Attachment 1 – Respiratory Health Internet version to be cognitively tested

OMB #0920-0222; Expiration Date: 03/31/2013

*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?

27.1	Chronic obstructive pulmonary disease, or COPD	☐ No ☐ Yes
27.2	Emphysema	☐ No ☐ Yes
27.3	Nasal or sinus allergies, including hay fever	☐ No ☐ Yes
27.4	Eczema or any kind of skin allergy	☐ No ☐ Yes
27.5	Allergies to animals	☐ No ☐ Yes
27.6	Allergies to dust or dust mites	☐ No ☐ Yes
27.7	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 8
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 Any spray cleaning product	☐	☐	☐	☐
7.2 Bleach like Clorox®	☐	☐	☐	☐
7.3 Ammonia products, like Mr. Clean Top Job®	☐	☐	☐	☐
7.4 Window cleaners, like Windex®	☐	☐	☐	☐
7.5 Air freshening sprays, like Febreze® or Glade®	☐	☐	☐	☐

Accidental Chemical Spill or Gas Release

8 Were you **ever** involved in or near an accidental chemical spill or gas release? ☐No ☐Yes

IF 'NO': Go to Question 9

IF 'YES':

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

— — — —

8.2 Where did this most recent accidental chemical spill or gas release occur? *Please mark one location.*

☐Home ☐Work ☐Elsewhere

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

8.4 Did you have to receive medical attention because of the most recent accidental exposure? ☐No ☐Yes

8.5 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 9	***IF'YES'*:** 8.5.1 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

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

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

Current Employment

11 Are you *currently* employed?
☐No ☐Yes

IF 'NO':
11.1 What is your *current* employment status? *Please mark the single best answer.*
☐Disabled
☐On family leave
☐On extended sick leave
☐Retired
☐Student
☐Other, please specify:
_____
Go to Question 25

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.
11.2. Name of hospital, nursing home or other facility:
_____
11.3 City where located or borough in New York City:
_____
Go to Question 12

12 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.

12.1 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: Medical instrument preparers or endoscopy technician
02: Environmental service worker, housekeeper, or cleaner
03: Lab technician, lab technologist, or assistant in a medical or clinical laboratory
04: Nursing assistant, nurse technician, nurse support assistant, patient care technician, patient support or orderly
05: Licensed Practical Nurse (LPN) or Licensed Vocational Nurse (LVN)
06: Registered Nurse - RN
07: Nurse practitioner
08: Respiratory therapist or respiratory technician
09: Ward clerk
10: Other, please specify _____
_____

12.2 In what type of facility do you *currently* work?

__ __
facility code

List of 2-digit facility codes
Please select single best code for type of facility where you currently work and record above.
01: Hospital
02: Nursing Home
03: Other, please specify
_____
_____

12.3 Use the lists below to identify the 2-digit location 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.

12.2 Where is your work location?

location code

List of 2-digit location codes
Please select single best code for the location where you currently work and record above.
01: Patient care ward
02: Administration
03: Central supply
04: Dental
05: Dialysis
06: Ear, nose, and throat (ENT)
07: Education
08: Emergency room (ER)
09: Endoscopy
10: Float or multiple locations
11: General or internal medicine
12: Intensive care
13: Labor and delivery
14: Outpatient care
15 Pediatric
16: Psychiatric
17: Pulmonary
18: Surgery or operating room
19: Other location, please specify _____
_____

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

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

15 In this job, are you regularly exposed to vapors, gases, dusts, or fumes? ☐No ☐Yes

IF 'NO': Go to Question 16
IF 'YES': Continue with Question 15.1

15.1 To what vapors, gases, dusts, or fumes are you exposed regularly? _____

16 In the last **12 months**, have you observed any of the following in the area(s) where you work?
16.1 Water leakage or water damage indoors on walls, floors, or ceilings? ☐No ☐Yes

16.2 Visible mold growth (not on food) indoors on walls, floors, or ceilings? ☐No ☐Yes

16.3 Odor of mold or mildew (not from food)? ☐No ☐Yes

17 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 18
IF 'YES': Continue with Question 17.1

17.1 Painting walls and fixtures? ☐No ☐Yes

17.2 Ripping out and replacing walls, woodwork, and partitions? ☐No ☐Yes

17.3 Ripping out and replacing floors, carpets, and fixed furniture? ☐No ☐Yes

Use of Hand Sanitizers

18. How many times per day, both at home and at work, do you disinfect your hands with liquid hand sanitizers?

☐ Never ☐ Less than 1 time per day ☐ 1-3 times per day ☐ 4-10 times per day ☐ More than 10 times per day

Sterilizing Medical Instruments (Current Job)

19.Thinking about your current job and what you have done in this job in the last **12 months**:
Do you sterilize or high-level disinfect medical instruments, including dental instruments or ventilator parts, in central supply or other locations such as endoscopy and bronchoscopy units, hemodialysis units, operating rooms, or other clinical settings?

