

PROGRAMMING INSTRUCTIONS APPEAR IN BLUE.

SECTION 1: Demographics

1. Are you male or female?

- Male
- Female

2. Do you consider yourself Latino or of Hispanic origin or descent?

- Yes, I am Latino/Hispanic/Spanish
- No, I am not Latino/Hispanic/Spanish

3. Which of the following categories describes your race?

Please ✓ all that apply.

- White
- Black or African American
- Asian
- Native Hawaiian or other Pacific Islander
- American Indian or Alaskan Native

4. In what year were you born?

INCLUDE DROP DOWN PICK LIST OF YEARS FROM 1993 TO 1935 (18 TO 75 YEARS OF AGE) (USE RADIO BUTTONS)

5. Were you born in the USA?

- Yes, born in USA → GO TO QUESTION 7
- No, not born in USA

6. In what year did you first come to the USA?

Year you first came to USA: INCLUDE DROP DOWN PICK LIST OF YEARS FROM 2011 TO 1935 (75 YEARS) (USE RADIO BUTTONS)

7. In which of the following languages are you fluent? **Please ✓ all that apply.**

- English
- Arabic
- Bengali
- Chinese

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- French
- German
- Hindi
- Italian
- Japanese
- Korean
- Portuguese
- Russian
- Spanish
- Tagalog
- Urdu
- Vietnamese
- Other language (Please specify):

8. What is the highest education level you have completed?

- Less than grade 12
- Grade 12 (high school grad) or GED
- Vocational certificate
- Associate's degree
- Bachelor's degree
- Master's degree
- Doctoral or professional degree (MD/DO, DDS/DMD, PhD, ScD, Pharm.D., etc.)
- Post doctoral education

SECTION 2: Employment Status

9. How many **employers** do you currently work for who provide healthcare or health-related services? (If you are self-employed, consider yourself the employer.)

- One
- Two
- Three
- More than three

DISPLAY QUESTION 10 ON SEPARATE SCREEN:

If you work for more than one employer, the following questions apply to your *primary employer* i.e., the one for which you typically work the most hours. If you are self-employed, consider yourself the employer.

10. Which of the following best describes your **employer**?

Ambulatory Health Care Services

- Physician office
- Dentist office

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- Offices of other health practitioners (e.g., registered or licensed practical nurses, respiratory therapists, dental hygienists, chiropractors, optometrists, podiatrists)
- Outpatient care centers (e.g., freestanding ambulatory surgical centers and clinics, free standing emergency medical centers and clinics, HMO medical centers and clinics, dialysis centers, mental health and substance abuse centers)
- Medical laboratory
- Diagnostic imaging center (CT scan and MRI centers, X-ray labs)
- Blood/organ bank
- Home health care provider
- Other ambulatory health care facility

Hospitals

- General medical and surgical hospital
- Psychiatric hospital
- Substance abuse hospital
- Specialty hospital (except psychiatric and substance abuse)

Nursing and Residential Care Facilities

- Nursing care facility
- Residential mental retardation/mental health/substance abuse facility
- Community care facility for the elderly
- Other residential care facility

Social Assistance/Services

- Individual and family services (includes home care) facility
- Community food and housing, emergency and other relief services
- Vocational rehabilitation facility
- Child day care facility

Other

- (Please specify): _____

11. Which of the following best describes your **current** occupation? **Please ✓ only one.**

DISPLAY SPECIALTY AFTER MAJOR CATEJORY IS SELECTED

IF RESPONDENT MARKED ANY ONE OF THE NURSE CATEGORIES → GO TO QUESTION 13.; OTHERWISE → GO TO QUESTION 15..

