EOH Screening Questions for the Primary Care Setting

- 1. (Occupation) Describe what you do for work.
- 2. (Activities and Cause) Are there any physical activities that you do . at work or away from work . that you feel are harmful to you?
- 3.(Substances/Physical Hazards and Cause) Are you exposed to chemicals, fumes, dusts, noise, and/or high heat at your work or away from work? Do you think these are harming you?

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