Attachment 1 – Instrument to be cognitively tested

Survey on Respiratory Health

If Respondent is a SEIU (Service Employees International Union) Health Care Workers East (Local 1199) member, the following language will appear at the top of the instrument: *"You have been selected from among members of the SEIU (Service Employees International Union) Health Care Workers East (Local 1199) to complete this survey on respiratory health. Please answer questions using an **X** or check mark √ to record your responses."*

If Respondent is NOT a SEIU member, the following language will appear at the top of the instrument: *"Please answer questions using an **X** or check mark √ to record your responses."*

Medical History

1 Have you **ever** had any of the following medical conditions?

1.1	Chronic obstructive pulmonary disease, or COPD	___ No ___Yes
1.2	Emphysema	___ No ___Yes
1.3	Nasal or sinus allergies, including hay fever	___ No ___Yes
1.4	Eczema or any kind of skin allergy	___ No ___Yes
1.5	Allergies to animals	___ No ___Yes
1.6	Allergies to dust or dust mites	___ No ___Yes
1.7	Allergies to latex or latex-containing products (ace bandages/adhesive tape/gloves)	___ No ___Yes

2 Has your **biological mother** had the following medical conditions?

2.1 Asthma?	___No ___Yes ___Don't Know
2.2 Hay fever, eczema, or skin allergies?	___No ___Yes ___ Don't Know

3 Has your **biological father** had the following medical conditions?

3.1 Asthma?	___No ___Yes ___Don't Know
3.2 Hay fever, eczema, or skin allergies?	___No ___Yes ___Don't Know

Home

The following questions are about the house or apartment where you currently live.

4 In the last ***12 months,*** have you observed any of the following in your house or apartment?

4.1 Water leakage or water damage indoors on walls, floors, or ceilings? ___No ___Yes
4.2 Visible mold growth (not on food) indoors on walls, floors, or ceilings? ___No ___Yes
4.3 Odor of mold or mildew (not from food)? ___No ___Yes

5 In the last ***12 months,*** have there been any renovations or construction in your house or apartment?
___ No ___Yes

*6 In the last **12 months**, how often have you personally cleaned your own home?*

Never	Less than 1 day / week	1-3 days / week	4-7 days / week
☐	☐	☐	☐

IF 'NEVER': Go to Question 9
IF ANY ANSWER OTHER THAN 'NEVER': Go to Question 7

7 In the last ***12 months***, on how many days a week have you used the following cleaning products in your own home? *Mark the single best answer for each cleaning product.*

	Never	Less than 1 day / week	1-3 days / week	4-7 days / week
7.1 Bleach (Clorox®)	☐	☐	☐	☐
7.2 Ammonia (Windex®, Mr. Clean Top Job®)	☐	☐	☐	☐
7.3 Any spray cleaning product	☐	☐	☐	☐

8 In the last ***12 months***, on how many days a week have you used air freshening sprays (like Febreze® or Glade®)?

Never	Less than 1 day / week	1-3 days / week	4-7 days / week
☐	☐	☐	☐

Accidental Chemical Spill or Gas Release

9 Were you **ever** involved in an accidental chemical spill or gas release?
___ No ___Yes

IF 'NO': Go to Question 10

IF 'YES':

9.1 In what year did the most recent accidental chemical spill or gas release occur?
__ __ __ __

9.2 Where did this most recent accidental chemical spill or gas release occur?
Please mark one location.
___ Home ___ Work ___ Elsewhere

9.3 What were you exposed to? *Please write in answer.*

	9.4 Did you have to receive medical attention because of the most recent accidental exposure? ___ No ___Yes 9.5 In the first 24 hours following the most recent accidental exposure, did you experience any respiratory symptoms such as shortness of breath, wheezing, cough, or tightness in your chest? ___ No ___Yes	
	IF 'NO': Go to Question 10	***IF'YES'*:** 9.5.1 How long did these symptoms last? *Please mark the single best answer.* ___Less than 1 week ___1 week to 1 month ___ More than 1 month but less than 3 months ___3 months or longer ___Don't know/Don't remember
		Go to Question 10

Employment History

History of Healthcare Work

10 Please record the age when you started working in healthcare OR the age you began as a healthcare student, whichever was earlier.
___ ___ years old

11 How many total years have you worked in healthcare? (*Include years you were a healthcare student.)*
__ __ total years

Current Employment

12 Are you *currently* employed?
___No ___Yes

IF 'NO': 12.1 What is your *current* employment status? __ Disabled __ On family leave __ On extended sick leave __ Retired __ Student __ Other, please specify: _____ ***Go to Question 34***	***IF 'YES':*** Where do you currently work? *If you have more than one current job, record information for the job where you work the most hours per week.* 12.2. Name of hospital or medical center: _____ 12.3 Borough in New York City or city where located: _____ ***Go to Question 13***

13 Use the lists below to identify the 2-digit occupation code for your *current* job and the 2-digit unit code for where your job is located.

