


Appendix M: Survey - Electronic Version

Introduction Screen

Form Approved
OMB No.
Expires



Use the mouse on your computer to select your answers.

Click on the "Next page" button to begin the survey. [Next page >>](#)

You can return to previous page by clicking on the "Previous page" button. [<< Previous page](#)

If you want to come back later to complete the survey, click on the "Save progress" button at any time during the survey. [Save progress](#)

You will not be able to return to previously completed questions if you decide to come back later to complete the remaining questions on the survey.

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Screen 1

Eligibility Questions

E1. Are you 18 years of age or older?*

No Yes

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Screen 2

E2. What is your current employment status? Please mark the single best answer.*

- Currently employed in the healthcare industry
- Employed outside of the healthcare industry
- Unemployed
- Disabled
- On family leave
- On extended sick leave
- Retired
- Student
- Other, please specify:

1.87%

Screen 3

E3. Please write in the title of your current job.

E4. What do you do at your current job?

E5. What is the name of the company where you currently work?

E6. Are work related respiratory problems the reason you are not working in the healthcare industry?

No Yes

2.8%

Screen 4

1 Have you had wheezing or whistling in your chest at any time in the last 12 months?*

No Yes

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Screen 5

1.1 Have you been at all breathless when the wheezing noise was present?

No Yes

1.2 Have you had this wheezing or whistling when you did *not* have a cold?

No Yes

[<< Previous page](#) [Next page >>](#) [Save progress](#) 5.61%

Screen 6

2 Have you woken up with a feeling of tightness in your chest at any time in the last 12 months?

No Yes

3 Have you had an attack of shortness of breath at any time in the last 12 months?

No Yes

4 Have you had an attack of shortness of breath that came on during the day when you were at rest at any time in the last 12 months?

No Yes

5 Have you had an attack of shortness of breath that came on *following* strenuous activity at any time in the last 12 months?

No Yes

6 Have you been woken by an attack of shortness of breath at any time in the last 12 months?

No Yes

7 In the last 12 months, have you *usually* coughed during the day, or at night, in the winter? *

No Yes

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Screen 7

7.1 In the last 12 months, have you coughed like this on most days for as much as 3 months?

No Yes

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Screen 8

8 Have you been woken by an attack of coughing at any time in the last 12 months?

No Yes

9 In the last 12 months, have you usually brought up any phlegm (mucous) from your chest during the day, or at night, in the winter? *

No Yes

[<< Previous page](#) [Next page >>](#) [Save progress](#) 8.41%

Screen 9

9.1 In the last 12 months, have you brought up phlegm (mucous) like this on most days for as much as 3 months?

No Yes

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10 When you are near animals, such as cats, dogs or horses, do you ever:

Get itchy or watery eyes?

No Yes

Get a feeling of tightness in your chest?

No Yes

Get a stuffy nose or sinus congestion or pressure?

No Yes

11 When you are in a dusty part of the house, or near pillows or comforters do you ever:

Get itchy or watery eyes?

No Yes

Get a feeling of tightness in your chest?

No Yes

Get a stuffy nose or sinus congestion or pressure?

No Yes

12 When you are near trees, grass, or flowers, or when there is a lot of pollen around, do you ever:

Get itchy or watery eyes?

No Yes

Get a feeling of tightness in your chest?

No Yes

Get a stuffy nose or sinus congestion or pressure?

No Yes

Question 13 asks about trouble breathing EVER IN YOUR LIFE.

13 Have you ever had trouble with your breathing? *

No Yes

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10.28%

Screen 11

13.1 What kind of trouble did you have? Mark single best answer.

Continuously, as if breathing is not quite right.
 Repeatedly, however gets completely better
 Only rarely

13.2 Was this trouble with your breathing brought on by your work environment? *

No Yes

11.21%

Screen 12

14 Which exposures at work cause or trigger trouble breathing or respiratory symptoms like wheezing, chest tightness, shortness of breath, cough, or phlegm?
Please mark as many of the triggers as apply to you.
Workplace Symptom Triggers

Cleaning products
 Floor strippers or waxes
 Disinfecting or sterilizing solutions
 Hand sanitizers, liquid
 Adhesives, glues, or removers
 Aerosolized medications
 Gases or vapors
 Latex products
 Very cold or very hot temperatures
 If other triggers at work not listed, please specify:

 Don't know

12.15%

Screen 13

15. Have you EVER had asthma? *

No Yes

16. Have you EVER had an episode of asthmatic symptoms? *

No Yes

13.08%

Screen 14

17 How old were you when you had your first episode of asthma symptoms?

Years Old

18. Were you employed when you had your first episode of asthma symptoms? *

No Yes

[<< Previous page](#) [Next page >>](#) [Save progress](#) 14.02%

Screen 15

When you had your first episode of asthmatic symptoms:

18.1 What type of job did you have?

Job title:

