

PROGRAMMING INSTRUCTIONS APPEAR IN BLUE

In order to determine whether you are eligible to participate, please answer the following 7 questions.

DISPLAY CALENDAR HIGHLIGHTING THE PAST 7 CALENDAR DAYS FOR ALL QUESTIONS, EXCEPT FOR PENTAMIDINE IN QUESTION 1 (DISPLAY CALENDAR HIGHLIGHTING PAST 30 CALENDAR DAYS).

1. At any time in the **past 7 calendar days**, did you administer **any** of the following in aerosolized form to patients?
- Yes [LINK TO MODULE A](#)
- No

- **TOBRAMYCIN** (*TOBI^R*), **AMIKACIN** (*Amikin^R*) or **COLISTIN**
- **RIBAVIRIN** (*Virazole^R*)

OR

At any time in the **past 30 calendar days**, did you administer

- **PENTAMIDINE** (*Nebupent^R*)

in aerosolized form to patients?

2. At any time in the **past 7 calendar days**, did you compound (i.e., mix or prepare) **ANTINEOPLASTIC AGENTS**? *Antineoplastic agents are also known as chemotherapeutic, anti-cancer, or cytotoxic drugs.*
- Yes [LINK TO MODULE B](#)
- No

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3. At any time in the **past 7 calendar days**, did you administer **ANTINEOPLASTIC AGENTS** to patients?
Antineoplastic agents are also known as chemotherapeutic, anti-cancer, or cytotoxic drugs.
- Yes [LINK TO MODULE C](#)
- No
4. At any time in the **past 7 calendar days**, did you use **ETHYLENE OXIDE (EtO) or HYDROGEN PEROXIDE GAS PLASMA** to chemically sterilize medical devices, instruments or supplies?
- Yes [LINK TO MODULE D](#)
- No
5. At any time in the **past 7 calendar days**, did you use any of the following to chemically disinfect medical devices, instruments or supplies?
- Yes [LINK TO MODULE E](#)
- No
- **GLUTARALDEHYDE** (e.g., Cidex[®], ColdSport[®], Endocide[®], Glutacide[®], Hospex[®], Metricide[®], Onicide[®], Rapicide[®], Sonacide[®], Sporidicin[®], Wavicide[®]);
 - **ORTHOPHTHALDEHYDE** (e.g., Cidex OPA[®]);
 - **PERACETIC ACID** (e.g., Steris[®] system);
 - **HYDROGEN PEROXIDE** (e.g., Accell[®], Optim[®], Sporox[®]);
- OR**
- **HYDROGEN PEROXIDE and PERACETIC ACID** (Acecide[®], Metrex[®], Peract[®])
6. At any time in the **past 7 calendar days**, did you work within 5 feet of the source of **SURGICAL SMOKE**?
- Yes [LINK TO MODULE F](#)
- No

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7. At any time in the **past 7 calendar days**, did you personally administer **ANESTHETICS** as a gas?
Please do not include instances where you supervise others who administer anesthetic gases.
- Yes [LINK TO MODULE G](#)
 No

Anesthetic gases include nitrous oxide, desflurane, sevoflurane, halothane, enflurane and isoflurane

IF RESPONDENT MARKS 'YES' TO ONLY ONE OF THE 7 SCREENING QUESTIONS → GO TO LINKED HAZARD MODULE, THEN TO CORE MODULE, THEN EXIT SURVEY.

IF RESPONDENT MARKS 'YES' TO MORE THAN ONE OF THE 7 SCREENING QUESTIONS → LIST CHEMICAL AGENTS ASSOCIATED WITH THESE QUESTIONS (ALL CHEMICAL AGENTS ARE LISTED BELOW FOR ILLUSTRATION PURPOSES).

Please rank top two chemical agents in order of most to least used/exposed. Use "1" for most used/exposed and "2" for second most used/exposed. ALLOW ONLY ONE "1" SELECTION AND ONE "2" SELECTION FOR QUESTIONS R1-R7.

IF ONE OF THE TOP TWO CHEMICAL AGENTS IS TARGETED TO PROFESSIONAL ORGANIZATION OF RESPONDENT → GO TO TARGETED HAZARD MODULE, THEN TO CORE MODULE, THEN TO (OPTIONAL) REMAINING HAZARD MODULE.

