncontrolled exothermic chemical reactions.

Animals (and especially animal wastes) may be a source of infectious or allergic hazards. Animals may also respond to toxic exposures that affect humans.

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Edited by

Barry S. Levy, M.D., M.P.H.

Gregory R. Wagner, M.D.

Kathleen M. Rest, Ph.D., M.P.A.

James L. Weeks, Sc.D.

**American Public Health Association
800 I Street NW
Washington, DC 20001-3710**

American Public Health Association
800 I Street, NW
Washington, DC 20001-3710
www.apha.org

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Cover photographs by Earl Dotter illustrate airborne, ergonomic, safety, and physical hazards at work, all of which are preventable.

Georges C. Benjamin, MD, FACP
Executive Director

Hugh W. McKinnon, MD, MPH
APHA Publications Board Liaison

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