18.2. What did you do in this job?

18.3 What type of company did you work for?

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Screen 16

19 Has your asthma been confirmed by a doctor? *

No Yes

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Screen 17

19.1 At what age was your asthma confirmed by a doctor?

Years Old

[<< Previous page](#) [Next page >>](#) [Save progress](#) 16.82%

Screen 18

20 After onset of asthma, did you ever have a period when you did not have asthma symptoms? *

No Yes

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Screen 19

20.1 At what age did your asthma symptoms disappear?

Years Old

20.2 Did your asthma symptoms reappear? *

No Yes

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Screen 20

20.2.1 At what age did your asthma symptoms reappear?

Years Old

20.2.2 Were you employed when your asthma symptoms reappeared? *

No Yes

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Screen 21

20.2.2.1 What type of job did you have?

Job title:

20.2.2.2 What did you do in this job?

20.2.2.3 What type of company did you work for?

Company type:

20.56%

Screen 22

21 Have you had an attack of asthma in the last 12 months? An asthma attack or asthma episode is when your asthma symptoms become worse than usual. *

No Yes

21.5%

Screen 23

21.2 How many attacks of asthma have you had in the last 12 months?

Enter approximate number of attacks:

23.36%

Screen 24

22 Are you currently taking any medications for asthma including inhalers, aerosols or tablets? *

No Yes

24.3%

Screen 25

22.1 In the last 12 months, did you use fast-acting (or rescue) bronchodilators for asthma? *

No Yes

[<< Previous page](#) [Next page >>](#) [Save progress](#) 25.23%

Screen 26

22.1.1 In the last 12 months, were there times when you increased your usage of fast-acting (or rescue) bronchodilators on a short-term basis (over a period from 2 days to 2 weeks)?

No Yes

[<< Previous page](#) [Next page >>](#) [Save progress](#) 26.17%

Screen 27

22.2 In the last 12 months, did you use inhaled steroids for asthma? *

No Yes

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Screen 28

22.2.1 In the last 12 months, were there times when you increased your usage of inhaled steroids on a short-term basis (over a period from 2 days to 2 weeks)?

No Yes

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Screen 29

22.3 In the last 12 months, did you use oral steroids (for example, prednisone) for asthma? *

No Yes

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Screen 30

22.3.1 In the last *12 months*, were there times when you increased your usage of oral steroids on a short-term basis (over a period from 2 days to 2 weeks)?

No Yes

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Screen 31

23 Have you had to miss any days of work due to asthma in the last *12 months*? *

No Yes

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Screen 32

23.1 How many days of work did you have to miss due to asthma in the last *12 months*?

Enter approximate number of days

[<< Previous page](#) [Next page >>](#) [Save progress](#) 31.78%

Screen 33

24 Did you ever go to work in the last *12 months* even though your asthma symptoms were especially bad? *

No Yes

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Screen 34

24.1 On how many days in the last *12 months* did you go to work even though your asthma symptoms were especially bad?

Enter approximate number of days

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Screen 35

25 Have you ever been hospitalized overnight (or longer) for asthma? *

No Yes

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Screen 36

25.1 In the last 12 months, were you hospitalized overnight for asthma?

No Yes

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Screen 37

26 In the last 12 months, did you get urgent treatment for an asthma attack at a doctor's office, urgent care facility, or emergency department (ER)? Do not count routine planned appointments. (An asthma attack or asthma episode is when your asthma symptoms become worse than usual.) *

No Yes

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Screen 38

26.1 In the last 12 months, how many times did you get urgent treatment for an asthma attack at a doctor's office, urgent care facility, or emergency department (ER)? Do not count routine planned appointments.

Times

[<< Previous page](#) [Next page >>](#) [Save progress](#) 37.38%

Screen 39

27 Have you ever had any of the following medical conditions?

Chronic obstructive pulmonary disease, or COPD

No Yes Don't Know

Emphysema

No Yes Don't Know

Nasal or sinus allergies, including hay fever

No Yes Don't Know

Eczema or any kind of skin allergy

No Yes Don't Know

Allergies to animals

No Yes Don't Know

Allergies to dust or dust mites

No Yes Don't Know

Allergies to latex or latex-containing products (ace bandages/adhesive tape/gloves)

No Yes Don't Know

28 Has your biological mother had the following medical conditions?

Asthma?

No Yes Don't Know

Hay fever, eczema, or skin allergies?

No Yes Don't Know

29 Has your biological father had the following medical conditions?

Asthma?

No Yes Don't Know

Hay fever, eczema, or skin allergies?

No Yes Don't Know

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38.32%

HOME

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

Water leakage or water damage indoors on walls, floors, or ceilings?

No Yes Don't Know

Visible mold growth (not on food) indoors on walls, floors, or ceilings?

No Yes Don't Know

Odor of mold or mildew (not from food)?

No Yes Don't Know

31 In the last 12 months, have there been any renovations or construction in your house or apartment?

No Yes Don't Know

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

Never Less than 1 day per week 1-2 days per week 3-4 days per week 5-7 days per week

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39.25%

Screen 41

33 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.*

Any spray cleaning product

Never Less than 1 day per week 1-2 days per week 3-4 days per week 5-7 days per week

Bleach, like Clorox®

Never Less than 1 day per week 1-2 days per week 3-4 days per week 5-7 days per week

Ammonia products, like Mr. Clean Top Job®

Never Less than 1 day per week 1-2 days per week 3-4 days per week 5-7 days per week

Window cleaners, like Windex®

Never Less than 1 day per week 1-2 days per week 3-4 days per week 5-7 days per week

Air freshening sprays, like Febreze® or Glade®?

