

Appendix H.3

NIOSH-Health Questionnaire

(Building Related Asthma Research in Public Schools)
(New)

14.2 Do you still have asthma?

1. Yes ___ 0.No ___

15. Please indicate your current job title:

- 1. ___ Teacher
- 2. ___ Teacher's Aide
- 3. ___ Office Staff
- 4. ___ Administration
- 5. ___ Maintenance
- 6. ___ Custodian
- 7. ___ School Nurse
- 8. ___ Cafeteria/Kitchen Worker
- 9. ___ Librarian
- 10. ___ Other (specify _____)

16. Please list the room numbers (or, if no room number, room names) where you have spent most of your time in the last 4 weeks while at the school (*please list in order starting with where you spent most of your time*):

THANK YOU FOR YOUR TIME!