- Physician
 - Primary care
 - General surgery
 - Physician Specialist (Please ✓ only one)
 - Anesthesiologist
 - Other (Please specify): _____

- Dentist or Other Dental Professional
 - General Dentist
 - Endodontist
 - Oral and maxillofacial surgeon
 - Orthodontist
 - Pediatric dentist
 - Periodontist
 - Prosthodontist
 - Dental hygienist
 - Dental technician
 - Dental assistant
 - Other dental professional (Please specify): _____

- Pharmacist/Other Pharmacy Professional
 - Pharmacist
 - Pharmacy technician
 - Other pharmacy professional (Please specify): _

- Therapist
 - Respiratory Therapist
 - Other (Please specify): _____

- Technologist or Technician

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- Anesthesiologist Technician
- Central Supply/Processing Technician
- Dental Technician
- Echocardiology Technician
- EEG/Neuro Technician
- GI Lab Technician
- Pharmacy Technician
- Radiologic Technologist or Technician
- Sterilization technician
- Surgical Technologist
- Ultrasound Technician
- Other (Please specify):

- Nurse
 - AIDS care nurse
 - Ambulatory care nurse
 - Anesthetist (nurse)
 - Cardiac rehabilitation nurse
 - Case management
 - Clinical nurse specialist/Nurse clinician
 - Correctional nurse
 - Director/CEO (nurse)
 - Educator (nurse)
 - Enterostomal therapy nurse
 - Gastroenterology/Endoscopy nurse
 - Genetics nurse
 - General Nurse (no specialty)
 - Home health nurse
 - Hematology/Oncology nurse
 - Infection control nurse
 - Infusion/IV therapy nurse
 - Long-term care nurse
 - Managed care nurse
 - Manager/administrator (nurse)
 - Midwife (nurse)
 - Nephrology nurse
 - Neuroscience nurse

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-
- Occupational health nurse
 - Ophthalmic nurse
 - OR Nurse
 - Perioperative nurse
 - Orthopaedic nurse
 - Otorhinolaryngology nurse
 - Pediatric nurse
 - Perianesthesia nurse
 - Perinatal nurse
 - Primary care/Office nurse
 - Psychiatric nurse
 - Reconstructive surgical nurse
 - Rehabilitation nurse
 - Respiratory nurse
 - School nurse
 - Subacute care nurse
 - Transplant nurse
 - Trauma nurse
 - Other nursing specialty (Please specify):

- Other HealthCare Professional
 - Anesthesiologist assistant
 - Home health aide
 - Medical assistant
 - Physician assistant
 - Surgical assistant
 - Other (Please specify): _____

DISPLAY FOLLOWING NOTE ABOVE QUESTIONS 12-20:

If you work for more than one employer, please continue to think about your *primary employer* , i.e., the one for which you typically work the most hours. If you are self-employed, consider yourself the employer.

12.13 Are you a staff nurse or an advanced practice nurse as defined by the different types of nursing licenses?

- Staff Nurse (RN, LPN, LVN)
- Advanced Practice Nurse (NP, CRNA, CNS, CNM)

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14.15 How much of your time is spent in direct patient care activities?

- 76-100%
- 51-75%
- 26-50%
- 1-25%
- No direct patient care

16.17 How long have you worked for your current employer?

- Less than 6 months
- At least 6 months but less than a year
- 1-5 years
- 6-10 years
- 11-20 years
- More than 20 years

18.19 How long have you worked as a {FILL WITH CURRENT OCCUPATION AS REPORTED IN QUESTION 11.}?

- Less than 6 months
- At least 6 months but less than a year
- 1-5 years
- 6-10 years
- 11-20 years
- 21- 30 years
- More than 30 years

20. How would you describe your work arrangement?	<ul style="list-style-type: none"><input type="radio"/> I am self-employed<input type="radio"/> I am paid by a temporary agency<input type="radio"/> I work for a contractor who provides services to others under contract<input type="radio"/> I am a regular, permanent employee<input type="radio"/> I am a student trainee<input type="radio"/> I am an intern, resident or fellow
21. What is the total number of workers at your primary place of employment?	<ul style="list-style-type: none"><input type="radio"/> Only myself<input type="radio"/> 2-9 workers<input type="radio"/> 10-99 workers<input type="radio"/> 100-249 workers<input type="radio"/> 250-1,000 workers<input type="radio"/> More than 1,000 workers