☐No ☐Yes

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

19.1 What are the names of the sterilants or high-level disinfectants you use to sterilize medical instruments?
Please indicate any brand or product from the list and write in brand or product names if you use any sterilants not listed. IF YOU ANSWER 'YES' FOR A BRAND OR PRODUCT, please indicate how many days per week you use those products and the type of gloves used.

Chemical or Product Names	Do you use this chemical or product?		Days per week								Gloves Worn			
			Less than 1	1	2	3	4	5	6	7	None	Nitrile	Latex or vinyl	Don't know
Acetic acid	No ☐ Yes ☐ Don't Know ☐	**If Yes →**	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Alcohol, such as ethanol or isopropanol	No ☐ Yes ☐ Don't Know ☐	**If Yes →**	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Bleach or chlorine such as Chlorox®	No ☐ Yes ☐ Don't Know ☐	**If Yes →**	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Enzymatic cleaners, such as Asepti-Zyme®, 3M Rapid Multi-Enzyme®	No ☐ Yes ☐ Don't Know ☐	**If Yes →**	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Ethylene oxide in compressed-gas cylinders or single-dose cartridges	No ☐ Yes ☐ Don't Know ☐	**If Yes →**	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Ethylene oxide in glass ampules	No ☐ Yes ☐ Don't Know ☐	**If Yes →**	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Formaldehyde	No ☐ Yes ☐ Don't Know ☐	**If Yes →**	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Glutaraldehydes such as Cidex®, Metricide®, Rapicide®, Wavicide®,	No ☐ Yes ☐ Don't Know ☐	**If Yes →**	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Glutaraldehyde and isopropanol combinations such as Aldahol III®,	No ☐ Yes ☐ Don't Know ☐	**If Yes →**	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Glutaraldehyde and phenol/phenate combinations such as Sporicidin®	No ☐ Yes ☐ Don't Know ☐	**If Yes →**	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Hydrogen peroxides such as Accell®, Optim®, Resert XL®, Sporox®	No ☐ Yes ☐ Don't Know ☐	**If Yes →**	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Hydrogen peroxide and peracetic acid combinations such as Acecide®, EndoSpor Plus®, Metrex®, Peract®	No ☐ Yes ☐ Don't Know ☐	**If Yes →**	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Hydrogen peroxide gas plasma such as Sterad®	No ☐ Yes ☐ Don't Know ☐	**If Yes →**	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Hypochlorite or Hypochlorous acids such as Sterilox®	No ☐ Yes ☐ Don't Know ☐	**If Yes →**	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Ortho-phthalaldehydes such as Cidex OPA®, Opaciden®	No ☐ Yes ☐ Don't Know ☐	**If Yes →**	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Peracetic acid such as Steris®	No ☐ Yes ☐ Don't Know ☐	**If Yes →**	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Please write any other sterilizing or high-level disinfecting chemicals or product names you use to sterilize medical instruments	Days per week								Gloves Worn			
	Less than 1	1	2	3	4	5	6	7	None	Nitrile	Latex or vinyl	Don't know
1.	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
2.	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
3.	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
4.	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
5.	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
6.	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

19.2 On a typical day when you use sterilants or high-level disinfectants, how many **times per day** do you use these products?

Less than 1 time per day ☐ 1-3 times per day ☐ 4-10 times per day ☐ More than 10 times per day ☐

19.3 On a typical day when you use sterilants or high-level disinfectants, how many **hours per day** do you use these products?

Less than 1 hour per day ☐ 1-4 hours per day ☐ More than 4 hours per day ☐

19.4 Thinking about your current job and what you have done in this job in the last **12 months**:
Do you ever ***prepare*** medical instruments for sterilization?

☐No ☐Yes

IF 'NO': GO TO QUESTION 45.5
IF 'YES': CONTINUE WITH QUESTION 45.4

19.*4* Thinking about your current job and what you have done in this job in the last **12 months**:
Do you ever prepare medical instruments for sterilization **by manually disassembling instruments, removing gross contaminants, or flushing gross contaminants and waste**?

☐No ☐Yes

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

19.4.1 When you remove gross contaminants and waste from scopes and instruments, please indicate how many days per week, times per week, duration of task and the type of gloves used when you perform this task.

