

NAME OF WORKER: _____

MEDICAL & WORK HISTORY QUESTIONNAIRE

Thank you for your willingness to participate. Your cooperation is very important to the success of the study.

I will read you the questions. Please answer the questions as frankly and accurately as possible. DATA WILL BE TREATED IN A CONFIDENTIAL MANNER, UNLESS OTHERWISE COMPELLED BY LAW.

We are requesting your social security number to decrease the possibility of misidentification when linking your data to medical results. Supplying this number is voluntary and authorized for collection under the Public Health Service Act.

Social Security No. ____ - ____ - _____

Interviewer _____

Today's Date: ____ / ____ / ____
MM DD YYYY

The information requested on this form is collected under the authority of 42 USC 243. The information you supply will be used to study occupational diseases, to determine their causes, and to prevent them in the future. It may also be given to private contractors assisting NIOSH; to collaborating researchers under certain limited circumstances to conduct research investigations regarding occupational health effects; to one or more potential sources of vital statistics, for example, to make a determination of death; to the Department of Justice in the event of litigation; and to a congressional office assisting individuals in obtaining their records. NIOSH will send you a list of who has obtained your records if you request it. Furnishing the information requested on this form, including your Social Security Number (SSN), is voluntary.

Public reporting burden of this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspects of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (OMB No.).

1. WORK HISTORY AT BRUSH WELLMAN

Next, we are going to talk about your work history. We will list all of the jobs you performed while at the Brush Wellman (plant location) facility including any work you may have done as a temporary or contract employee. We will start with your first job and continue through to the last job.

(Complete work history forms for each period of time and attach to this sheet.)

Area	Start date (mm/yyyy)	End date (mm/yyyy)	Average # days/week worked	Average # minutes/day worked

When collecting work history, interviewer will ask if the worker's skin came into contact with process fluids or other liquids. If respondent replies 'Yes', a series of questions will be asked to collect more detail. See below for content.

Did your skin come into direct contact with process fluids or other liquids?

Yes _____ No _____

IF YES

How often did your skin come into contact with these fluids or liquids?

Never _____
 Sometimes _____
 Most of the time _____
 Always _____
 Other _____

What part of your body got "wet"?
(Choose all that apply)

Face/Neck _____
 Hands _____
 Arms _____

Torso _____

Legs/Feet _____

What overgarments were you wearing when working in that "wet" process?
(Choose all that apply)

None _____
 Apron _____
 Gloves _____
 Face Shield _____
 Rain Suit _____
 Saranek _____
 Tyvek _____

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What did you do when your skin got “wet”?
(Choose all that apply)

Waterproof Boots _____

Nothing _____

Dried it _____

Changed clothing _____

Washed the area _____

Other _____

2. OTHER BRUSH WELLMAN FACILITIES

- A. *Have you ever spent time at any other Brush Wellman location?* Yes____ No ____

IF YES TO 2.A, COMPLETE LIST BELOW; IF NO TO 2.A, SKIP TO Q.3.

- B. What other Brush Wellman facilities have you spent time at since you began working at Brush Wellman?

(For each "YES" below, get job name / process, beginning & ending dates worked, and amount of time spent at that facility (full-time=40 hrs/wk OR describe other).

PLANT NAME	YES / NO (circle)	JOB NAME / PROCESS	FROM (Mo / Yr)	TO (Mo / Yr)	TIME SPENT AT PLANT (If FULL-TIME, mark FT; if NOT full-time, describe)
1) Delta, UT	Y / N				
2) Elmore, OH	Y / N				
3) Hampton, NJ	Y / N				
4) Hanna Bldg., Cleveland, OH	Y / N				
5) Lorain, OH (BB)	Y / N				
6) Luckey, OH	Y / N				
7) Newburyport, MA	Y / N				
8) Perkins Plant, Cleveland, OH	Y / N				
9) Reading, PA	Y / N				
10) St. Clair, Cleveland, OH	Y / N				
10) Tucson, AZ	Y / N				
12) Reading, England	Y / N				
13) Electrofusion, Fremont, CA.	Y / N				
14) Elmhurst, IL	Y / N				
15) Warren, MI	Y / N				
16) Fairfield, NJ	Y / N				
17) Torrence, CA	Y / N				
18) Other?	Y / N				
Name of plant:					

3. BERYLLIUM EXPOSURE OUTSIDE BRUSH WELLMAN

- A. Have you ever been exposed to or worked with any forms of beryllium outside Brush Wellman? Yes____ No ____
Don't Know ____

**If YES TO 3.A, ASK Q.3.B thru E.
If NO or DON'T KNOW, SKIP TO Q.4.**

- B. Where were you exposed? (*company name, location, etc.*) _____

- C. When were you exposed? (*start and end dates*) _____

- D. What processes or jobs did you do? _____

- E. Which forms of beryllium did you work with? (*circle numbers for all that apply*)

