Physician

Name:

Date of birth:

Nationality/ethnic group:

Date of first diagnosis:

Histology (TNM classification, grading) Archive-No.

Previous malignancies, cystostatic therapy, radiation:
(with specification of the year, resp.)

Relapses:

Treatment: Transurethral. res: ☐ Cytostatic ther. ☐ Radical cystectomy ☐

Radiation ☐ Laser ☐ Other treatment ☐

Physician

Creatinine > 1,8 mg/d: yes: ☐ no: ☐

Bilirubin > 1,5 mg/d: yes: ☐ no: ☐

Ongoing cytostatic therapy: yes: ☐ no: ☐

Alcohol abuse: yes: ☐ no: ☐

Medication: yes: ☐ no: ☐

Name of the drugs:

.....

.....

.....

Appendectomy: yes: ☐ no: ☐ ..... (Year)

Tonsillectomy: yes: ☐ no: ☐ ..... (Year)

Diabetes: yes: ☐ no: ☐ ..... (Year)

Tuberculosis: yes: ☐ no: ☐ ..... (Year)

Size: ..... m

Weight: ..... kg

Miscellaneous:

Questionnaire

1. Working history:

Please indicate all occupations and jobs you had ever performed for more than 6 months. Indicate your occupation (job) as exactly as possible, i. e. not „worker" but "chemical worker in the dyestuff production", "painter in shipbuilding", "road construction worker tarring streets", "textile worker in the field of printing/dying" etc. Indicate some clues for the mainly performed activities.

Since (year)	Until (year)	Occupation (Job)

2. Were you exposed to <u>chemicals</u> ?

yes: ☐ no: ☐

<u>If yes</u>, could you name some of them? In which way were they used?
(used since ..... until .....)

Were you exposed

all the time: ☐ frequently: ☐ rarely: ☐

since (year) ..... until (year) .....

3. Were you exposed to colorants/dyestuffs?

yes: ☐ no: ☐

<u>If yes,</u> could you name some of them? In which way were they used?
(used since ..... until .....)

Were you exposed

all the time: ☐ frequently: ☐ rarely: ☐

since ..... until .....

4. Do you remember in particular exposure to aromatic amines? (e.g. benzidine, fuchsine, magenta, auramin etc.)

yes: ☐ no: ☐

(used/exposed since (year).....until (year) .....)

5. Were you exposed to tar or tar products?

yes: ☐ no: ☐

<u>if yes</u>,

all the time: ☐ frequently: ☐ rarely: ☐

since (year) ..... until (year) .....

to **pitch**

yes: ☐ no: ☐

<u>if yes</u>,

all the time: ☐ frequently: ☐ rarely: ☐

since (year) ..... until (year) .....

to **bitumen**

yes: ☐ no: ☐

<u>If yes</u>,

all the time: ☐ frequently: ☐ rarely: ☐

since (year) ..... until (year) .....

to **combustion products** (e. g., fumes, soot etc.) outside of coking plants and furnaces?

yes: ☐ no: ☐

If yes,

all the time: ☐ frequently: ☐ rarely: ☐

since (year) ..... until (year) .....

6. Were you exposed in a coking plant?

yes: ☐ no: ☐

If yes,

all the time: ☐ frequently: ☐ rarely: ☐

since (year) ..... until (year) .....

7. Did you work close to a furnace?

yes: ☐ no: ☐

If yes,

all the time: ☐ frequently: ☐ rarely: ☐

since (year) ..... until (year) .....

8. Did you work as a miner?

yes: ☐ no: ☐

If yes

brown coal ☐ salt ☐ hard coal ☐ ..... ☐

since (year) ..... until (year) .....

thereof underground

as .....

since (year) ..... from (year) .....

as .....

since (year) ..... from (year) .....

9. Did you work as a painter/varnisher?

yes: ☐ no: ☐

If yes,

since (year) ..... until (year) .....

10. Were you exposed to solvents at you work place?

yes: ☐ no: ☐

If yes,

all the time: ☐ frequently: ☐ rarely: ☐

since (year) ..... until (year) .....

Could you indicate for which activity you used which solvent?

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11. Were you exposed to trichloroethylene (tri, trichloroethene) at your work place?
(e.g., degreasing/greasing of metals, dry cleaning)

yes: ☐ no: ☐

If yes,

all the time: ☐ frequently: ☐ rarely: ☐

since (year) ..... until (year) .....

Could you indicate for which activity you used trichloroethylene?

Did symptoms of an intoxication during exposure to trichloroethylene (e.g.,drunkenness, drowsiness etc.) exist?

never ☐
once a day ☐
once a week ☐
once a month ☐

or: .....

12. Were you exposed to perchloroethylene (per, tetrachloroethylene) at your work place?
(e.g., degreasing/greasing of metals, dry cleaning)

yes: ☐ no: ☐

If yes,

all the time: ☐ frequently: ☐ rarely: ☐

since (year) ..... until (year) .....

Could you indicate for which activity you used perchloroethylene?

Did symptoms of an intoxication during exposure to per
(e.g., drunkenness, drowsiness etc.) exist?

never ☐
once a day ☐
once a week ☐
once a month ☐

or: .....