Days per week								**Times per day**	**Duration of Task**	**Gloves Worn**			
Less than 1	1	2	3	4	5	6	7			None	Nitrile	Latex or vinyl	Don't know
☐	☐	☐	☐	☐	☐	☐	☐	__ __	_____ ☐hrs ☐ min	☐	☐	☐	☐

19.5 Thinking about your current job and what you have done in this job in the last **12 months**:
Do you ever prepare medical instruments for sterilization **by refilling or changing sterilization solutions**?

☐No ☐Yes

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

19.5.1 When you refill or change sterilization solutions, please indicate how many days per week, times per week, duration of task and the type of gloves used when you perform this task.

Days per week								**Times per day**	**Duration of Task**	**Gloves Worn**			
Less than 1	1	2	3	4	5	6	7			None	Nitrile	Latex or vinyl	Don't know
☐	☐	☐	☐	☐	☐	☐	☐	__ __	_____ ☐hrs ☐ min	☐	☐	☐	☐

19.6 Thinking about your current job and what you have done in this job in the last **12 months**:
Do you ever **manually** sterilize medical instruments?

☐No ☐Yes

IF 'NO': GO TO QUESTION 19.7
IF 'YES': CONTINUE WITH QUESTION 19.6.1

19.6.1 When you **manually** sterilize medical instruments, please indicate how many days per week, times per week, duration of task and the type of gloves used when you perform this task.

Days per week								**Times per day**	**Duration of Task**	**Gloves Worn**			
Less than 1	1	2	3	4	5	6	7			None	Nitrile	Latex or vinyl	Don't know
☐	☐	☐	☐	☐	☐	☐	☐	___ __	_____ ☐hrs ☐ min	☐	☐	☐	☐

19.6.2 Do you use a sterilants immersion container when you sterilize or high-level disinfect medical instruments?

☐ No ☐Yes

IF 'NO': GO TO QUESTION 19.7
IF 'YES': CONTINUE WITH QUESTION 19.6.2.1

19.6.2.1 When using a sterilants immersion container **please select all conditions** below that apply.

☐ Enclosed box or exhaust hood used
☐ Emersion box equipped with a tight fitting lid
☐ Local exhaust ventilation is used in room

☐ None of the conditions apply

19.7 Thinking about your current job and what you have done in this job in the last **12 months**:
Do you ever sterilize medical instruments using **automated systems**? ☐No ☐Yes

IF 'NO': GO TO QUESTION 20
IF 'YES': CONTINUE WITH QUESTION 19.7.1

19.*7.1* Which tasks do you perform to <u>sterilize medical instruments using **automated systems**</u>?
Please indicate if you perform these tasks listed in the first column of the following table.
IF YOU ANSWER 'YES' FOR A TASK, please indicate how many days per week, times per day, duration of task, and the type of controls used.

Tasks	**Do you perform this task?**				**Days per week**								**Times per day**	**Duration of Task**	**Controls**	
					Less than 1	1	2	3	4	5	6	7			Is system enclosed?	Is local exhaust ventilation used?
Operate Ethylene Oxide sterilizer	No ☐	Yes ☐	Don't Know ☐	**If Yes →**	☐	☐	☐	☐	☐	☐	☐	☐	__ __	_____ ☐hrs ☐ min	No ☐ Yes ☐ Don't Know ☐	No ☐ Yes ☐ Don't Know ☐
Operate Plasma Hydrogen Peroxide Sterad® system	No ☐	Yes ☐	Don't Know ☐	**If Yes →**	☐	☐	☐	☐	☐	☐	☐	☐	__ __	_____ ☐hrs ☐ min	No ☐ Yes ☐ Don't Know ☐	No ☐ Yes ☐ Don't Know ☐
Operate Steris® system	No ☐	Yes ☐	Don't Know ☐	**If Yes →**	☐	☐	☐	☐	☐	☐	☐	☐	__ __	_____ ☐hrs ☐ min	No ☐ Yes ☐ Don't Know ☐	No ☐ Yes ☐ Don't Know ☐
Conduct maintenance on systems such as cleaning or replacing screens or filters	No ☐	Yes ☐	Don't Know ☐	**If Yes →**	☐	☐	☐	☐	☐	☐	☐	☐	__ __	_____ ☐hrs ☐ min	No ☐ Yes ☐ Don't Know ☐	No ☐ Yes ☐ Don't Know ☐

19.8 Do you rinse or flush sterilized medical instruments with alcohol?

☐ No ☐ Yes

IF 'NO': GO TO QUESTION 20
IF 'YES': CONTINUE WITH QUESTION 19.8.1

19.8.1 After rinsing or flushing with alcohol do you use forced air to dry medical instruments?

☐ No ☐ Yes

Cleaning Fixed Surfaces, Equipment or Instruments (Current Job)

20.Thinking about your current job and what you have done in this job in the last **12 months**:

Do you clean or disinfect fixed surfaces, equipment, or instruments?