IF NONE OF THE TOP TWO CHEMICAL AGENTS ARE TARGETED TO PROFESSIONAL ORGANIZATION OF RESPONDENT → GO TO HAZARD MODULE FOR HIGHEST RANKED AGENT(S), THEN TO CORE MODULE, THEN TO OPTIONAL REMAINING HAZARD MODULE (FOR SECOND HIGHEST RANKED AGENT(S)).

- R1. **TOBRAMYCIN** (*TOBI[®]*), **AMIKACIN** (*Amikin[®]*)
COLISTIN, **RIBAVIRIN** (*Virazole[®]*) or
PENTAMIDINE (*Nebupent[®]*)
- PROVIDE DROP DOWN LIST OF "1" AND "2";
[LINK TO MODULE A](#)
- R2. **(Prepare) ANTINEOPLASTIC AGENTS** (*also known as chemotherapeutic, anti-cancer, or cytotoxic drugs*).
- PROVIDE DROP DOWN LIST OF "1" AND "2";
[LINK TO MODULE B](#)

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- R3. **(Administer) ANTINEOPLASTIC AGENTS** (*also known as chemotherapeutic, anti-cancer, or cytotoxic drugs*).
PROVIDE DROP DOWN LIST OF "1" AND "2";
LINK TO MODULE C
- R4. **ETHYLENE OXIDE (EtO) or HYDROGEN PEROXIDE GAS PLASMA**
PROVIDE DROP DOWN LIST OF "1" AND "2";
LINK TO MODULE D
- R5. **GLUTARALDEHYDE** (e.g., Cidex[®], ColdSport[®], Endocide[®], Glutacide[®], Hospex[®], Metricide[®], Onicide[®], Rapicide[®], Sonacide[®], Sporicidin[®], Wavicide[®]);
PROVIDE DROP DOWN LIST OF "1" AND "2";
LINK TO MODULE E
- ORTHOPHTHALDEHYDE** (e.g., Cidex OPA[®]);
- PERACETIC ACID** (e.g., Steris[®] system);
- HYDROGEN PEROXIDE** (e.g., Accell[®], Optim[®], Sporox[®]);
- or
- HYDROGEN PEROXIDE and PERACETIC ACID** (Acecide[®], Metrex[®], Peract[®])
- R6. **SURGICAL SMOKE**
PROVIDE DROP DOWN LIST OF "1" AND "2";
LINK TO MODULE F
- R7. **ANESTHETIC GASES** (*includes nitrous oxide, desflurane, sevoflurane, halothane, enflurane and isoflurane*)
PROVIDE DROP DOWN LIST OF "1" AND "2";
LINK TO MODULE G

IF RESPONDENT MARKS 'NO' TO ALL 7 SCREENING QUESTIONS →GO TO QUESTION E8

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- E8. In the **past 7 calendar days**, what was your working status?
- Working for pay at a job or business [END SURVEY, 'THANK YOU' STATEMENT](#)
 - Working, but not for pay, at a family-owned job or business (e.g., volunteer, student trainee) [END SURVEY, 'THANK YOU' STATEMENT](#)
 - Not working at a job or business [→GO TO QUESTION E9](#)
- E9. What was the main reason for not working in the **past 7 calendar days**?
- On layoff (temporary or indefinite)
 - Slack work/business conditions
 - Waiting for new job to begin
 - Vacation/personal days
 - Own illness/injury/medical problems
 - Child care problems
 - Other family/personal obligation
 - Maternity/paternity leave
 - Labor dispute
 - Weather affected job
 - School/training
 - Civic/military duty
 - Looking for work
 - Retired
 - Disabled
 - Other (please specify):_____
- [ALL RESPONSES →GO TO QUESTION E10](#)
- E10. In the **past 30 calendar days**, what was your working status?
- Working for pay at a job or business [END SURVEY, 'THANK YOU' STATEMENT](#)
 - Working, but not for pay, at a family-owned job or business (e.g., volunteer, student trainee) [END SURVEY, 'THANK YOU' STATEMENT](#)
 - Not working at a job or business [→GO TO QUESTION E11](#)

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- E11. What is the main reason for not working in the **past 30 calendar days**?
- On layoff (temporary or indefinite)
 - Slack work/business conditions
 - Waiting for new job to begin
 - Vacation/personal days
 - Own illness/injury/medical problems
 - Child care problems
 - Other family/personal obligation
 - Maternity/paternity leave
 - Labor dispute
 - Weather affected job
 - School/training
 - Civic/military duty
 - Looking for work
 - Retired
 - Disabled
 - Other (please specify): _____

ALL RESPONSES END SURVEY, 'THANK YOU'
STATEMENT