- | | |
|--|--|
| (1) Beryllium hydroxide (Be(OH) ₂) | (7) Beryllia ceramic (BeO) |
| (2) Beryllium sulfate (BeSO ₄) | (8) Beryllium copper alloy (BeCu) |
| (3) Beryllium fluoride (BeF ₂) | (9) AlBeMet (aluminum/beryllium alloy) |
| (4) Beryllium metal (Be) | (10) 5% beryllium alloy (BeAl) |
| (5) Beryllium metal powder (Be) | (11) Beryllium nickel alloy (BeNi) |
| (6) Beryllium oxide powder (BeO) | (12) Other (please note name): |

4. INCIDENTS

A. Since you began working at [Plant Name], have you been involved in an incident that may have resulted in high beryllium exposure? Yes _____ No _____
Don't know _____

**IF YES, ASK 4.B;
IF NO, SKIP TO Q.5.**

B. Describe the incident you believe may have resulted in your highest beryllium exposure (*what happened, where, forms of beryllium*), how many times it happened, when it occurred (if *more than once, list first and last times*), whether you were wearing a respirator at the time, and if you believe you had skin exposure to beryllium.

Description of incident: _____

Number of times this type of incident occurred: _____

First time (YYYY) _____

Last time (YYYY) _____

Did you wear a respirator? Yes, all of the time _____
Yes, some of the time _____
No _____

Do you believe you had skin exposure to beryllium from this incident? Yes _____ No _____

PREVENTIVE PROGRAM EVALUATION

I am now going to ask you to describe your work environment **within the last month**.

For former workers, the time frame will be **the last month worked**

Please rate the following areas of your work environment on how well they were organized during the last month using a scale of 5 to 1, with 5 being “Extremely Organized,” 4 being “Very Organized,” 3 being “Somewhat Organized,” 2 being “Not Very Organized,” and 1 being “Not At All Organized.”

5. Which of the following best describes

	Extremely Organized 5	4	3	2	Not At All Organized 1	N/A
A. your usual work area						
B. work surfaces in your work area						
C. walking surfaces in your work area						
D. break areas						
E. lunch room						
F. transition room						
G. administrative offices						
H. conference rooms						
I. shower areas						
J. locker rooms						
K. rest rooms						

The next section refers to the cleanliness of your work environment **within the last month**. Please use a scale of 5 to 1, with 5 being “Extremely Clean,” 4 being “Very Clean,” 3 being “Somewhat Clean,” 2 being “Not Very Clean,” and 1 being “Not At All Clean.”

6. Which of the following best describes

	Extremely Clean 5	4	3	2	Not At All Clean 1	N/A
A. your usual work area						
B. work surfaces in your work area						
C. walking surfaces in your work area						
D. break areas						
E. lunch room						
F. transition room						
G. administrative offices						
H. conference rooms						
I. shower areas						
J. locker rooms						
K. rest rooms						

The next question refers to the clothing you wore at work **during the last month**. Please use a scale of 5 to 1, with 5 being “Extremely Clean,” 4 being “Very Clean,” 3 being “Somewhat Clean,” 2 being “Not Very Clean,” and 1 being “Not At All Clean.”

7. Which of the following best describes.....

	Extremely Clean 5	4	3	2	Not At All Clean 1
A. your clothes at the beginning of your shift					
B. your clothes at the end of your shift					

8. If your clothing gets visibly dirty during your shift, what do you usually do?

- Change clothes _____
- Shower & change immediately _____
- Shower & change when task completed _____
- Other _____
- N/A _____

9. Do you ever wear a respirator at work?

Yes _____ No _____

IF YES TO Q.9., ASK Q.9.A, Q9.B. and Q9.C.
IF NO, SKIP TO Q10.

A. What kinds of respirator do you wear?
(Choose all that apply)

- Half-Mask _____
- Full-Face _____
- Loose-fitting PAPR _____
- Tight-Fitting PAPR _____

B. How much time during your shift do you usually spend in a respirator?

- Less than ½ hour _____
- ½ - 2 hours _____
- 2 - 4 hours _____
- 4 - 6 hours _____
- More than 6 hours _____

C. How many times do you **break the seal** during a shift?

Number of times _____

The next set of questions refer to a typical work day within the last month

10. Do you wash your hands prior to putting on gloves?
Always _____
Most of the time _____
Sometimes _____
Never _____

11. Do you wash your hands after removing gloves?
Always _____
Most of the time _____
Sometimes _____
Never _____

12. If your glove breaks, do you wash your hands before putting on new gloves?
Always _____
Most of the time _____
Sometimes _____
Never _____

13. Do you wash your hands before eating?
Always _____
Most of the time _____
Sometimes _____
Never _____

14. Do you wash your hands before smoking?
Always _____
Most of the time _____
Sometimes _____
Never _____
N/A _____

15. If your exposed skin gets visibly dirty, what do you usually do?
Nothing _____
Wash the area _____
Other _____

16. How often does your skin come into contact with beryllium particles or dust?
Always _____
Most of the time _____
Sometimes _____
Never _____
Other _____

Please respond with either Yes or No for the following questions.