Examples of fixed surfaces are: countertops, floors, beds, and bathrooms.
Examples of equipment are: IV poles, monitors, carts, and computers.
Examples of instruments are: blood pressure cuffs, and stethoscopes.

☐ No ☐ Yes

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

20.1 What cleaners or disinfectants do you use for cleaning fixed surfaces, equipment, or instruments?
Please indicate any brand or product from the list and write in brand or product names if you use any cleaner or disinfectant not listed. IF YOU ANSWER 'YES' FOR A BRAND OR PRODUCT, Please indicate how many days per week, times per week, duration of product use, and the type of gloves used.

Chemical or Product Names	Do you use this chemical or product?				Days per week								Gloves Worn			
					Less than 1	1	2	3	4	5	6	7	None	Nitrile	Latex or vinyl	Don't know
Glass cleaning products such as Windex®	No ☐	Yes ☐	Don't Know ☐	**If Yes →**	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Acids	No ☐	Yes ☐	Don't Know ☐	**If Yes →**	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Alcohol, such as ethanol and isopropanol	No ☐	Yes ☐	Don't Know ☐	**If Yes →**	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Ammonia	No ☐	Yes ☐	Don't Know ☐	**If Yes →**	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Bleach or chlorine such as Clorox®	No ☐	Yes ☐	Don't Know ☐	**If Yes →**	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Detergents	No ☐	Yes ☐	Don't Know ☐	**If Yes →**	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Enzymatic cleaners such as Asepti-Zyme®, 3M Rapid Multi-Enzyme®	No ☐	Yes ☐	Don't Know ☐	**If Yes →**	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Floor wax stripper	No ☐	Yes ☐	Don't Know ☐	**If Yes →**	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Phenolics, such as 3M Phenolic Disinfectant 18®, WexCide®, MicroBakII®, Megacide®, Novigard®, Sporicidin®	No ☐	Yes ☐	Don't Know ☐	**If Yes →**	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Quaternary ammonium compounds "Quats", such as 3M Neutral Quat 23®, 3M HB Quat 25®, Sani-Cloth Plus®, Oasis®, Staphene®, BTC100®, BioQuat®, Sentinel®	No ☐	Yes ☐	Don't Know ☐	**If Yes →**	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
					Days per week								Gloves Worn			
Please write any other cleaning or disinfection chemicals or products you use for cleaning fixed surfaces, equipment, or instruments					Less than 1	1	2	3	4	5	6	7	None	Nitrile	Latex or vinyl	Don't know

1.	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
2.	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
3.	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
4.	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
5.	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
6.	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

20.2 On a typical day when you use cleaners or disinfectants on fixed surfaces, equipment, or instruments, how many **times per day** do you use these products?

Less than 1 time per day	1-3 times per day	4-10 times per day	More than 10 times per day
☐	☐	☐	☐

20.3 On a typical day when you use cleaners or disinfectants on fixed surfaces, equipment, or instruments, on average how many **hours per day** do you use these products?

Less than 1 hour per day	1-4 hours per day	More than 4 hours per day
☐	☐	☐

20.4 On a typical day when you use cleaners or disinfectants on fixed surfaces, equipment, or instruments, do you use more sprays or more wipes, or do you use both equally often?

Select the ONE best answer.

- ☐ Use more sprays than wipes
- ☐ Use more wipes than sprays
- ☐ Use sprays and wipes about equally
- ☐ Not sure which I use more

20.5 What tasks do you perform when cleaning or disinfecting fixed surfaces, equipment, or instruments?
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 days per week, times per week, duration of task, and the type of gloves used.