If you have more than one current job, record information for the job where you work the most hours per week.

13.1 What is your *current* occupation?

__ __
occupation code

List of 2-digit occupation codes
Please select single best code for your current job and record above.
01: Disinfecting or sterilizing technician or technologist
02: Housekeeper, cleaner
03: Lab technician, technologist, or assistant in a medical or clinical laboratory
04: Nursing assistant or orderly
05: Licensed Practical or Vocational Nurse – LPN or LVN
06: Registered Nurse - RN
07: Nurse practitioner
08: Respiratory therapist or respiratory technician
09: Ward clerk
10: Other, please specify
_____

13.2 In which unit do you *currently* work?

__ __
unit code

List of 2-digit unit codes
Please select single best code for unit where you currently work and record above.
01: in hospital, administration
02: in hospital, dialysis
03: in hospital, ear, nose, and throat (ENT)
04: in hospital, education
05: in hospital, emergency room (ER)
06: in hospital, endoscopy
07: in hospital, float
08: in hospital, general or internal medicine
09: in hospital, intensive care
10: in hospital, outpatient care
11 in hospital, pediatric
12: in hospital, psychiatric
13: in hospital, pulmonary
14: in hospital, surgery or operating room
15: in hospital, other unit, please specify
_____
16: outside hospital
17: Other, please specify
_____
_____

14 How many hours per week do you work in your *current* job? __ __ hours per week

15 What year did you begin your *current* job? __ __ __ __

16 In this job, are you regularly exposed to vapors, gases, dusts, or fumes? ___ No ___Yes

17 In the last **12 months**, have you observed any of the following in the area(s) where you work?

17.1 Water leakage or water damage indoors on walls, floors, or ceilings? ___ No ___Yes

17.2 Visible mold growth (not on food) indoors on walls, floors, or ceilings? ___ No ___Yes

17.3 Odor of mold or mildew (not from food)? ___ No ___Yes

18 In the last ***12 months,*** have there been renovations or construction in, or next to, the area(s) where you work?
___ No ___Yes

IF 'NO': Go to Question 19
IF 'YES': Continue with Question 18.1

18.1 Painting walls and fixtures? ___ No ___Yes

18.2 Ripping out and replacing walls, woodwork, and partitions? ___ No ___Yes

18.3 Ripping out and replacing floors, carpets and fixed furniture? ___ No ___Yes

Exposure to Disinfectant & Sterilant Products Used on Equipment and Instruments (Current Job)

19.Thinking about your current job and what you have done in this job in the last **12 months**:
Do you clean medical equipment or instruments with disinfectants or sterilants such as the following chemicals (and

commercial products)

- Acetic acid
- Alcohol
- Bleach or bleach solution (for example, Clorox®)
- Enzymatic cleaners (for example, Asepti-Zyme®, 3M Rapid Multi-Enzyme®)
- Ethylene oxide (also called EtO)
- Formaldehyde
- Glutaraldehyde (for example, Cidex®, ColdSport®, Endocide®, Glutacide®, Hospex®, Metricide®, Onicide®, Rapicide®, Sonacide®, Sporicidin®, Wavicide®)
- Hydrogen peroxide (for example, Accell®, Optim®, Sporox®)
- Hydrogen peroxide and peracetic acid (for example, Acecide®, Metrex®, Peract®)
- Hydrogen peroxide gas plasma (for example, Sterad® system)
- Ortho-phtalaldehyde (for example, Cidex OPA®)
- Peracetic acid (for example, Steris® system)

___ No ___Yes

IF 'NO': GO TO QUESTION 20
IF 'YES': CONTINUE WITH QUESTION 19.1

19.1 What are the names of the disinfectants or sterilants you use to clean medical equipment or instruments?
Please write in brand or product names, how many hours per day and how many days per week, on average, you disinfect or sterilize medical equipment or instruments, and whether you wear gloves when using these products