Never Less than 1 day per week 1-2 days per week 3-4 days per week 5-7 days per week

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40.19%

Screen 42

Accidental Chemical Spill or Gas Release

34 Were you ever involved in or near an accidental chemical spill or gas release? *

No Yes Don't Know

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41.12%

Screen 43

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

Year:

34.2 Where did this most recent accidental chemical spill or gas release occur?

Home Work Elsewhere

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

34.4 Did you have to receive medical attention because of the most recent accidental exposure?

No Yes Don't Know

34.5 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 Don't Know

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42.06%

Screen 44

34.5.1 When you experienced respiratory symptoms in the first 24 hours following the most recent accidental chemical spill or gas release, 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

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42.99%

Screen 45

Employment History

History of Healthcare Work

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

Years old

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

Total years

Current Employment

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

37 What is the name of hospital, nursing home or other facility where you currently work:

38 In which borough of New York City or nearby city is the hospital, nursing home, or other facility where you currently work:

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43.93%

Screen 46

39 What is your *current* occupation?*

- Dental assistant
- Environmental service worker, housekeeper, or cleaner
- Lab technician, lab technologist, or assistant in a medical or clinical laboratory
- Licensed practical nurse (LPN) or licensed vocational nurse (LVN)
- Medical instrument preparer, central supply worker, or endoscopy technician
- Nursing assistant, nurse technician, nurse support assistant, patient care technician, patient support, or orderly
- Operating room technician
- Registered nurse (RN)
- Respiratory therapist or respiratory technician
- Other, please specify

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

- Hospital
- Nursing home
- Both hospital and nursing home
- Other, please specify

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44.86%

41 Where do you work in the facility? Please mark the single best answer.*

- Administration
- Central supply
- Dental
- Dialysis
- Ear, nose, and throat (ENT)
- Education
- Emergency room (ER)
- Endoscopy
- Float or multiple locations
- General or internal medicine
- Intensive care
- Labor and delivery
- Laboratory, medical or clinical
- Non-patient care area
- Outpatient care
- Patient care ward
- Pediatric
- Psychiatric
- Pulmonary
- Surgery or operating room
- Other location, please specify

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45.79%

Screen 48

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

Hours per week

43 What year did you begin your *current* job?

Year:

44 In this job, are you regularly exposed to vapors, gases, dusts, or fumes?*

- No
- Yes
- Don't Know

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46.73%

Screen 49

44.1 To what vapors, gases, dusts, or fumes are you exposed regularly? Please write in answer.

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47.66%

Screen 50

45 In the last 12 months, did you observed any of the following in the area(s) where you work?

Water leakage or water damage indoors on walls, floors, or ceilings?

No Yes Don't Know

Visible mold growth (not on food) indoors on walls, floors, or ceilings?

No Yes Don't Know

Odor of mold or mildew (not from food)?

No Yes Don't Know

46 In the last 12 months, did you observe any of the following renovations or construction in, or next to, the area(s) where you work?

Painting walls and fixtures?

No Yes Don't Know

Ripping out and replacing walls, woodwork, and partitions?

No Yes Don't Know

Ripping out and replacing floors, carpets, and fixed furniture?

No Yes Don't Know

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48.6%

Screen 51

Use of Hand Sanitizers

47 How many times on a typical day, both at home and at work, do you disinfect your hands with liquid hand sanitizers?

- Never
- 1-3 times per day
- 4-10 times per day
- More than 10 times per day

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49.53%

Screen 52

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

Sterilizing Medical Instruments

48 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

Cleaning Fixed Surfaces, Equipment or Instruments

49 Do you clean or disinfect fixed surfaces, equipment, or instruments?
Examples of fixed surfaces are: counter tops, 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

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50.47%

Sterilizing Medical Instruments

50.1 Which of the following sterilants or high-level disinfectants do you use to sterilize medical instruments?

Acetic acid

No Yes Don't Know

Alcohol, such as ethanol or isopropanol

No Yes Don't Know

Bleach or chlorine, such as Clorox®

No Yes Don't Know

Enzymatic cleaners, such as Asepti-Zyme®, 3M Rapid Multi-Enzyme®

No Yes Don't Know

Ethylene oxide in compressed-gas cylinders, single-dose cartridges or glass ampules

No Yes Don't Know

Formaldehyde

No Yes Don't Know

Glutaraldehydes such as Cidex®, Metricide®, Rapicide®, Wavicide®, Aldahol III®, Sporicidin

No Yes Don't Know

Hydrogen peroxides such as Accell®, Optim®, Resert XL®, Sporox®, Acecide®, EndoSpore Plus®, Metrex®, Peract®, Sterad®

No Yes Don't Know

Hypochlorite or hypochlorous acids such as Sterilox®

No Yes Don't Know

Ortho-phthalaldehydes such as Cidex OPA®, Opaciden®

No Yes Don't Know

Peracetic acid such as Steris®

No Yes Don't Know

Please write any other sterilizing or high-level disinfecting chemicals or product names you use

1.