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22	Which of the following best characterizes your employer?	<input type="radio"/> For profit (individual, partnership or corporation) <input type="radio"/> Non-profit or not-for-profit corporation <input type="radio"/> City, county, district or state government (including public university-based) <input type="radio"/> Federal government (e.g., military, VHA, IHS) <input type="radio"/> Other (Please specify): _____
23	In what state do you work for your primary employer?	DISPLAY DROP DOWN PICK LIST OF STATES (USE RADIO BUTTONS)
24	Is your primary place of employment located in an urban, suburban or rural area?	<input type="radio"/> Urban (large city; 50,000 people or more) <input type="radio"/> Urban (small city; fewer than 50,000 people) <input type="radio"/> Suburban (developed areas adjacent to cities) <input type="radio"/> Rural (areas outside cities generally characterized by farms, ranches, small towns, and unpopulated regions)

25. Please check all of the locations where you worked in the past 7 calendar days.

Please ✓ all that apply.

FOR EACH RESPONDENT, RANDOMIZE ORDER OF FIRST THREE CATEGORIES

Ambulatory Health Care Facilities

- Physician office
- Dentist office
- Offices of other health practitioners (e.g., registered or licensed practical nurses, respiratory therapists, dental hygienists, chiropractors, optometrists, podiatrists)
- Outpatient care centers (e.g., freestanding ambulatory surgical centers and clinics, free standing emergency medical centers and clinics, HMO medical centers and clinics, dialysis centers, mental health and substance abuse centers)
- Medical laboratory
- Diagnostic imaging center (CT scan and MRI centers, X-ray labs)
- Blood and organ banks
- Other ambulatory health care facility (Please specify): _____

Hospitals

- General medical and surgical hospital
- Psychiatric hospital
- Substance abuse hospital
- Specialty hospital (except psychiatric and substance abuse) (Please specify: _____)

Nursing and Residential Care Facilities

- Nursing care facility
- Residential mental retardation, mental health and substance abuse facilities
- Community care facilities for the elderly
- Other residential care facilities (Please specify): _____

Other

- Homes of patients (including in-home hospice)
- Homeless shelter
- Emergency shelter
- Food bank (that provides health care services)
- Child day care facility
- Educational facility
- Correctional facility
- Other (Please specify): _____

DISPLAY FOLLOWING NOTE ABOVE QUESTIONS 26.-37.:

If you work for more than one employer, please continue to think about your *primary employer*, i.e., the one for which you typically work the most hours. If you are self-employed, consider yourself the employer.

26. Are you a full-time or part-time employee?

- Full-time (typically 32 or more hours per week)
 Part-time (typically less than 32 hours per week)

27. How are you paid?

- Salaried
 Paid by the hour
 Fee-for-service
 Other (Please specify): _____

28. Which of the following best describes the hours you usually work?

- Regular daytime shift or schedule (work anytime between 6am and 6pm)
 Regular evening shift (work anytime between 2 pm and midnight)
 Regular night shift (work anytime between 9pm and 8am)
 Regular shift plus periodic on-call
 Rotating shift (work shift that changes periodically from days to evenings or nights)
 Split shift (work shift consisting of two distinct work periods each day)
 Irregular shift/on call (unscheduled work arranged by the employer)
 Other schedule (Please specify): _____
-

29. Which of the following best describes your work schedule in a typical work week?

- Weekdays only (Monday - Friday)
 Weekends only (Saturday and Sunday)
 Mix of weekdays and weekends

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30. In the past 7 calendar days, how many days did you work?

DISPLAY CALENDAR HIGHLIGHTING THE PAST 7 CALENDAR DAYS. APPLIES TO ALL QUESTIONS WITH 'IN THE PAST 7 CALENDAR DAYS'

- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- 7 days

31. In the past 7 calendar days, what was the usual length of your work shift?

- Less than 8 hours
- 8 hours
- 10 hours
- 12 hours
- More than 12 hours
- Other (please specify):

32. In the past 7 calendar days, what was the total number of hours you worked?

Total number of hours worked: _____

33. During the past 7 calendar days, did you work...

- ...more hours than usual
- ...fewer hours than usual
- ...about the same number of hours as usual

34. In the past 7 calendar days, did you work overtime (work done in addition to regular working hours)?

- Yes
- No

35. Was the overtime mandatory (i.e., required by the employer)?

- Yes
- No

IF RESPONDENT REPORTED WORKING FOR MORE THAN ONE HEALTHCARE EMPLOYER IN QUESTION 9 → GO TO QUESTION 36..