Brand or Product Names	**Hours per day**				**Days per week**			**Gloves Worn**		
	< 1	1-2	3-4	>4	1	2-3	>3	None	Nitrile	Latex or vinyl
1.	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
2.	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
3.	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
4.	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
5.	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
6.	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

19.2 Thinking about your current job and what you have done in this job in the last **12 months**:
Do you ever ***prepare*** medical equipment or instruments for disinfection or sterilization? ___ No ___Yes

IF 'NO': GO TO QUESTION 19.3
IF 'YES': CONTINUE WITH QUESTION 19.2.1

19.2.1 Which tasks do you perform to **prepare** medical equipment or instruments for disinfection or sterilization?

Please indicate if you perform these tasks listed in the first column of the following table.
IF YOU ANSWER 'YES' FOR A TASK, please provide answers for how many hours per day and how many days per week, on average, you perform the task.

Tasks	Do you perform this task?			Hours per day				Days per week		
				< 1	1-2	3-4	>4	1	2-3	>3
Remove gross contaminants	Yes ☐	No ☐	**If Yes →**	☐	☐	☐	☐	☐	☐	☐
Purge waste from scopes, instruments, or equipment by flushing	Yes ☐	No ☐	**If Yes →**	☐	☐	☐	☐	☐	☐	☐
Refill or change disinfectant or sterilization solutions	Yes ☐	No ☐	**If Yes →**	☐	☐	☐	☐	☐	☐	☐

19.3 Thinking about your current job and what you have done in this job in the last **12 months**:
Do you ever disinfect or sterilize medical equipment or instruments using **automated systems**? ___ No ___Yes

IF 'NO': GO TO QUESTION 19.4
IF 'YES': CONTINUE WITH QUESTION 19.3.1

19.3.1 Which tasks do you perform to disinfect or sterilize medical equipment or instruments using **automated systems**?
Please indicate if you perform these tasks listed in the first column of the following table.
IF YOU ANSWER 'YES' FOR A TASK, please provide answers for how many hours per day and how many days per week, on average, you perform the task, and answer the questions about types of controls.

Tasks	Do you perform this task?			Hours per day				Days per week			Controls	
				< 1	1-2	3-4	>4	1	2-3	>3	Is system enclosed?	Is local exhaust used?
Operate EtO sterilizer	Yes ☐	No ☐	**If Yes →**	☐	☐	☐	☐	☐	☐	☐	Yes ☐ No ☐	Yes ☐ No ☐
Operate Plasma H_2O_2 Sterad® system	Yes ☐	No ☐	**If Yes →**	☐	☐	☐	☐	☐	☐	☐	Yes ☐ No ☐	Yes ☐ No ☐
Operate H_2O_2 sterilizer	Yes ☐	No ☐	**If Yes →**	☐	☐	☐	☐	☐	☐	☐	Yes ☐ No ☐	Yes ☐ No ☐
Operate Steris® system	Yes ☐	No ☐	**If Yes →**	☐	☐	☐	☐	☐	☐	☐	Yes ☐ No ☐	Yes ☐ No ☐
Clean or replace equipment screens or filters	Yes ☐	No ☐	**If Yes →**	☐	☐	☐	☐	☐	☐	☐	Yes ☐ No ☐	Yes ☐ No ☐

19.4 Thinking about your current job and what you have done in this job in the last **12 months**:
Do you ever **manually** clean, disinfect, or sterilize medical equipment or instruments? ___ No ___Yes

IF 'NO': GO TO QUESTION 19.5
IF 'YES': CONTINUE WITH QUESTION 19.4.1

19.4.1 For when you **manually** clean, disinfect, or sterilize medical equipment or instruments, please provide answers for how many hours per day and how many days per week, on average, you perform this task.

Hours per day				**Days per week**		
< 1	1-2	3-4	>4	1	2-3	>3
☐	☐	☐	☐	☐	☐	☐

19.4.2 What percentage of the time do you clean, disinfect, or sterilize medical equipment or instruments using the following methods:

19.4.2.1 Sprays? ___% of time

19.4.2.2 Wipes or other methods? ___ % of time

19.5 Thinking about your current job and what you have done in this job in the last **12 months**:
Do you ever disinfect or sterilize **dialysis machines?** ___ No ___Yes

IF 'NO': GO TO QUESTION 19.6
IF 'YES': CONTINUE WITH QUESTION 19.5.1

19.5.1 For disinfecting **dialysis machines**, please provide answers for how many hours per day and how many days per week, on average, you perform this task, and answer the question about local exhaust ventilation.