2.

3.

4.

5.

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Save progress

51.4%

Please indicate how many days per week you use these products and the type of gloves used. "Yes" was not selected for any chemicals or no answers were selected. Please select "Next" to continue with the survey.

Acetic acid

Days per week Gloves Worn
--Please Select-- --Please Select--

Alcohol, such as ethanol or isopropano

Days per week Gloves Worn
--Please Select-- --Please Select--

Bleach or chlorine, such as Clorox®

Days per week Gloves Worn
--Please Select-- --Please Select--

Enzymatic cleaners, such as Asepti-Zyme®, 3M Rapid Multi-Enzyme®

Days per week Gloves Worn
--Please Select-- --Please Select--

Ethylene oxide in compressed-gas cylinders, single-dose cartridges or glass ampules

Days per week Gloves Worn
--Please Select-- --Please Select--

Formaldehyde

Days per week Gloves Worn
--Please Select-- --Please Select--

Glutaraldehydes such as Cidex®, Metricide®, Rapicide®, Wavicide®, Aldahol III®, Sporicidin®

Days per week Gloves Worn
--Please Select-- --Please Select--

Hydrogen peroxides such as Accell®, Optim®, Resert XL®, Sporox®, Acecide®, Endo Spor Plus®, Metrex®, Peract®, Sterad®

Days per week Gloves Worn
--Please Select-- --Please Select--

Hypochlorite or hypochlorous acids such as Sterilox®

Days per week Gloves Worn
--Please Select-- --Please Select--

Ortho-phthalaldehydes such as Cidex OPA®, Opaciden®

Days per week Gloves Worn
--Please Select-- --Please Select--

Peracetic acid such as Steris®

Days per week Gloves Worn
--Please Select-- --Please Select--

Test

Days per week Gloves Worn
--Please Select-- --Please Select--

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52.34%

On a typical day when you use sterilants or high-level disinfectants

50.2 How many times per day do you use these products?

- 1-3 times per day 4-10 times per day More than 10 times per day

50.3 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

50.4 In the last 12 months, have you ever prepared medical instruments for sterilization by manually disassembling instruments, removing gross contaminants, or flushing gross contaminants and waste?*

- No Yes Don't Know

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53.27%

Screen 56

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

	Days per week	Times per day	Duration of task in minutes	Gloves worn
-	--Please Select--	--Please Select--	--Please Select--	--Please Select--

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54.21%

Screen 57

50.5 In the last 12 months, have you ever prepared medical instruments for sterilization by refilling or changing sterilization solutions?*

- No Yes Don't Know

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55.14%

Screen 58

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

	Days per week	Times per day	Duration of task in minutes	Gloves worn
.	--Please Select--	--Please Select--	--Please Select--	--Please Select--

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56.07%

Screen 59

50.6 In the last 12 months, have you ever manually sterilized medical instruments?*

No Yes Don't Know

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Screen 60

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

Days per week	Times per day	Duration of task in minutes	Gloves worn
--Please Select--	--Please Select--	--Please Select--	--Please Select--

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

No Yes Don't Know

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Screen 61

50.6.2.1 What conditions apply when using a sterilants immersion container?

Enclosed box or exhaust hood used

No Yes Don't Know

Emersion box equipped with a tight fitting lid

No Yes Don't Know

Local exhaust ventilation is used in room

No Yes Don't Know

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Screen 62

50.7 In the last 12 months, have you ever sterilized medical instruments using automated systems?*

No Yes Don't Know

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Screen 63

50.7.1 Which tasks do you perform to sterilize medical instruments using automated systems?

Operate Ethylene oxide sterilizer

No Yes Don't Know

Operate plasma hydrogen peroxide Sterad® system

No Yes Don't Know

Operate Steris® system

No Yes Don't Know

Conduct maintenance on systems, such as cleaning or replacing screens and filters

No Yes Don't Know

60.75%

Screen 64

Please indicate how many days per week, times per day, duration of task, and the type of controls used.
 "Yes" was not selected for any chemicals or no answers were selected. Please select "Next" to continue with the survey.