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17. Have you received the training to work safely? Yes _____ No _____

18. Are you provided with the necessary personal protective equipment to work safely? Yes _____ No _____

19. Is there any other training you could be offered that would help you work more safely? Yes _____ No _____

IF YES, what would you like to see offered? _____

20. Do you have any comments specific to the training that you have received? Yes _____ No _____

IF YES, (box to type in response)

21. Is your supervisor open to questions and suggestions? Yes _____ No _____

22. Is plant management open to questions and suggestions? Yes _____ No _____

MEDICAL HISTORY

The next questions pertain mainly to your chest. Please answer yes or no if possible. If a question does not appear to be applicable to you, answering does not apply is appropriate. If in doubt about whether the answer is yes or no, answer no.

23. COUGH

- A. Do you usually have a cough? Yes _____ No _____
 (Count a cough with first smoke or on first going out of doors. Exclude clearing of throat.)

IF NO, SKIP TO Q.24

- B. For how many years have you had this cough? Number of years _____

24. PHLEGM

- A. Do you usually bring up phlegm from your chest? Yes _____ No _____
 (Count phlegm with first smoke or on first going out of doors. Exclude phlegm from the nose. Count swallowed phlegm.)

IF NO, SKIP TO Q.25

- B. For how many years have you had trouble with phlegm? Number of years _____

25. WHEEZE

- A. Does your chest ever sound wheezy or whistling:
- (1) when you have a cold? Yes _____ No _____
- (2) occasionally apart from colds? Yes _____ No _____
- (3) most days or nights? Yes _____ No _____

**IF YES TO ANY OF ABOVE (25.A (1), (2) or (3)), ASK Q.25.B.
IF NO TO ALL, SKIP TO Q.26.**

- B. For how many years has this been present? Number of years _____
 (If only response is "since childhood" then calculate number of years since age six.)

26. BREATHLESSNESS

A. Are you troubled by shortness of breath when hurrying on the level or walking up a slight hill? Yes _____ No _____

**IF YES TO 26.A, ASK Q.26.B
IF NO, SKIP TO Q.27.**

B. Do you have to walk slower than people of your age on the level because of breathlessness? Yes _____ No _____

Next, I will ask about skin problems you may have had.

27. SKIN PROBLEMS OR REACTIONS

A. Have you had a rash or skin problem related to your work at (*CURRENT PLANT*) since you began working here? Yes _____ No _____
Don't know _____

IF YES TO 27.A, ASK 27.B; IF NO or DON'T KNOW, SKIP TO 28.

(1) What jobs, processes, or materials do you think caused this rash or skin problem?

(a) _____

(b) _____

(c) _____

FOR EACH (a), (b), or (c) WRITTEN ABOVE, ASK 12.B (2) and (3).

		First:	Most recent:
(2)	In what year did this first happen? In what year did this most recently happen?	(a) _____	_____
		(b) _____	_____
		(c) _____	_____

		Number of times:
(3)	Between the first and most recent occurrences, how many times did you have a rash or skin problem related to your work at Brush Wellman?	(a) _____
		(b) _____
		(c) _____

B. Have you had ulcers or small craters in the skin related to your work at Brush Wellman since you began working here? Yes _____ No _____
Don't know _____

IF YES TO 24.B, ASK (1) and (2); IF NO or DON'T KNOW, SKIP TO Q.25.

- (1) In what year did this first happen? Year _____
 In what year did this most recently happen? Year _____
- (2) Between the first and most recent occurrences, how many times did you have ulcers or small craters in your skin? Number of times _____

Now I have several questions about tobacco use.

28. CIGARETTE SMOKING

- A. Have you ever smoked cigarettes? Yes _____ No _____
 (*No means less than 20 packs of cigarettes or 12 oz. of tobacco in a lifetime or less than 1 cigarette a day for 1 year*).

**IF YES TO 28.A, ASK Q.28.B and C.
 IF NO TO 28.A, SKIP TO Q.29**

- B. How old were you when you first started regular cigarette smoking? Age _____
 ("*Regular*" means "*ongoing.*")
- C. Do you now smoke cigarettes (as of 1 month ago)? Yes _____ No _____

**IF YES TO 25.C, ASK 25.D & Q.25.F. & SKIP Q.25.E
 IF NO TO 25.C, SKIP TO Q.25.E.**

- D. How many cigarettes do you now smoke per day? Cigarettes / day _____
- E. If you have stopped smoking cigarettes completely, how old were you when you stopped? Age stopped _____
- F. On average over the entire time you smoked, how many cigarettes did you smoke per day? Cigarettes / day _____

29. OTHER CONCERNS

ID# _____

Is there anything else that you may have concerns about, with respect to your health and working at Brush Wellman? Yes _____ No _____

DESCRIBE: _____

Thank you for participating in this study.