

# Appendix M: Survey - Electronic Version

## Introduction Screen

Form Approved  
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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.

[Next page >>](#) [Resume progress](#) [Save progress](#) 0%

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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

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## 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

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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

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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

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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

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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

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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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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®, Sporidicin®

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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57.81%

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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57.94%

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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58.88%

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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58.81%

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

68.75%

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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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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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

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

**Use continuous aerosol delivery system for bronchodilators and other medicines**

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

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

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

**Administer aerosolized medications with a dry powder inhaler (DPI)**

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

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%