Operate Ethylene oxide sterilizer

Days per week	Times per day	Duration of Task	Is system enclosed?	Is local exhaust ventilation used?
--Please Select--	--Please Select--	--Please Select--	--Please Select--	--Please Select--

Operate plasma hydrogen peroxide Sterad® system

Days per week	Times per day	Duration of Task	Is system enclosed?	Is local exhaust ventilation used?
--Please Select--	--Please Select--	--Please Select--	--Please Select--	--Please Select--

Operate Steris® system

Days per week	Times per day	Duration of Task	Is system enclosed?	Is local exhaust ventilation used?
--Please Select--	--Please Select--	--Please Select--	--Please Select--	--Please Select--

Conduct maintenance on systems, such as cleaning or replacing screens and filters

Days per week	Times per day	Duration of Task	Is system enclosed?	Is local exhaust ventilation used?
--Please Select--	--Please Select--	--Please Select--	--Please Select--	--Please Select--

61.68%

Screen 65

50.8 Do you rinse or flush sterilized medical instruments with alcohol?*

No Yes

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Save progress

62.62%

Screen 66

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

No Yes

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63.55%

Cleaning Fixed Surfaces, Equipment or Instruments

51.1 Which cleaners or disinfectants do you use for cleaning fixed surfaces, equipment, or instruments?

Glass cleaning products such as Windex®

No Yes Don't Know

Acids

No Yes Don't Know

Alcohol, such as ethanol and isopropanol

No Yes Don't Know

Ammonia

No Yes Don't Know

Bleach or chlorine, such as Clorox®

No Yes Don't Know

Detergents

No Yes Don't Know

Enzymatic cleaners such as Asepti-Zyme®, 3M Rapid Multi-Enzyme

No Yes Don't Know

Floor wax stripper

No Yes Don't Know

Phenolics, such as 3M Phenolic Disinfectant 18®, WexCide®, MicroBakII®, Megacide®, Novigard®, Sporidicin®

No Yes Don't Know

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

Please write any other cleaning or disinfection chemicals or products you use for cleaning fixed surfaces, equipment, or instruments

1.

2.

3.

4.

5.

6.

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Save progress

65.42%

Please indicate how many days per week you use these products and the type of gloves used. "Yes" was not selected for any chemicals or no answers were selected. Please select "Next" to continue with the survey.

Glass cleaning products such as Windex®

Days per week Gloves Worn
--Please Select-- --Please Select--

Acids

Days per week Gloves Worn
--Please Select-- --Please Select--

Alcohol, such as ethanol and isopropanol

Days per week Gloves Worn
--Please Select-- --Please Select--

Ammonia

Days per week Gloves Worn
--Please Select-- --Please Select--

Bleach or chlorine, such as Clorox®

Days per week Gloves Worn
--Please Select-- --Please Select--

Detergents

Days per week Gloves Worn
--Please Select-- --Please Select--

Enzymatic cleaners such as Asepti-Zyme®, 3M Rapid Multi-Enzyme®

Days per week Gloves Worn
--Please Select-- --Please Select--

Floor wax stripper

Days per week Gloves Worn
--Please Select-- --Please Select--

Phenolics, such as 3M Phenolic Disinfectant 18®, WexCide®, MicroBakII®, Megacide®, Novigard®, Sporidicin®

Days per week Gloves Worn
--Please Select-- --Please Select--

Quaternary ammonium compounds "Quats", such as 3M Neutral Quat 23®, 3M HB Quat 25®, Sani-Cloth Plus®, Oasis®, Staphene®, BTC100®, BioQuat®, Sentinel®

Days per week Gloves Worn
--Please Select-- --Please Select--

Test

Days per week Gloves Worn
--Please Select-- --Please Select--

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66.36%

On a typical day when you use cleaners or disinfectants on fixed surfaces, equipment, or instruments:

51.2 How many times per day do you use these products?

- 1-3 times per day
- 4-10 times per day
- More than 10 times per day

51.3 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

51.4 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

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67.23%

51.5 Which tasks do you perform when cleaning or disinfecting fixed surfaces, equipment, or instruments?

Wipe down beds, furniture, counters, walls, etc.

No Yes Don't Know

Cleanup spills or blood

No Yes Don't Know

Manually mix, refill, or empty cleaning or disinfecting products

No Yes Don't Know

Clean bathrooms including toilet, sink, shower

No Yes Don't Know

Spray then wipe glass, windows, mirrors

No Yes Don't Know

Polish wood furniture

No Yes Don't Know

Polish stainless steel surfaces

No Yes Don't Know

Spray deodorant/ disinfectant

No Yes Don't Know

Mop floors

No Yes Don't Know

Clean equipment such as scissors, stethoscopes, and thermometers, IV poles, carts, monitors, and computers

No Yes Don't Know

Conduct terminal cleaning of patient rooms

No Yes Don't Know

Clean or disinfect for MRSA, VRE or other drug resistant bacteria in patient rooms

No Yes Don't Know

Conduct end of shift cleaning of operating rooms, dialysis units or other patient care areas

No Yes Don't Know

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68.22%

Please indicate how many days per week, times per week, duration of task, and the type of gloves used.
"Yes" was not selected for any chemicals or no answers were selected. Please select "Next" to continue with the survey.

Wipe down beds, furniture, counters, walls, etc.