Hours per day				**Days per week**			**Controls**	
< 1	1-2	3-4	>4	1	2-3	>3	Is local exhaust used?	
☐	☐	☐	☐	☐	☐	☐	Yes ☐	No ☐

19.6 Thinking about your current job and what you have done in this job in the last **12 months**:
Do you ever disinfect or sterilize **portable units (for example, IV stands or carts)?** ___ No ___Yes

IF 'NO': GO TO QUESTION 20
IF 'YES': CONTINUE WITH QUESTION 19.6.1

19.6.1 For disinfecting **portable units**, please provide answers for how many hours per day and how many days per week, on average, you perform this task, and answer the question about local exhaust ventilation

Hours per day				**Days per week**			**Controls**	
< 1	1-2	3-4	>4	1	2-3	>3	Is local exhaust used?	
☐	☐	☐	☐	☐	☐	☐	Yes ☐	No ☐

Exposure to Cleaning & Disinfectant Products Used on Fixed Surfaces (Current Job)

20 Thinking about your current job and what you have done in this job in the last **12 months**:
Do you clean and disinfect surfaces (such as floors, tables, windows, beds, chairs, bathrooms, computers, counter tops) at work with products such as:

- Acids
- Alcohol
- Ammonia
- Bleach/Chlorine (for example, Clorox®)
- Chloramines
- Detergents
- Floor wax stripper
- Phenolics (for example, 3M Phenolic Disinfectant 18®)
- Quaternary ammonium compounds "Quats" (for example, 3M Neutral Quat 23®, 3M HB Quat 25®, Sani-Cloth Plus®)

___ No ___Yes

IF 'NO': GO TO QUESTION 21
IF 'YES': CONTINUE WITH QUESTION 20.1

20.1 What are the names of the cleaners/disinfectants you use to clean surfaces? *Please write in brand or product names, how many hours a day and how many days a week, you use these cleaners/disinfectants.*

Brand or Product Names	Hours per day				Days per week		
	< 1	1-2	3-4	>4	1	2-3	>3
1.	☐	☐	☐	☐	☐	☐	☐
2.	☐	☐	☐	☐	☐	☐	☐
3.	☐	☐	☐	☐	☐	☐	☐
4.	☐	☐	☐	☐	☐	☐	☐
5.	☐	☐	☐	☐	☐	☐	☐
6.	☐	☐	☐	☐	☐	☐	☐

20.2 What tasks do you perform when cleaning and disinfecting surfaces?
Please indicate if you perform the tasks listed in the first column of the following table.
IF YOU ANSWER 'YES' FOR A TASK, Please indicate how many hours a day and how many days a week, on average, you clean or disinfect surfaces, and the type of gloves used.

Tasks	Do you perform this task?			**Hours per day**				**Days per week**			**Gloves Worn**		
				< 1	1-2	3-4	>4	1	2-3	>3	None	Nitrile	Latex or vinyl
Manually mix, refill, or empty cleaning or disinfecting products	Yes ☐	No ☐	**If Yes →**	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Clean toilet, sink, shower	Yes ☐	No ☐	**If Yes →**	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Spray then wipe glass, windows, mirrors	Yes ☐	No ☐	**If Yes →**	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Polish wood furniture	Yes ☐	No ☐	**If Yes →**	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Polish stainless steel surfaces	Yes ☐	No ☐	**If Yes →**	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Spray deodorant/ disinfectant	Yes ☐	No ☐	**If Yes →**	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Mop floors	Yes ☐	No ☐	**If Yes →**	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Cleanup spills or blood	Yes ☐	No ☐	**If Yes →**	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Wipe down beds, furniture, counters, walls, computers, etc.	Yes ☐	No ☐	**If Yes, answer questions to right & below**	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
			What percentage of the time when cleaning these surfaces do you use sprays ____ % and wipes ____%.										

20.3 Thinking about your current job and what you have done in this job in the last **12 months**:
Do you clean and wax floors using strippers and buffers?

___ No ___Yes

IF 'NO': GO TO QUESTION 21
IF 'YES': CONTINUE WITH QUESTION 20.3.1

20.3.1What tasks do you perform when cleaning and waxing floors using strippers and buffers?
Please indicate if you perform the tasks listed in the first column of the following table.
IF YOU ANSWER 'YES' FOR A TASK, Please indicate how many hours a day and how many days a week, on average, you clean or disinfect surfaces, and the type of gloves used.

