



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?