Days per week	Times per day	Duration of Task	Gloves Worn
--Please Select--	--Please Select--	--Please Select--	--Please Select--

Cleanup spills or blood

Days per week	Times per day	Duration of Task	Gloves Worn
--Please Select--	--Please Select--	--Please Select--	--Please Select--

Manually mix, refill, or empty cleaning or disinfecting products

Days per week	Times per day	Duration of Task	Gloves Worn
--Please Select--	--Please Select--	--Please Select--	--Please Select--

Clean bathrooms including toilet, sink, shower

Days per week	Times per day	Duration of Task	Gloves Worn
--Please Select--	--Please Select--	--Please Select--	--Please Select--

Spray then wipe glass, windows, mirrors

Days per week	Times per day	Duration of Task	Gloves Worn
--Please Select--	--Please Select--	--Please Select--	--Please Select--

Polish wood furniture

Days per week	Times per day	Duration of Task	Gloves Worn
--Please Select--	--Please Select--	--Please Select--	--Please Select--

Polish stainless steel surfaces

Days per week	Times per day	Duration of Task	Gloves Worn
--Please Select--	--Please Select--	--Please Select--	--Please Select--

Spray deodorant/ disinfectant

Days per week	Times per day	Duration of Task	Gloves Worn
--Please Select--	--Please Select--	--Please Select--	--Please Select--

Mop floors

Days per week	Times per day	Duration of Task	Gloves Worn
--Please Select--	--Please Select--	--Please Select--	--Please Select--

Clean equipment such as scissors, stethoscopes, and thermometers, IV poles, carts, monitors, and computers

Days per week	Times per day	Duration of Task	Gloves Worn
--Please Select--	--Please Select--	--Please Select--	--Please Select--

Conduct terminal cleaning of patient rooms

Days per week	Times per day	Duration of Task	Gloves Worn
--Please Select--	--Please Select--	--Please Select--	--Please Select--

Clean or disinfect for MRSA, VRE or other drug resistant bacteria in patient rooms

Days per week	Times per day	Duration of Task	Gloves Worn
--Please Select--	--Please Select--	--Please Select--	--Please Select--

Conduct end of shift cleaning of operating rooms, dialysis units or other patient care areas

Days per week	Times per day	Duration of Task	Gloves Worn
--Please Select--	--Please Select--	--Please Select--	--Please Select--

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63.16%

51.6 In the last 12 months, have you cleaned and waxed floors using strippers and buffers?*

No Yes Don't Know

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Screen 73

51.6.1 Which tasks do you perform when cleaning and waxing floors using strippers and buffers?

Strip floors

No Yes Don't Know

Scrape floors

No Yes Don't Know

Buff floors

No Yes Don't Know

Wax floors

No Yes Don't Know

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Screen 74

Please indicate how many days per week, times per day, duration of task, and the type of gloves used. "Yes" was not selected for any chemicals or no answers were selected. Please select "Next" to continue with the survey.

Strip floors

Days per week	Times per day	Duration of Task	Gloves Worn
--Please Select-- ▼	--Please Select-- ▼	--Please Select-- ▼	--Please Select-- ▼

Scrape floors

Days per week	Times per day	Duration of Task	Gloves Worn
--Please Select-- ▼	--Please Select-- ▼	--Please Select-- ▼	--Please Select-- ▼

Buff floors

Days per week	Times per day	Duration of Task	Gloves Worn
--Please Select-- ▼	--Please Select-- ▼	--Please Select-- ▼	--Please Select-- ▼

Wax floors

Days per week	Times per day	Duration of Task	Gloves Worn
--Please Select-- ▼	--Please Select-- ▼	--Please Select-- ▼	--Please Select-- ▼

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Screen 75

Exposure to Chemicals Used in Medical or Clinical Laboratories

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

52 Have you worked in a clinical or medical laboratory?*

No Yes

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72.9%

Screen 76

52.1 Which tasks do you perform or use when you work in the clinical or medical laboratory?

Use formalin to fix gross tissue and autopsy specimens

No Yes Don't Know

Use stains and dyes such as hematoxylin and eosin stains

No Yes Don't Know

Use solvents such as xylene and toluene to fix tissue specimens and rinse stains

No Yes Don't Know

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73.83%

Screen 77

Please indicate how many days per week, times per day, duration of task, and the type of controls present.

"Yes" was not selected for any chemicals or no answers were selected. Please select "Next" to continue with the survey.

Use formalin to fix gross tissue and autopsy specimens

Days per week	Times per day	Duration of Task	Tasks performed in a	Task performed using
--Please Select--	--Please Select--	--Please Select--	fume hood	bench-top local
			--Please Select--	exhaust ventilation?
				--Please Select--

Use stains and dyes such as hematoxylin and eosin stains

Days per week	Times per day	Duration of Task	Tasks performed in a	Task performed using
--Please Select--	--Please Select--	--Please Select--	fume hood	bench-top local
			--Please Select--	exhaust ventilation?
				--Please Select--

Use solvents such as xylene and toluene to fix tissue specimens and rinse stains

Days per week	Times per day	Duration of Task	Tasks performed in a	Task performed using
--Please Select--	--Please Select--	--Please Select--	fume hood	bench-top local
			--Please Select--	exhaust ventilation?
				--Please Select--

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74.77%

Screen 78

Exposure to Products Used on Patients

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

53 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

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75.7%

Screen 79

53.1 Which tasks do you perform when you apply or use chemicals, antiseptics, adhesives, alcohols, or solvents on patients?