Tasks	Do you perform this task?			**Hours per day**				**Days per week**			**Gloves Worn**		
				< 1	1-2	3-4	>4	1	2-3	>3	None	Nitrile	Latex or vinyl
Strip floors	Yes ☐	No ☐	**If Yes →**	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Scrape floors	Yes ☐	No ☐	**If Yes →**	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Prepare to buff floors	Yes ☐	No ☐	**If Yes →**	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Buff floors	Yes ☐	No ☐	**If Yes →**	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Wax floors	Yes ☐	No ☐	**If Yes →**	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Exposure to Chemicals Used in Laboratories (Current Job)

21 Thinking about your current job and what you have done in this job in the last **12 months**:
Do you use chemicals or solvents at work in the laboratory?
___ No ___Yes
IF 'NO': GO TO QUESTION 22
IF 'YES': CONTINUE WITH QUESTION 21.1

21.1 What are the names of the chemicals or solvents you use in laboratories?
Please write in brand or product names, how many hours a day and how many days a week, you use these substances.

Brand or Product Names	Hours per day				Days per week			Gloves Worn		
	< 1	1-2	3-4	>4	1	2-3	>3	None	Nitrile	Latex or vinyl
1.	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
2.	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
3.	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
4.	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
5.	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
6.	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

21.2 What tasks and tools do you use when you apply or use these chemicals or solvents?
Please indicate how many hours a day and how many days a week, on average, you apply or use these chemicals or solvents or metals, and the type of controls present.

Tasks	Do you perform this task?			Hours per day				Days per week			Controls	
				< 1	1-2	3-4	>4	1	2-3	>3	Is system enclosed?	Is local exhaust used?
Pipette samples or solutions	Yes ☐	No ☐	**If Yes →**	☐	☐	☐	☐	☐	☐	☐	Yes ☐ No ☐	Yes ☐ No ☐
Place biopsy in formalin	Yes ☐	No ☐	**If Yes →**	☐	☐	☐	☐	☐	☐	☐	Yes ☐ No ☐	Yes ☐ No ☐
Prepare formalin neutralizer	Yes ☐	No ☐	**If Yes →**	☐	☐	☐	☐	☐	☐	☐	Yes ☐ No ☐	Yes ☐ No ☐
Test blood sample	Yes ☐	No ☐	**If Yes →**	☐	☐	☐	☐	☐	☐	☐	Yes ☐ No ☐	Yes ☐ No ☐
Cut tissue samples	Yes ☐	No ☐	**If Yes →**	☐	☐	☐	☐	☐	☐	☐	Yes ☐ No ☐	Yes ☐ No ☐
Prepare and fill stainer	Yes ☐	No ☐	**If Yes →**	☐	☐	☐	☐	☐	☐	☐	Yes ☐ No ☐	Yes ☐ No ☐

Exposure to Products Used on Patients (Current Job)

22 Thinking about your current job and what you have done in this job in the last **12 months**:
Do you use chemicals, adhesives, alcohols or solvents (such as super glue, alcohols, alcohol preps, mineral spirits, toluene, solutions to remove adhesives) at work **on patients**?

___ No ___Yes

IF 'NO': GO TO QUESTION 23
IF 'YES': CONTINUE WITH QUESTION 22.1

22.1 What are the names of the chemicals/adhesives/alcohols/solvents you use on patients? *Please write in brand or product names, how many hours a day and how many days a week, you use these adhesives, alcohols, or solvents with patients*

Brand or Product Names	**Hours per day**				**Days per week**		
	< 1	1-2	3-4	>4	1	2-3	>3
1.	☐	☐	☐	☐	☐	☐	☐
2.	☐	☐	☐	☐	☐	☐	☐
3.	☐	☐	☐	☐	☐	☐	☐
4.	☐	☐	☐	☐	☐	☐	☐
5.	☐	☐	☐	☐	☐	☐	☐
6.	☐	☐	☐	☐	☐	☐	☐

22.2 What tasks do you perform when you apply or use chemicals, adhesives, alcohols, or solvents on patients?
Please indicate if you perform the tasks listed in the first column of the following table.
IF YOU ANSWER 'YES' FOR A TASK, Please indicate how many hours a day and how many days a week, on average, you clean or disinfect surfaces, and the type of gloves used.