OTHERWISE, → GO TO QUESTION 33.

36 Besides the {FILL IN ANSWER FROM QUESTION 28} hours you worked for your primary employer in the past 7 calendar days, what was the total number of hours you worked (paid or volunteer) for **any other** employers who provide healthcare or health-related services? _____ hours

37 During the past 7 calendar days, how many hours did you work (paid or volunteer) for employers who do **not** provide healthcare or health-related services? _____ hours
If no other jobs, enter "0."

38 To which of the following professional associations do you belong? **Please ✓ all that apply.**

- American Academy of Anesthesiologist Assistants (AAAA)
- American Association of Nurse Anesthetists (AANA)
- American Academy of Physician Assistants (AAPA)
- American Association of Pharmacy Technicians (AAPT)
- American Association for Respiratory Care (AARC)
- American Dental Association (ADA)
- American Dental Assistants Association (ADAA)
- American Dental Hygienists Association (ADHA)
- American Nurses Association (ANA)
- Association of periOperative Registered Nurses (AORN)
- Association of Pediatric Hematology/Oncology Nurses (APHON)
- American Society of Anesthesiologists (ASA)
- American Society of Perianesthesia Nurses (ASPAN)
- American Society of Health-System Pharmacists (ASHP)
- American Society of Radiologic Technicians (ASRT)
- Association of Surgical Technologists (AST)
- International Association of Healthcare Central Service Materiel Managers (IAHCSMM)
- Infusion Nurses Society (INS)
- National Pharmacy Technician Association (NPTA)
- National Surgical Assistants Association (NSAA)
- Oncology Nurses Society (ONS)
- Society of Gastroenterology Nurses and Associates (SGNA)
- Other (please specify): _____

39 Are you a member of a labor union? Yes No

SECTION 3: Workplace Conditions

DISPLAY FOLLOWING NOTE ABOVE QUESTIONS 36-50:

If you work for more than one employer, please continue to think about your *primary employer*, i.e., the one for which you typically work the most hours. If you are self-employed, consider yourself the employer.

36. Are any of the following chemical agents used or present in the area(s) where you work?		Yes	No	I don't know
a.	Glutaraldehyde	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b.	Ortho-phthalaldehyde	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c.	Formaldehyde	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d.	Nitrous oxide	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e.	Anesthetic gases (other than nitrous oxide)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f.	Antineoplastic agents (i.e., chemotherapeutic agents)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g.	Pentamidine aerosol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h.	Tobramycin aerosol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i.	Ribavirin aerosol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j.	Surgical smoke	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k.	Ethylene oxide	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l.	Methyl methacrylate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

IF RESPONDENT MARKED 'YES' DISPLAY APPROPRIATE FOLLOW-UP QUESTION BELOW.

IF RESPONDENT MARKED 'NO' OR 'I DON'T KNOW' TO 36 A THROUGH L → GO TO QUESTION 38.

37. Please estimate the potential for exposure to the chemical agents used or present in your job.

Answer for what the exposure level would be if you did not wear personal protective equipment and protective clothing.

	No Exposure	Low Exposure	Medium Exposure	High Exposure	Unsure of Exposure
a. Glutaraldehyde	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Ortho-phthalaldehyde	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Formaldehyde	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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d. Nitrous oxide	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Anesthetic gases (other than nitrous oxide)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Antineoplastic agents (i.e., chemotherapeutic agents)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Pentamidine aerosol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Tobramycin aerosol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Ribavirin aerosol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Surgical smoke	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Ethylene oxide (EtO)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Methyl methacrylate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

38. Are any of the following present in the area(s) where you work?

	Yes	No	I don't know
a. Infectious diseases (e.g., Influenza, TB, HIV, HBV, HCV, MRSA, VRE)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Needles and other sharps	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Non-ionizing radiation (e.g., UV, microwaves, radio-frequency, magnetic/electric fields, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Ionizing radiation (e.g., X-rays, gamma rays, etc.) (uses may include fluoroscopy, CT scans, radiosurgery, radioactive seeding, sterilization)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Noise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Poor indoor air quality (e.g., molds, cigarette smoke, vehicle exhaust, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Machine safety hazards (e.g., exposed moving parts)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Temperature extremes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

IF RESPONDENT MARKED 'YES' DISPLAY APPROPRIATE FOLLOW-UP QUESTION BELOW.