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

Clean and disinfect wounds using antiseptics such as, silver compounds, chlorhexidine, povidone iodine or cadexomer iodine

No Yes Don't Know

Apply wound dressing such as polyurethane based hydrogel, hydrocolloid, or hydrocellular foam

No Yes Don't Know

Use adhesives such as glues, 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

Use adhesive removing solvents such as alcohols, acetone with wipes, gauze or swabs

No Yes Don't Know

Apply synthetic fiberglass casts

No Yes Don't Know

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76.64%

Please indicate how many days per week, times per day, duration of task, and the type of gloves used. "Yes" was not selected for any chemicals or no answers were selected. Please select "Next" to continue with the survey.

Disinfect skin areas on patients prior to procedure using wipes, gauze or swabs with antiseptics such as alcohols, iodine, acetic acid to

Days per week	Times per day	Duration of Task	Gloves Worn
--Please Select--	--Please Select--	--Please Select--	--Please Select--

Clean and disinfect wounds using antiseptics such as, silver compounds, chlorhexidine, povidone iodine or cadexomer iodine

Days per week	Times per day	Duration of Task	Gloves Worn
--Please Select--	--Please Select--	--Please Select--	--Please Select--

Apply wound dressing such as polyurethane based hydrogel, hydrocolloid, or hydrocellular foam

Days per week	Times per day	Duration of Task	Gloves Worn
--Please Select--	--Please Select--	--Please Select--	--Please Select--

Use adhesives such as glues, acrylates, bone cements, benzoin tincture such as 3M® Steri-Strip® for surgery, skin closure, bone repair, ostomy bags, and other applications

Days per week	Times per day	Duration of Task	Gloves Worn
--Please Select--	--Please Select--	--Please Select--	--Please Select--

Use adhesive removing solvents such as alcohols, acetone with wipes, gauze or swabs

Days per week	Times per day	Duration of Task	Gloves Worn
--Please Select--	--Please Select--	--Please Select--	--Please Select--

Apply synthetic fiberglass casts

Days per week	Times per day	Duration of Task	Gloves Worn
--Please Select--	--Please Select--	--Please Select--	--Please Select--

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77.57%

Screen 81

Exposure to Aerosolized Medicines Used with Patients

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

54 Do you administer aerosolized medications that might include antibiotics such as Tobramycin, Amikacin, and Colistin, or other medications like pentamidine, ribavirin, bronchodilators, anesthetics, and antitrypsin?*

No Yes

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78.5%

Screen 82

54.1 Which tasks do you perform when you administer aerosolized medications

Administer aerosolized medications with a small volume nebulizer (SVN)

No Yes Don't Know

Use continuous aerosol delivery system for bronchodilators and other medicines

No Yes Don't Know

Administer aerosolized medications with a metered-dose inhaler (MDI)

No Yes Don't Know

Administer aerosolized medications with a dry powder inhaler (DPI)

No Yes Don't Know

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79.44%

Screen 83

Please indicate how many days per week, times per week, duration of task, and the type of gloves used when you administer aerosolized medications.

"Yes" was not selected for any chemicals or no answers were selected. Please select "Next" to continue with the survey.

Administer aerosolized medications with a small volume nebulizer (SVN)

Days per week: --Please Select--
Times per day: --Please Select--
Duration of Task: --Please Select--
Gloves Worn: --Please Select--

Use continuous aerosol delivery system for bronchodilators and other medicines

Days per week: --Please Select--
Times per day: --Please Select--
Duration of Task: --Please Select--
Gloves Worn: --Please Select--

Administer aerosolized medications with a metered-dose inhaler (MDI)

Days per week: --Please Select--
Times per day: --Please Select--
Duration of Task: --Please Select--
Gloves Worn: --Please Select--

Administer aerosolized medications with a dry powder inhaler (DPI)

Days per week: --Please Select--
Times per day: --Please Select--
Duration of Task: --Please Select--
Gloves Worn: --Please Select--

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88.37%

Screen 84

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

- Never About 25% of the time About 50% of the About 75% of the 100% of the time

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81.31%

Screen 85

54.2.1 Do you use the following types of respirators when administering aerosolized medication?

Particulate respirator such as an N95

- No Yes Don't Know

Air purifying half mask

- No Yes Don't Know

Air purifying full face piece

- No Yes Don't Know

Powered air purifying

- No Yes Don't Know

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82.24%

Screen 86

Exposure to Chemicals used by Dental Assistants

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

55 Have you worked as a dental assistant?*

- No Yes

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83.18%

Screen 87

55.1 Which tasks do you perform as a dental assistant?

Adjust, polish or repair dentures or use compunds such as methyl methacrylates, other acrylates, and epoxy

No Yes Don't Know

Prepare amalgams such as Vertex Soft®, Villacryl Soft®, Molloplast B®,and Mollosil®

No Yes Don't Know

Develop x-rays using film developing solutions

No Yes Don't Know

Use adhesives to place dentures or attach braces

No Yes Don't Know

84.11%

Screen 88

Please indicate how many days per week, times per day, duration of task, and the type of gloves used. "Yes" was not selected for any chemicals or no answers were selected. Please select "Next" to continue with the survey.