Tasks	Do you perform this task?			**Hours per day**				**Days per week**			**Gloves Worn**		
				< 1	1-2	3-4	>4	1	2-3	>3	None	Nitrile	Latex or vinyl
Apply disinfectant with gauze or swab	Yes ☐	No ☐	**If Yes →**	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Spray disinfectant	Yes ☐	No ☐	**If Yes →**	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Clean wounds	Yes ☐	No ☐	**If Yes →**	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Apply adhesive for ostomy bags	Yes ☐	No ☐	**If Yes →**	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Apply benzoin tincture	Yes ☐	No ☐	**If Yes →**	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Exposure to Aerosolized Medicines Used with Patients (Current Job)

23 Thinking about your current job and what you have done in this job in the last **12 months**:
Do you administer aerosolized medications such as antibiotics (for example, Tobramycin, Amikacin, or Colistin), pentamidine (for example, Nebupent®), ribavirin, bronchodilators, anesthetics, antitrypsin)?

___ No ___Yes

IF 'NO': GO TO QUESTION 24
IF 'YES': CONTINUE WITH QUESTION 23.1

23.1 What are the names of the aerosolized medications you administer?
Please write in brand or product names, how many hours a day and how many days a week, you administer aerosolized medications

Brand or Product Names	Hours per day				Days per week		
	< 1	1-2	3-4	>4	1	2-3	>3
1.	☐	☐	☐	☐	☐	☐	☐
2.	☐	☐	☐	☐	☐	☐	☐
3.	☐	☐	☐	☐	☐	☐	☐
4.	☐	☐	☐	☐	☐	☐	☐
5.	☐	☐	☐	☐	☐	☐	☐
6.	☐	☐	☐	☐	☐	☐	☐

23.2 What tasks and tools do you use to administer aerosolized medications?
Please indicate if you perform the tasks listed in the first column of the following table.
IF YOU ANSWER 'YES' FOR A TASK, Please indicate how many hours a day and how many days a week, on average, you clean or disinfect surfaces, and the type of gloves used.

Tasks	Do you perform this task?			Hours per day				Days per week			Gloves Worn		
				< 1	1-2	3-4	>4	1	2-3	>3	None	Nitrile	Latex or vinyl
Manage patients on ventilators or oxygen	Yes ☐	No ☐	**If Yes →**	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Teach use of metered-dose inhalers or nebulizers	Yes ☐	No ☐	**If Yes →**	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Apply nebulizer therapy using:	Yes ☐	No ☐	**If Yes →**	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
hand pumps?	Yes ☐	No ☐	**If Yes →**	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
automated enclosed system?	Yes ☐	No ☐	**If Yes →**	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Employment 5 Years Ago

24. Were you employed 5 years ago? ___ No ___Yes

IF 'NO':
24.1 What was your employment status 5 *years ago*?
__ Disabled
__ On family leave
__ On extended sick leave
__ Retired
__Student
__ Other, please specify:
_____

Go to Question 34

IF 'YES':
24.2 Five years ago, were you working in the same job that you already reported as your current job? 'Same job' means both the occupation code and unit code are the same.
___ No ___Yes

IF 'NO': Go to Question 25
IF 'YES': Go to Question 34 on Page17

25. Use the lists below to identify the 2-digit occupation code for the job you had *5 years ago* and the 2-digit unit code for where the job was located.
If you had more than one job 5 years ago, record information for job where you worked the most hours per week.

25.1 What was your occupation *5 years ago*?

__ __
Occupation code

List of 2-digit occupation codes
Please select single best code for the job you had 5 years ago and record above.
01: Disinfecting or sterilizing technician or technologist
02: Housekeeper, cleaner
03: Lab technician, technologist, or assistant in a medical or clinical laboratory
04: Nursing assistant or orderly
05 : Nurse (RN, LPN)
06: Nurse practitioner
07: Respiratory therapist or respiratory technician
08: Ward clerk
09: Other, please specify
_____

25.2 In which unit did you work *5 years ago*?

__ __
Unit code

List of 2-digit unit codes
Please select single best code for the unit where you worked 5 years ago and record above.
01: in hospital, administration
02: in hospital, dialysis
03: in hospital, education
04: in hospital, emergency room (ER)
05: in hospital, endoscopy
06: in hospital, float
07: in hospital, general or internal medicine
08: in hospital, intensive care
09: in hospital, outpatient care
10: in hospital, pediatric
11: in hospital, psychiatric
12: in hospital, pulmonary
13: in hospital, surgery or operating room
14: outside hospital
15: Other, please specify
_____