Tasks	**Do you perform this task?**		**Days per week**								**Times per day**	**Duration of Task**	**Gloves Worn**			
			Less than 1	1	2	3	4	5	6	7			None	Nitrile	Latex or vinyl	Don't know
Wipe down beds, furniture, counters, walls, etc.	No ☐	Yes ☐	☐	☐	☐	☐	☐	☐	☐	☐	__ __	_____ ☐hrs ☐ min	☐	☐	☐	☐
Cleanup spills or blood	No ☐	Yes ☐	Don't Know ☐	☐	☐	☐	☐	☐	☐	☐	__ __	_____ ☐hrs ☐ min	☐	☐	☐	☐
Manually mix, refill, or empty cleaning or disinfecting products	No ☐	Yes ☐	Don't Know ☐	☐	☐	☐	☐	☐	☐	☐	__ __	_____ ☐hrs ☐ min	☐	☐	☐	☐
Clean bathrooms including toilet, sink, shower	No ☐	Yes ☐	Don't Know ☐	☐	☐	☐	☐	☐	☐	☐	__ __	_____ ☐hrs ☐ min	☐	☐	☐	☐
Spray then wipe glass, windows, mirrors	No ☐	Yes ☐	Don't Know ☐	☐	☐	☐	☐	☐	☐	☐	__ __	_____ ☐hrs ☐ min	☐	☐	☐	☐
Polish wood furniture	No ☐	Yes ☐	Don't Know ☐	☐	☐	☐	☐	☐	☐	☐	__ __	_____ ☐hrs ☐ min	☐	☐	☐	☐
Polish stainless steel surfaces	No ☐	Yes ☐	Don't Know ☐	☐	☐	☐	☐	☐	☐	☐	__ __	_____ ☐hrs ☐ min	☐	☐	☐	☐
Spray deodorant/ disinfectant	No ☐	Yes ☐	Don't Know ☐	☐	☐	☐	☐	☐	☐	☐	__ __	_____ ☐hrs ☐ min	☐	☐	☐	☐
Mop floors	No ☐	Yes ☐	Don't Know ☐	☐	☐	☐	☐	☐	☐	☐	__ __	_____ ☐hrs ☐ min	☐	☐	☐	☐
Clean instruments such as scissors, stethoscopes, and thermometers	No ☐	Yes ☐	Don't Know ☐	☐	☐	☐	☐	☐	☐	☐	__ __	_____ ☐hrs ☐ min	☐	☐	☐	☐
Clean equipment such as IV poles, carts, monitors, and computers	No ☐	Yes ☐	Don't Know ☐	☐	☐	☐	☐	☐	☐	☐	__ __	_____ ☐hrs ☐ min	☐	☐	☐	☐
Terminal cleaning of patient rooms	No ☐	Yes ☐	Don't	☐	☐	☐	☐	☐	☐	☐	__ __	_____ ☐hrs ☐ min	☐	☐	☐	☐

If Yes →

			Know ☐	**Yes →**														
Cleaning or disinfecting for MRSA, VRE or other drug resistant bacteria in patient rooms	No ☐	Yes ☐	Don't Know ☐	**If Yes →**	☐	☐	☐	☐	☐	☐	☐	☐	__ __	_____ ☐hrs ☐ min	☐	☐	☐	☐
End of shift cleaning of operating rooms, dialysis units or other patient care areas	No ☐	Yes ☐	Don't Know ☐	**If Yes →**	☐	☐	☐	☐	☐	☐	☐	☐	__ __	_____ ☐hrs ☐ min	☐	☐	☐	☐

20.6 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 20.6.1

20.6.1What 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 days per week, times per day, duration of task, and the type of gloves used.

Tasks	**Do you perform this task?**				**Days per week**								**Times per day**	**Duration of Task**	**Gloves Worn**			
					Less than 1	1	2	3	4	5	6	7			None	Nitrile	Latex or vinyl	Don't know
Strip floors	No ☐	Yes ☐	Don't Know ☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	__ __	____ ☐hrs ☐ min	☐	☐	☐	☐
Scrape floors	No ☐	Yes ☐	Don't Know ☐	**If Yes →**	☐	☐	☐	☐	☐	☐	☐	☐	__ __	____ ☐hrs ☐ min	☐	☐	☐	☐
Prepare to buff floors	No ☐	Yes ☐	Don't Know ☐	**If Yes →**	☐	☐	☐	☐	☐	☐	☐	☐	__ __	____ ☐hrs ☐ min	☐	☐	☐	☐
Buff floors	No ☐	Yes ☐	Don't Know ☐	**If Yes →**	☐	☐	☐	☐	☐	☐	☐	☐	__ __	____ ☐hrs ☐ min	☐	☐	☐	☐
Wax floors	No ☐	Yes ☐	Don't Know ☐	**If Yes →**	☐	☐	☐	☐	☐	☐	☐	☐	__ __	____ ☐hrs ☐ min	☐	☐	☐	☐

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**:

Have you worked in a medical or clinical laboratory?

☐No ☐Yes

IF 'NO': GO TO QUESTION 22
IF 'YES': CONTINUE WITH QUESTION 21.1

21.1 What tasks and chemicals do you perform or use when you work in the medical or clinical laboratory?

IF YOU ANSWER 'YES' FOR A TASK OR CHEMICAL, please indicate how many days per week, times per day, duration of task, and the type of controls present.