IF RESPONDENT MARKED 'NO' OR 'I DON'T KNOW' TO 38 A THROUGH H → GO TO QUESTION 40.

39. Please estimate the potential for exposure to the hazards present in your job.

Answer for what the exposure level would be if you did not wear personal protective equipment and protective clothing, where applicable.

	No Exposure	Low Exposure	Medium Exposure	High Exposure	Unsure of Exposure
a. Infectious diseases (e.g., Influenza, TB, HIV,	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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HBV, HCV, MRSA, VRE)					
b. Needles and other sharps	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Non-ionizing radiation (e.g., UV, microwaves, radio-frequency, magnetic/electric fields, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Ionizing radiation (e.g., X-rays, gamma rays, etc.) (uses may include fluoroscopy, CT scans, radiosurgery, radioactive seeding, sterilization)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Noise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Poor indoor air quality (e.g., molds, cigarette smoke, vehicle exhaust, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Machine safety hazards (e.g., exposed moving parts)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Temperature extremes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

40. Are there any **other** health and safety hazards present in the area(s) where you work? Yes No

IF RESPONDENT MARKED 'NO' → GO TO QUESTION 42

41. Please list up to three other health and safety hazards and estimate the potential for exposure to each of them.
Answer for what the exposure level would be if you did not wear personal protective equipment and protective clothing, where applicable.

	No Exposure	Low Exposure	Medium Exposure	High Exposure	Unsure of Exposure
1. (enter specific hazard)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. (enter specific hazard)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. (enter specific hazard)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

42. In the **past 12 months**, have you experienced a **work-related** injury, illness or exposure? Yes No → **GO TO QUESTION 49**

43. What was the nature of the **work-related** injury, illness or exposure?

FOR EACH RESPONDENT, RANDOMIZE ORDER OF RESPONSES WITH EXCEPTION OF 'OTHER'

Please ✓ all that apply.

- Laceration
- Wrist, arm or shoulder pain
- Back pain
- Slip, trip or fall
- Physical assault
- Needlesticks and other sharps injuries
- Asthma
- Breathing problems (other than asthma)
- Skin rash of hand(s), wrist(s) or forearm(s)
- Hearing problems
- Vision problems
- Body fluid exposure
- Infectious disease exposure
- Stress
- Exposure to chemicals (Please specify):

Other (Please specify up to 2 more)

1. _____
2. _____

PROVIDE RESPONDENT WITH QUESTIONS 44 THROUGH 48 FOR EACH ITEM CHECKED IN QUESTION 43.

44. Were you evaluated by a healthcare professional (e.g., physician, nurse, physical therapist, chiropractor) for the {FILL IN FROM QUESTION 43}?

- Yes
- No

45. Were you off from work, even less than one day, as a result of the {FILL IN FROM QUESTION 43}?

- Yes
- No → GO TO QUESTION 47

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46. How many calendar days were you off from work as a result of the **{FILL IN FROM QUESTION 43}**?
- Less than one day
 - 1 day
 - 2 days
 - 3 days
 - 4 to 7 days
 - 8 or more days

47. How many calendar days were you on restricted (light) duty work as a result of the **{FILL IN FROM QUESTION 43}**?
- None
 - 1-5 days
 - 6-10 days
 - 11-15 days
 - 16-20 days
 - More than 20 days

48. Did you receive workers' compensation as a result of the **{FILL IN FROM QUESTION 43}**?
- Yes
 - No
 - I don't remember

Workplace violence includes physical assaults, threats of assaults, harassment, intimidation or bullying. Sources may include patients, family members, visitors, and coworkers including supervisors.

49. In the **past 12 months**, were you **verbally** threatened, intimidated or bullied while you were on the job?
- Yes
 - No → **GO TO QUESTION 50**

49. Who verbally threatened, intimidated or bullied you while you were on the job?
- Please ✓ all that apply.**
- by co-worker
 - by patient
 - by other

50. In the **past 12 months**, were you **physically** assaulted or threatened while you were on the job?
- Yes
 - No → **GO TO QUESTION 51**

50 Who physically assaulted or threatened you while
a you were on the job?

- by co-worker
- by patient
- by other

PLEASE ✓ ALL THAT APPLY.