26 How many hours per week did you work in the job you had *5 years ago*? __ __ hours per week

27 What year did you begin that job? __ __ __ __

28 What year did you stop working in that job? __ __ __ __

29 Were you regularly exposed to vapors, gases, dust, or fumes in that job? ___ No ___Yes

30 Thinking about the job you had 5 years ago, did you clean medical equipment or instruments with disinfectants or sterilants such as the following chemicals (and commercial products)

- Acetic acid
- Alcohol
- Bleach or bleach solution (for example, Clorox®)
- Ethylene oxide or EtO
- Formaldehyde
- Glutaraldehyde (for example, Cidex®, ColdSport®, Endocide®, Glutacide®, Hospex®, Metricide®, Onicide®, Rapicide®, Sonacide®,Sporicidin®, Wavicide®)
- Hydrogen peroxide (for example, Accell®, Optim®, Sporox®)
- Hydrogen peroxide gas plasma (for example, Sterad® system)
- Ortho-phtalaldehyde (for example, Cidex OPA®)
- Peracetic acid (for example, Steris® system)
- Hydrogen peroxide and peracetic acid (for example, Acecide®, Metrex®, Peract®)

__ No __Yes

30.1 In the process of disinfecting or sterilizing medical equipment or instruments, did you use an enzymatic cleaner as well? ___No ___Yes __ Don't Know

31 Thinking about the job you had 5 years ago, did you clean surfaces (such as floors, tables, windows, beds, chairs, bathroom) at work with cleaners or disinfectants such as bleach/chlorine, ammonia, chloramines, quats, phenolics, floor stripper, acids, or detergents? __ No __Yes

32 Thinking about the job you had 5 years ago, did you observe any of the following in the building where you worked?

32.1 Water leakage or water damage indoors on walls, floors, or ceilings? __ No __Yes
32.2 Visible mold growth (not on food) indoors on walls, floors, or ceilings? __ No __Yes
32.3 Odor of mold or mildew (not from food)? __ No __Yes

33 Thinking about the job you had 5 years ago, were there renovations or construction at your job? __ No __Yes

Changing Jobs

34 Have you ever had to change or leave a job or position because it affected your breathing? This would include changing jobs or positions within the same workplace.

___ No ___Yes

IF 'NO': Go to Question 35 on next page

IF 'YES': *If you have changed or left a job or position more than once because it affected your breathing, please answer the following questions about the most recent time this happened.*

34.1 In which year did you change or leave this job or position? ___ ___ ___ ___

34.2 *Concerning the job or position you changed or left:*

34.2.1 What kind of job or position did you change or leave?

_____

34.2.2 In what industry was this job or position you changed or left?

_____

34.2.3 What had you done in the job or position you changed or left?

_____

34.2.4 What exposure or activity affected your breathing in the job or position you changed or left?

_____

34.3 *Concerning the job or position you went to:*

34.3.1 What kind of job or position did you go to?

_____

34.3.2 In what industry was the job or position you went to?

_____

34.3.3 What did you do in this new job or position?

_____

Demographics

35 In what year were you born? __ __ __ __
Year

36 What is your sex? ___ Male ___Female

37 Do you consider yourself of Hispanic, Latino, or Spanish origin? *Mark the single best answer.*
___ No ___ Yes

IF 'NO': Go to Question 38	***IF 'YES':*** 37.1 Which of the following best describes your Hispanic, Latino, or Spanish origin? *(Mark only one)* ___ Mexican, Mexican American, Chicano ___ Puerto-Rican ___ Cuban ____Another Hispanic, Latino, or Spanish origin *If other, please specify:* _____

38 What is your race? *Mark one or more in the list below.*
___ White
___ Black, African American
___ American Indian or Alaska Native
___Asian Indian
___Chinese
___Filipino
___Japanese
___Korean
___Vietnamese
___Native Hawaiian
___Guamanian or Chamorro
___Samoan
___Other Pacific Islander – Specify: _____
___Some other race - Specify: _____

39 What is the highest grade or level of education that you have completed?
___ Less than a high school diploma
___ High school diploma or GED
___ Some college or vocational/technical education
___ 4 year college graduate (Bachelor's degree)
___ Graduate/Medical/Law school

---- Thank you for completing the survey! ----