Tasks and Chemical	**Do you perform this task using this chemical?**			**Days per week**								**Times per day**	**Duration of Task**	**Controls**	
				Less than 1	1	2	3	4	5	6	7			Tasks performed in a fume hood	Task performed using bench-top local exhaust ventilation?
Use formalin to fix grossed tissue and autopsy specimens	No ☐	Yes ☐	Don't Know ☐	**If Yes →**	☐	☐	☐	☐	☐	☐	☐	☐	__ __	_____ ☐hrs ☐ min	No ☐ Yes ☐ Don't Know ☐	No ☐ Yes ☐ Don't Know ☐
Uses stains and dyes such as haematoxylin and eosin stain	No ☐	Yes ☐	Don't Know ☐	**If Yes →**	☐	☐	☐	☐	☐	☐	☐	☐	__ __	_____ ☐hrs ☐ min	No ☐ Yes ☐ Don't Know ☐	No ☐ Yes ☐ Don't Know ☐
Use solvents such as xylene and toluene to fix tissue specimens and rinse stains	No ☐	Yes ☐	Don't Know ☐	**If Yes →**	☐	☐	☐	☐	☐	☐	☐	☐	__ __	_____ ☐hrs ☐ min	No ☐ Yes ☐ Don't Know ☐	No ☐ Yes ☐ Don't Know ☐

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, antiseptics, alcohols, or solvents, such as solutions to remove adhesives, iodine, hydrogen peroxide, super glue, bone cement, alcohols, alcohol preps, mineral spirits, or toluene, **on patients**?

☐No ☐Yes

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

22.2 What tasks do you perform when you apply or use chemicals, antiseptics, 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 days per week, times per day, duration of task, and the type of gloves used.

Tasks and Chemical	**Do you perform this task using this chemical?**			**Days per week**								**Times per day**	**Duration of Task**	**Gloves Worn**			
				Less than 1	1	2	3	4	5	6	7			None	Nitrile	Latex or vinyl	Don't know
Disinfect **skin areas** on patients prior to procedure using wipes, gauze or swabs with antiseptics such as alcohols, iodine, acetic acid to	No ☐	Yes ☐	Don't Know ☐	**If Yes →**	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Clean and disinfect **wounds** using antiseptics such as, silver compounds, chlorhexidine, povidone iodine or cadexomer iodine	No ☐	Yes ☐	Don't Know ☐	**If Yes →**	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Apply wound dressing such as polyurethane based hydrogel, hydrocolloid, or hydrocellular foam	No ☐	Yes ☐	Don't Know ☐	**If Yes →**	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Use adhesive such as super glue, acrylates, bone cements, benzoin tincture such as 3M® Steri-Strip® for surgery, skin closure, bone repair, ostomy bags, and other applications	No ☐	Yes ☐	Don't Know ☐	**If Yes →**	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Use **adhesive removing solvents** such as alcohols, acetone with wipes, gauze or swabs	No ☐	Yes ☐	Don't Know ☐	**If Yes →**	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Apply synthetic fiberglass casts	No ☐	Yes ☐	Don't Know ☐	**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 that might include antibiotics, such as Tobramycin, Amikacin, Colistin, pentamidine, ribavirin, bronchodilators, anesthetics, and antitrypsin?

☐No ☐Yes

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

23.1 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 days per week, times per week, duration of task, and the type of gloves used when you administer aerosolized medications.

Tasks and	**Do you perform this task or use this tool?**		**Days per week**								**Times per day**	**Duration of Task or Tool Use**	**Gloves Worn**			
			Less than 1	1	2	3	4	5	6	7			None	Nitrile	Latex or vinyl	Don't know
Administer aerosolized medications with a small volume nebulizer (SVN)	No ☐ Yes ☐ Don't Know ☐	**If Yes →**	☐	☐	☐	☐	☐	☐	☐	☐	__ __	_____ ☐hrs ☐ min	☐	☐	☐	☐
Use continuous aerosol delivery system for bronchodilators and other medicines	No ☐ Yes ☐ Don't Know ☐	**If Yes →**	☐	☐	☐	☐	☐	☐	☐	☐	__ __	_____ ☐hrs ☐ min	☐	☐	☐	☐
Administer aerosolized medications with a metered-dose inhaler (MDI)	No ☐ Yes ☐ Don't Know ☐	**If Yes →**	☐	☐	☐	☐	☐	☐	☐	☐	__ __	_____ ☐hrs ☐ min	☐	☐	☐	☐
Administer aerosolized medications with a dry powder inhaler (DPI)	No ☐ Yes ☐ Don't Know ☐	**If Yes →**	☐	☐	☐	☐	☐	☐	☐	☐	__ __	_____ ☐hrs ☐ min	☐	☐	☐	☐

23.2 When you administer aerosolized medication do you use respiratory protection other than a surgical mask?

☐ No ☐ Yes

IF 'NO': GO TO QUESTION 23.2.1
IF 'YES': CONTINUE WITH QUESTION 24

23.2.1 What percent of the time do you use any respirator, other than a surgical mask, when administering aerosolized medication?