13. Were you exposed to non-chlorinated solvents (e.g., benzene, styrene, glues, thinners, solvent based paints)?

yes: ☐ no: ☐

<u>If yes</u>,

all the time: ☐ frequently: ☐ rarely: ☐

since (year) ..... until (year) .....

Could you indicate for which activity you used which non-chlorinated solvent?

Did symptoms of an intoxication during exposure to non-chlorinated solvents
(e.g., drunkenness, drowsiness etc.) exist?

never ☐
once a day ☐
once a week ☐
once a month ☐

or: .....

14. Did you work in the rubber industry?

yes: ☐ no: ☐

If yes:

since (year) ..... until (year) .....

If yes:

in production area

yes: ☐ no: ☐

since (year) ..... until (year) .....

mixing raw material

yes: ☐ no: ☐

since (year) ..... until (year) .....

in the area where rubber was heated

yes: ☐ no: ☐

since (year) ..... until (year) .....

in the area where rubber was treated mechanically

yes: ☐ no: ☐

since (year) ..... until (year) .....

in the area where rubber was cured

yes: ☐ no: ☐

since (year) ..... until (year) .....

in the area where rubber products were stored

yes: ☐ no: ☐

since (year) ..... until (year) .....

Additional remarks concerning your activities in the rubber industry

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15. Were you occupationally exposed to asbestos?

yes: ☐ no: ☐

<u>if yes:</u>

all the time: ☐ frequently: ☐ rarely: ☐

since (year) ..... until (year) .....

16. Do you take pain killers ? Did you take pain killers in the past?

yes: ☐ no: ☐

<u>If yes</u>, which ones

How often

less than 10 pills/year	☐	since (year) ..... until (year) .....
up to 50 pills/year	☐	since (year) ..... until (year) .....
up to 100 pills/year	☐	since (year) ..... until (year) .....
up to 350 pills/year	☐	since (year) ..... until (year) .....
over 350 pills/year	☐	since (year) ..... until (year) .....

17. Smoking habits

Are you a smoker?

yes: ☐ no: ☐

Were you ever a smoker?

yes: ☐ no: ☐

If yes, what did you smoke and how many?

cigarettes per day	☐	since (year) ..... until (year) .....
cigars per day	☐	since (year) ..... until (year) .....
pipes per day	☐	since (year) ..... until (year) .....
chewing tobacco	☐	since (year) ..... until (year) .....

Additional remarks concerning your tobacco consumption

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18. Did you have infections of the urinary tract more than 10 years ago which had been treated with drugs?

none ☐
at most 1 per year ☐
several per year ☐

19. Were you obliged for preventive medical check-up in the field of occupational medicine required by the state?

yes: ☐ no: ☐

If yes, please describe

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20. Do you know diseases of the urinary bladder in your own family?

yes: ☐ no: ☐

If yes, which ones?

Indicate the grade of relationship (e.g., grandparents, parents, siblings, children)

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21. Indicate your hobbies (gardening, doing handicrafts, painting, fishing etc.)

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22. Please indicate your place of birth and all locations you had your residence for more than 10 years

Place of birth .....…… …... district .....……...

since (year)..... until (year) ..... village .....……..... district .....……..

since (year) ...…. until (year) ..... village .....……..... district .....……...

since (year)..... until (year) ..... village ...……..... district .....……....

since (year)..... until (year) .....village ...……..... district.....……....

Optional Questions

23. Did you handle explosives or were you exposed to explosive material at your work place? (e.g. as gun powder, dynamite, ammunitions, explosive materials/chemicals, etc.)

yes: ☐ no: ☐

If yes:

Since (year): ..... Until (year): .....

Can you name those materials?

Did you ever feel or suffer a headache during such an exposure?

yes: ☐ no: ☐

If yes: How often? _____

Were you exposed to dinitrotoulene or tri nitrotoulene at your work place?

yes: ☐ no: ☐

If yes:

all the time: ☐ frequently: ☐ rarely: ☐

Since (year) ..... until (year).....

24. Did you work in the leather Industry?

yes: ☐ no: ☐

If yes:

Since (year): ..... Until (year): .....

In Leather cleaning, washing area?

yes: ☐ no: ☐

What kind of Chemical were used. Could you name them?

_____

In leather dying area?

yes: ☐ no: ☐

In Leather storage area?

yes: ☐ no: ☐

25. Did you work in a marble product factory?

yes: ☐ no: ☐

If yes:

Since (year): ..... Until (year): .....

What kind of chemical you were exposed during your work?

_____

Which type of polishing material were used?

_____

Did you work in the grinding/cutting area?

yes: ☐ no: ☐

26. Were you exposed to agri chemical during your work?

yes: ☐ no: ☐

If yes:

Since (year): ..... Until (year): .....

Indicate name of such agri chemical .....

.....

.....

27. Did you work in a Petroleum Products factory?

yes: ☐ no: ☐

If yes:

Since (year): ..... Until (year): .....

What type of Petroleum products were made? Could you name them?

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Consent form:

I agree to the scientific analysis of my data including my medical records as well as my blood sample by .....……..... and the Institute for Occupational Physiology at the University of Dortmund, Germany.

Date: Signature:

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