

APPENDIX S: DEMOGRAPHIC QUESTIONNAIRE

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|---|--|--|--|
| Subject ID | | Testing Date | |
| | | <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> Month Day Year | |
| Gender | | | |
| <input type="checkbox"/> Male | | <input type="checkbox"/> Female | |
| Anthropometry | | | |
| Height <input type="text"/> <input type="text"/> <input type="text"/> cm | | Weight <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> kg | |
| Current Job Title | | | |
| Current Job Title: | | Years in Current Job Title: | |
| | | <input type="text"/> <input type="text"/> . <input type="text"/> Years | |
| Shift Length: | | Shifts per Week: | |
| <input type="text"/> <input type="text"/> . <input type="text"/> Hours | | <input type="text"/> <input type="text"/> . <input type="text"/> Shift | |
| Today's Shift: <input type="checkbox"/> 1 st (Daylight) <input type="checkbox"/> 2 nd (Afternoon) <input type="checkbox"/> 3 rd (Cat-eye) <input type="checkbox"/> Other: _____ | | Shift Rotation: <input type="checkbox"/> None <input type="checkbox"/> 1 st & 2 nd <input type="checkbox"/> 1 st , 2 nd , & 3 rd <input type="checkbox"/> Other: _____ | |
| Shift Rotation Schedule: <input type="checkbox"/> None <input type="checkbox"/> Every Week <input type="checkbox"/> Every Two Weeks <input type="checkbox"/> Other: _____ | | | |
| Mining Experience | | | |
| Other Positions Worked: | | | |
| | | | |
| Total Mining Experience: | | Number of Mines Worked: | |
| <input type="text"/> <input type="text"/> . <input type="text"/> Years | | <input type="text"/> <input type="text"/> Mines | |

Public reporting burden of this collection of information is estimated to average 2 minutes or less per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information,

including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-XXXX).