Adjust, polish or repair dentures or use compunds such as methyl methacrylates, other acrylates, and epoxy

Days per week Times per day Duration of Task Gloves Worn

Prepare amalgams such as Vertex Soft®, Villacryl Soft®, Molloplast B®,and Mollosil®

Days per week Times per day Duration of Task Gloves Worn

Develop x-rays using film developing solutions

Days per week Times per day Duration of Task Gloves Worn

Use adhesives to place dentures or attach braces

Days per week Times per day Duration of Task Gloves Worn

85.05%

Screen 89

Employment 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.

56 Please check the ONE box that best describes your employment status 5 years ago.*

- Employed in the healthcare industry
- Employed outside the healthcare industry
- Disabled
- On family leave
- On extended sick leave
- Retired
- Student
- Other, please specify:

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85.98%

56.1 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
- Healthcare 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
- Other, please specify:

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

Job title:

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

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

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86.92%

Healthcare Employment 5 Years Ago

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

57 What was your occupation 5 years ago?*

- Dental assistant
- Environmental service worker, housekeeper, or cleaner
- Lab technician, lab technologist, or assistant in a medical or clinical laboratory
- Licensed practical nurse (LPN) or licensed vocational nurse (LVN)
- Medical instrument preparers, central supply worker, or endoscopy technician
- Nursing assistant, nurse technician, nurse support assistant, patient care technician, patient support or orderly
- Operating room technician
- Registered nurse (RN)
- Respiratory therapist or respiratory technician
- Other, please specify

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

- Hospital
- Nursing home
- Both hospital and nursing home
- Other, please specify

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87.85%

59 Where did you work in the facility 5 years ago?*

- Administration
- Central supply
- Dental
- Dialysis
- Ear, nose, and throat (ENT)
- Education
- Emergency room (ER)
- Endoscopy
- Float or multiple locations
- General or internal medicine
- Intensive care
- Labor and delivery
- Laboratory, medical or clinical
- Non-patient care area
- Outpatient care
- Patient care ward
- Pediatric
- Psychiatric
- Pulmonary
- Surgery or operating room
- Other location, please specify

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88.79%

Thinking about the job you had 5 years ago.

60 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 Don't Know

61 Did 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 Don't Know

62 Did you clean and wax floors using strippers and buffers?*

No Yes Don't Know

63 Did you work in a medical or clinical laboratory?*

No Yes Don't Know

64 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 Don't Know

65 Did you administer aerosolized medications that might include antibiotics, such as Tobramycin, Amikacin, Colistin, pentamidine, ribavirin, bronchodilators, anesthetics, and antitrypsin?*

No Yes Don't Know

66 Did you work as a dental assistant?*

No Yes Don't Know

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89.72%

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

hours per week

68 What year did you begin that job?

Year

69 What year did you stop working in that job?

Year

70 Were you regularly exposed to vapors, gases, dust, or fumes in that job?

No Yes Don't Know

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

Water leakage or water damage indoors on walls, floors, or ceilings?

No Yes Don't Know

Visible mold growth (not on food) indoors on walls, floors, or ceilings?

No Yes Don't Know

Odor of mold or mildew (not from food)?

No Yes Don't Know

72 Thinking about the job you had 5 years ago, did you observe any renovations or construction in, or next to, the area(s) where you work?

No Yes Don't Know

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90.65%

Screen 95

Changing Jobs

73 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 Don't Know

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91.59%

Screen 96

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

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

Year

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

73.3 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
- Other, please specify

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

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

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

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

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92.52%

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

73.6 Concerning the job or position you went to: What kind of job or position did you go to?

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

73.7 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
- Other, please specify

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

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

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

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

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93.46%

Demographics

74 In what year were you born?

Year

75 What is your sex?*

- Male
 Female

76 Do you consider yourself Hispanic or Latino?

- No Yes

77 What is your race? *Mark one or more in the list below.*

- American Indian or Alaska Native
 Asian
 Black or African American
 Native Hawaiian or Other Pacific Islander
 White

78 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 School
 Other, *please specify*

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94.33%

Screen 99

79 Have you smoked at least 100 cigarettes in your entire life?*

- No Yes Don't Know

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95.33%

Screen 100

79.1 How old were you when you first started to smoke cigarettes fairly regularly?

Years old

79.2 Do you now smoke cigarettes, as of one month ago?

No Yes Don't Know

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Screen 101

79.2.1 How old were you when you last smoked cigarettes?

Years old

79.2.2 Before you stopped smoking, how many cigarettes did you usually smoke per day?

If less than 1 cigarette per day, enter 0

Cigarettes per day

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Screen 102

79.2.3 How many cigarettes do you usually smoke per day?

If less than 1 cigarette per day, enter 0

Cigarettes per day

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Screen 103

80. On average, how many hours per week are you in close contact with people when they are smoking? For example, in your home, in a car, at work, or in other close quarters.

(Enter 0 if you are not in close contact with people when they are smoking, or you are in close contact less than 1 hour per week.)

Hours per week

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Submit form

99.87%