About 25% of the time	About 50% of the time	About 75% of the time	100% of the time
☐	☐	☐	☐

23.2.2 What types of respirators do you use when administering aerosolized medication?

☐ Particulate respirator such as an N95
☐ Air purifying half mask
☐ Air purifying full face piece
☐ Powered air purifying
☐ Other, please specify _____

Exposure to Chemicals used by Dental Assistants (Current Job)

24 Thinking about your current job and what you have done in this job in the last **12 months**:
Have you ever worked as a dental assistant?

☐No ☐Yes

IF 'NO': GO TO QUESTION 25
IF 'YES': CONTINUE WITH QUESTION 24.1

24.1 What tasks do you do as a dental assistant?
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 days per week, times per week, duration of task, and the type of gloves used when you administer aerosolized medications.

Tasks	**Do you perform this task?**			**Days per week**								**Times per day**	**Duration of Task**	**Gloves Worn**			
				Less than 1	1	2	3	4	5	6	7			None	Nitrile	Latex or vinyl	Don't know
Adjust, polish or repair dentures or use compunds such as methyl methacrylates, other acrylates, and epoxys	No ☐	Yes ☐	Don't Know ☐	**If Yes →**	☐	☐	☐	☐	☐	☐	☐	☐	__ __	_____ ☐hrs ☐ min	☐	☐	☐	☐
Prepare amalgams such as Vertex SoftÂ®, Villacryl SoftÂ®, Molloplast BÂ®,and MollosilÂ®	No ☐	Yes ☐	Don't Know ☐	**If Yes →**	☐	☐	☐	☐	☐	☐	☐	☐	__ __	_____ ☐hrs ☐ min	☐	☐	☐	☐
Develop x-rays using film developing solutions	No ☐	Yes ☐	Don't Know ☐	**If Yes →**	☐	☐	☐	☐	☐	☐	☐	☐	__ __	_____ ☐hrs ☐ min	☐	☐	☐	☐
Use adhesives to place dentures or attach braces	No ☐	Yes ☐	Don't Know ☐	**If Yes →**	☐	☐	☐	☐	☐	☐	☐	☐	__ __	_____ ☐hrs ☐ min	☐	☐	☐	☐

Employment 5 Years Ago

25. Were you employed in health care 5 years ago? ☐No ☐Yes

IF 'NO': CONTINUE WITH QUESTION 25.1
IF 'YES': GO TO QUESTION 26

25.1 Please check the ONE box that best describes your employment status 5 *years ago*?

☐Employed outside of the healthcare industry

☐Disabled
☐On family leave
☐On extended sick leave
☐Retired
☐Student
☐Other, please specify: _____

IF YOU CHECKED "Employed outside of healthcare industry" CONTINUE TO QUESTION 51.2. OTHERWISE GO TO QUESTION 40?

25.2 Please check the ONE box that best describes the type of industry your job was in 5 years ago.

If you had more than one job 5 years ago, record information for the job where you worked the most hours per week.

☐ Agriculture, forestry, and fishing
☐ Construction trades
☐ Health care and social assistance
☐ Manufacturing
☐ Mining
☐ Oil and gas extraction
☐ Public safety
☐ Services, such as finance, real estate, education, hospitality, repair, or human resources
☐ Transportation, warehousing, and utilities
☐ Wholesale and retail trade

25.3 Please write in the title for the job you had 5 years ago. _____

51.4 What did you do at the job you had 5 years ago?

_____

25.5 What was the name of the company where you worked 5 years ago?

_____

26 Use the lists below to identify the 2-digit occupation code for the job you had in healthcare *5 years ago* and the 2-digit facility 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.

26.1 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: Medical instrument preparers or endoscopy technician
02: Environmental service worker, housekeeper, or cleaner
03: Lab technician, lab technologist, or assistant in a medical or clinical laboratory
04: Nursing assistant, nurse technician, nurse support assistant, patient care technician, patient support or orderly
05: Licensed Practical Nurse (LPN) or Licensed Vocational Nurse (LVN)
06: Registered Nurse - RN
07: Nurse practitioner
08: Respiratory therapist or respiratory technician
09: Ward clerk
10: Other, please specify _____

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

__ __
Facility code

List of 2-digit facility codes
Please select single best code for the facility where you worked 5 years ago and record above.
01: Hospital
02: Nursing Home
03: Other, please specify
_____
_____

26.3 Use the lists below to identify the 2-digit location code for where your job 5 years ago was located.

If you had more than one job 5 years ago, record information for the job where you worked the most hours per week.