SECTION 4: Physical Demands

DISPLAY FOLLOWING NOTE ABOVE QUESTIONS 51-55:

If you work for more than one employer, please continue to think about your primary employer, i.e., the one for which you typically work the most hours. If you are self-employed, consider yourself the employer.

51. Thinking about all of your job duties in the past 7 calendar days, how often did you...

	Frequently	Sometimes	Rarely	Never
a. work for long periods (greater than 2 hours) with your head or arms in physically awkward positions?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. reach above chest height?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. squat or kneel ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. bend or twist wrists ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. make precise movements with your fingers?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. work for long periods (greater than 2 hours) at a computer?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. stand for long periods (greater than 2 hours)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

52. During a typical work week, how many times did you lift or move **patients** weighing **35 lbs** or more?

- Never → **GO TO QUESTION 54**
- 1-5 times
- 6-10 times
- 11-20 times
- 21-50 times
- More than 50 times

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53. During a typical work week, how often did you use any of the following when lifting or transferring **patients** weighing **35 lbs** or more?

SKIP 53F IF RESPONDENT MARKED 'ONLY MYSELF' IN QUESTION 17

	Always	Very Often	Sometimes	Rarely	Never	Not Available
a. Lift or move by hand (unassisted)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
b. Fixed mechanical lifting devices such as ceiling lifts, floor lifts, sit-to-stand devices	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Portable mechanical lift devices such as floor lifts, sit-to-stand devices, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Slip or friction reduction devices such as slip sheets, roller or slider boards, air transfer devices, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Gait belts (also called transfer belts)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Lifting assistance from one or more co-workers (including designated lift teams)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Any other assistive device (Please specify)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

54. During a typical work week, how many times did you lift or move **objects**, other than patients, weighing **50 lbs** or more?

- Never → GO TO QUESTION 56
- 1-5 times
- 6-10 times
- 11-20 times
- 21-50 times
- More than 50 times

55. During a typical work week, how often did you use any of the following when lifting or moving **objects**, other than patients, weighing **50 lbs** or more?

PROGRAM TO SKIP 55D, IF R MARKED 'ONLY MYSELF' IN QUESTION 17

	Always	Very Often	Sometimes	Rarely	Never	Not Available
a. Lift or move by hand	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

55. During a typical work week, how often did you use any of the following when lifting or moving **objects**, other than patients, weighing **50 lbs** or more?

PROGRAM TO SKIP 55D, IF R MARKED 'ONLY MYSELF' IN QUESTION 17

	Always	Very Often	Sometimes	Rarely	Never	Not Available
b. Mechanical lifting devices (e.g., winch, dolly, forklift, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Roller or slider boards	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Lifting assistance from one or more co-workers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Object is on wheels or casters	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Any other assistive device (Please specify) _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Section 5: Psychosocial Demands

DISPLAY FOLLOWING NOTE ABOVE QUESTIONS 56-62:

If you work for more than one employer, please continue to think about your *primary employer*, i.e., the one for which you typically work the most hours. If you are self-employed, consider yourself the employer.

56. How worried are you about becoming unemployed?

- Very worried
- Somewhat worried
- Not too worried
- Not at all worried

57. Do you feel discriminated against on your job for any of the following reasons?
Please ✓ all that apply.

- Age
- Race or ethnic origin
- Gender
- Disability
- Job status or position
- Some other reason
- I don't feel discriminated against on my job

58. Overall, how satisfied would you say you are with your job?

- Very satisfied
- Somewhat satisfied
- Not too satisfied

Not at all satisfied

59. How much stress would you say you experienced **at work** in the past 7 calendar days?

- Almost no stress at all
- Moderate amount of stress
- A lot of stress

Section 6: Personal Protective Equipment

60. During a typical work day, how many hours, on average, do you wear water-resistant gloves?

Water-resistant gloves include latex, vinyl, nitrile, butyl and other materials which are impervious to water.

