3. Is there any change in your breathing since last year?
   Yes ___ No ___
   Better? ________________________________
   Worse? ________________________________
   No change? ________________________________
   If change, do you know why? ________________________________

4. Is your general health different this year from last year?
   Yes ___ No ___
   If different, in what way? ________________________________

5. Have you in the past year or are you now taking any medication on a regular basis?
   Yes ___ No ___
   Name Rx ________________________________
   Condition being treated ________________________________

C. Occupational History

1. How long have you worked for your present employer?
   ________________________________

2. What jobs have you held with this employer? Include job title and length of time
   in each job ________________________________
   ________________________________
   ________________________________

3. In each of these jobs, how many hours a day were you exposed to chemicals?
   ________________________________

4. What chemicals have you worked with most of the time?
   ________________________________

5. Have you ever noticed any type of skin rash you feel was related to your work?
   Yes ___ No ___