

1. Name _____ 2. Age _____ 3. Sex _____ 4. DOB _____

5. Ethnicity (select all that apply)

Caucasian
Hispanic
Asian
African American

6. Department/Station _____

7. Number of Years w/ Department _____

8. Number of Years w/ any Department _____

9. Do you smoke cigarettes?

Yes
No
On Occasion

10. Do you vape?

Yes
No
On Occasion

9. Weight _____

10. Height _____

10. History of (select all that apply)?

High Blood Pressure
Asthma
Cancer
COPD
Other (list all)
Heart Disease (specify)
Other (list all)

11. When did you join the fire service? _____

12. What year did you retire? _____

13. Did you retire early due to a health condition? _____

14. Type of Fires you Responded to:

Structure/Commercial

Wildfire

Structure Cause by Wildfire

15. Did you serve on a wildland strike team?

Yes

No

16. What jobs did you perform? _____
(e.g. Medic, Engineer, Arson, Logistics, Etc.)

17. What kind of smoke were you exposed to? _____

18. Do you remember any specific events or episodes with above average levels of smoke exposure and/or unusual types of smoke? _____

19. How often did you wear masks and personal protective equipment? When in your career did these practices become common? _____

19. How would you describe the attitude towards PPE during your career?

20. Did you volunteer for any major catastrophes?

Yes

No

If so, please list events and approximate dates _____

21. Do you have your personal exposure history documented on the PER (personal exposure reporting: a service of CA Professional Firefighters)?

Yes

No

11. In general, how do you feel right now?

Good

OK, but not 100% (e.g. have a cold, cough, fatigued, other minor ailment/injury)

Compromised (Please explain; Is it work-related?) _____