- Less than 1 hour
- 1-2 hours
- 3-4 hours
- 5-6 hours
- 7-8 hours
- 9-10 hours
- 11-12 hours
- More than 12 hours

61. Is your primary place of employment latex-free?

- Yes → **GO TO QUESTION 63**
- No
- I don't know

62. Are any of the protective gloves you wear during a typical work week made of **natural latex rubber**?

DISPLAY THE THREE CHOICES AND "PLEASE ✓ ALL THAT APPLY" AFTER 'YES' IS SELECTED.

- Yes
 - 'powdered'
 - 'powder-free'
 - 'powder-free, low protein/allergen'
- No
- I don't know

SECTION 7: Seasonal Influenza

DISPLAY FOLLOWING NOTE ABOVE QUESTIONS 63-65:

If you work for more than one employer, please continue to think about your *primary employer*, i.e., the one for which you typically work the most hours. If you are self-employed, consider yourself the employer.

SKIP QUESTIONS 63 AND 64, IF RESPONDENT CHECKED 'NO DIRECT PATIENT CARE' IN QUESTION 13.

CORE MODULE

7/23/10

63. Have you provided care to patients with seasonal flu or flu symptoms **in the last 12 months?**

- Yes
- No → **GO TO QUESTION 65**
- I don't know → **GO TO QUESTION 65**

64. When caring for patients with seasonal flu or flu symptoms, which of the following do you wear?
Please ✓ all that apply.

Standard surgical mask



N95 respirator (includes surgical N95 respirator)



Half-facepiece air purifying respirator



Full-facepiece air purifying respirator



Powered air purifying respirator (PAPR)



Other (Please specify):

None of the above

I don't know

65. Have you received a seasonal influenza vaccine in the last 12 months? Yes No

SECTION 8: Hand Hygiene

If you work for more than one employer, please continue to think about your *primary employer*, i.e., the one for which you typically work the most hours. If you are self-employed, consider yourself the employer.

66. During a typical work day, about how many times did you use any of the following hand sanitation or skin care products on your job?

	Never	1-5 times	6-20 times	21-40 times	More than 40 times	Product not available
a. Alcohol-based hand sanitizer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Alcohol-free hand sanitizer.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Soap and water.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Skin moisturizing lotion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Other (Please specify):	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

SECTION 9: Health and Safety Perceptions

If you work for more than one employer, please continue to think about your *primary employer*, i.e., the one for which you typically work the most hours. If you are self-employed, consider yourself the employer.

REPEAT INSTRUCTIONS AND SCALE IF GREATER THAN ONE WEB PAGE

67. Please indicate the level to which you agree or disagree with the following statements.
FOR EACH RESPONDENT, RANDOMIZE ORDER OF STATEMENTS

	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
a. The health and safety of workers is a major priority for management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I feel safe from work-related injury or illness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CORE MODULE

7/23/10

c.	I usually have enough time to take safety precautions while completing my duties	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d.	I feel free to express my concerns about health and safety conditions to management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e.	Proper personal protective equipment is available to me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f.	I am often required to do a task that makes me feel like I might be at risk of getting hurt	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g.	People working with me are frequently exposed to dangerous or risky situations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h.	I feel managers and supervisors set proper examples by following safety rules and work practices	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i.	My work area is periodically inspected to identify potential health and safety hazards	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j.	Unsafe working conditions are corrected in a reasonable time period	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k.	I have received adequate training from my current employer to recognize health and safety hazards in my job	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l.	I feel that there is adequate staffing to perform my job duties	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m.	On my job, I have a lot of say in how I do my work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n.	I can report injuries to my manager without worrying about how it will affect my job	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
o.	I can report injuries to my manager without worrying about how it will affect my department's safety record	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
p.	It is easy for me to combine work with family responsibilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
q.	I feel my organization has a positive safety culture	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- r. Health and safety concerns influence my decision to continue working in the health care field

GO TO 2ND HAZARD MODULE IF INDICATED BY SCREENING MODULE.

OTHERWISE, END SURVEY WITH "THANK YOU" STATEMENT

Thank you for participating in the NIOSH Health and Safety Practices Survey of Healthcare Workers. Your answers have been submitted.