26.3.1 Where is your work location?

__ __
location code

List of 2-digit location codes
Please select single best code for the location where you worked 5 years ago and record above.
01: Patient care ward
02: Administration
03: Central supply
04: Dental
05: Dialysis
06: Ear, nose, and throat (ENT)
07: Education
08: Emergency room (ER)
09: Endoscopy
10: Float or multiple locations
11: General or internal medicine
12: Intensive care
13: Labor and delivery
14: Outpatient care
15 Pediatric
16: Psychiatric
17: Pulmonary
18: Surgery or operating room
19: Other unit, please specify _____
_____

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

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

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

30 Were you regularly exposed to vapors, gases, dust, or fumes in that job? ☐No ☐Yes

31 Thinking about the job you had 5 years ago, did you sterilize or high-level disinfect medical instruments, including dental instruments and ventilator parts, in central supply or other locations such as endoscopy and bronchoscopy units, hemodialysis units, operating rooms, or other clinical settings?

☐No ☐Yes

32 Thinking about the job you had 5 years ago, did you clean or disinfect fixed surfaces, equipment, or instruments? ☐No ☐Yes

Examples of fixed surfaces are: countertops, floors, beds, and bathrooms.
Examples of equipment are: IV poles, monitors, carts, and computers.
Examples of instruments are: blood pressure cuffs, and stethoscopes.

33 Thinking about the job you had 5 years ago, did clean and wax floors using strippers and buffers? ☐No ☐Yes

34 Thinking about the job you had 5 years ago, did you work in a medical or clinical laboratory? ☐No ☐Yes

35 Thinking about the job you had 5 years ago, did you use chemicals, adhesives, antiseptics, alcohols, or solvents, such as solutions to remove adhesives, iodine, hydrogen peroxide, super glue, bone cement, alcohols, alcohol preps, mineral spirits, or toluene, **on patients**? ☐No ☐Yes

36 Thinking about the job you had 5 years ago, did you administer aerosolized medications that might include antibiotics, such as Tobramycin, Amikacin, Colistin, pentamidine, ribavirin, bronchodilators, anesthetics, and antitrypsin? ☐No ☐Yes

37 Thinking about the job you had 5 years ago, did you work as a dental assistant? ☐No ☐Yes

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

38.1 Water leakage or water damage indoors on walls, floors, or ceilings? ☐No ☐Yes
38.2 Visible mold growth (not on food) indoors on walls, floors, or ceilings? ☐No ☐Yes
38.3 Odor of mold or mildew (not from food)? ☐No ☐Yes

39 Thinking about the job you had 5 years ago, were there renovations or construction at your job? ☐No ☐Yes

Changing Jobs

40 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 41 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.*

_____

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

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

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

_____

40.2.2 Please check the ONE box that best describes what industry the job or position you changed or left was in?

- ☐ Agriculture, forestry, and fishing
- ☐ Construction trades
- ☐ Health care and social assistance
- ☐ Manufacturing
- ☐ Mining
- ☐ Oil and gas extraction
- ☐ Public safety
- ☐ Services, such as finance, real estate, education, hospitality, repair, or human resources
- ☐ Transportation, warehousing, and utilities
- ☐ Wholesale and retail trade

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

_____

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

_____

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

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

_____

40.3.2 Please check the ONE box that best describes what industry the job or position you went to was in?

- ☐ Agriculture, forestry, and fishing
- ☐ Construction trades
- ☐ Health care and social assistance
- ☐ Manufacturing
- ☐ Mining
- ☐ Oil and gas extraction
- ☐ Public safety
- ☐ Services, such as finance, real estate, education, hospitality, repair, or human resources
- ☐ Transportation, warehousing, and utilities
- ☐ Wholesale and retail trade

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

_____

40.3.4 What was the name of the company where you worked at this new job?

_____

Demographics

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

42 What is your sex? ☐Male ☐Female

43 Do you consider yourself of Hispanic, Latino/a, or Spanish origin? *Mark the single best answer.*
☐No ☐Yes

IF 'NO': Go to Question 44

IF 'YES':
43.1 Which of the following best describes your Hispanic, Latino/a, or Spanish origin?
(Mark only one)

☐Mexican, Mexican American, or Chicano
☐Puerto-Rican
☐Cuban
☐Another Hispanic, Latino, or Spanish origin

If other, please specify: _____

44 What is your race? *Mark one or more in the list below.*
☐White
☐Black or African American
☐American Indian or Alaska Native
☐Asian Indian
☐Chinese
☐Filipino
☐Japanese
☐Korean
☐Vietnamese
☐Other Asian
☐Native Hawaiian
☐Guamanian or Chamorro
☐Samoan
☐Other Pacific Islander – Specify: _____

45 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, vocational, or technical education
☐4 year college graduate (Bachelor's degree)
☐Graduate or Medical

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