

Date: \_\_\_\_\_

ID# \_\_\_\_\_

## GENERAL PREFERENCE QUESTIONNAIRE

We would like it if you could complete this questionnaire about your information preference. On this questionnaire, you are being asked to answer questions about some of the information that may or may not be available to you during your work day. The questionnaire has four sections. There is no right or wrong answer to these questions; we are only interested in your opinions. Please try to answer the questions as completely and honestly as possible. You will be given specific instructions to use for each of the sections.

### SECTION 1: DEMOGRAPHIC INFORMATION

Please provide us with some information about yourself. Answer the questions to the best of your ability, rounding where necessary.

Age: \_\_\_\_\_ Years

Gender (circle one):    Male    Female

Height: \_\_\_\_\_ Feet \_\_\_\_\_ Inches

Weight: \_\_\_\_\_ Pounds

### MINING EXPERIENCE

Current Job Title: \_\_\_\_\_

Other Job Titles: \_\_\_\_\_

Total # of Mines Worked: \_\_\_\_\_

	Years	Months
Experience in this Job Title		
Experience at this Mine		
Total Mining Experience		

## SECTION 2: CURRENT INFORMATION AVAILABILITY

In this section, we are asking you about **your current work experience**. When you answer these questions, please think about how it is at the mine where you currently work. Answer the questions only based on that experience. The questions will be about six (6) specific types of information (gas levels, airflow, dust levels, your location in the mine, other’s location in the mine, and equipment location).

1. How critical is it to you to know information about the following? (Put X in box.)

a) Gas levels	1	2	3	4	5	6	7
b) Airflow	1	2	3	4	5	6	7
c) Dust levels	1	2	3	4	5	6	7
d) Your location	1	2	3	4	5	6	7
e) Location of other miners	1	2	3	4	5	6	7
f) Equipment location	1	2	3	4	5	6	7
	Not Critical			Neutral			Critical

2. How often are the following checked or monitored... (Please choose **only one** time for each information type)

	Continuously	A few times an hour	Hourly	Every shift	Every day	Every week	Never	I don't care
<b>...in your underground work location?</b>								
a) Gas levels								
b) Airflow								
c) Dust levels								
<b>...at the mine where you work?</b>								
d) Your location								
e) Location of other miners								
f) Equipment location								

3. Do you currently know the following information in your underground work location at **any** time during your shift?

a) Gas levels	YES	NO
b) Airflow	YES	NO
c) Dust levels	YES	NO

4. Do you currently know the following information at **all** times during your shift?

a) Your location in the mine	YES	NO
b) Location of other miners	YES	NO
c) Location of equipment you are directly working with	YES	NO
d) Location of equipment you are NOT directly working with	YES	NO

5. Who **currently** has the **ABILITY to check** the following at the mine where you work?

Choose <b>only one</b> per category		Specify by job title(s)
a) Gas levels	<input type="checkbox"/> Everyone <input type="checkbox"/> A few people on the crew <input type="checkbox"/> One person on the crew <input type="checkbox"/> Someone on the outside <input type="checkbox"/> Other <input type="checkbox"/> No one	
b) Airflow	<input type="checkbox"/> Everyone <input type="checkbox"/> A few people on the crew <input type="checkbox"/> One person on the crew <input type="checkbox"/> Someone on the outside <input type="checkbox"/> Other <input type="checkbox"/> No one	
c) Dust levels	<input type="checkbox"/> Everyone <input type="checkbox"/> A few people on the crew <input type="checkbox"/> One person on the crew <input type="checkbox"/> Someone on the outside <input type="checkbox"/> Other <input type="checkbox"/> No one	
d) Your location	<input type="checkbox"/> Everyone <input type="checkbox"/> A few people on the crew <input type="checkbox"/> One person on the crew <input type="checkbox"/> Someone on the outside <input type="checkbox"/> Other <input type="checkbox"/> No one	
e) Location of other miners	<input type="checkbox"/> Everyone <input type="checkbox"/> A few people on the crew <input type="checkbox"/> One person on the crew <input type="checkbox"/> Someone on the outside <input type="checkbox"/> Other <input type="checkbox"/> No one	
f) Equipment location	<input type="checkbox"/> Everyone <input type="checkbox"/> A few people on the crew <input type="checkbox"/> One person on the crew <input type="checkbox"/> Someone on the outside <input type="checkbox"/> Other <input type="checkbox"/> No one	

6. Who **currently** is **RESPONSIBLE for monitoring** the following at the mine where you work?

Choose <b>only one</b> per category		Specify by job title(s)
a) Gas levels	<input type="checkbox"/> Everyone <input type="checkbox"/> A few people on the crew <input type="checkbox"/> One person on the crew <input type="checkbox"/> Someone on the outside <input type="checkbox"/> Other <input type="checkbox"/> No one	
b) Airflow	<input type="checkbox"/> Everyone <input type="checkbox"/> A few people on the crew <input type="checkbox"/> One person on the crew <input type="checkbox"/> Someone on the outside <input type="checkbox"/> Other <input type="checkbox"/> No one	
c) Dust levels	<input type="checkbox"/> Everyone <input type="checkbox"/> A few people on the crew <input type="checkbox"/> One person on the crew <input type="checkbox"/> Someone on the outside <input type="checkbox"/> Other <input type="checkbox"/> No one	
d) Your location	<input type="checkbox"/> Everyone <input type="checkbox"/> A few people on the crew <input type="checkbox"/> One person on the crew <input type="checkbox"/> Someone on the outside <input type="checkbox"/> Other <input type="checkbox"/> No one	
e) Location of other miners	<input type="checkbox"/> Everyone <input type="checkbox"/> A few people on the crew <input type="checkbox"/> One person on the crew <input type="checkbox"/> Someone on the outside <input type="checkbox"/> Other <input type="checkbox"/> No one	
f) Equipment location	<input type="checkbox"/> Everyone <input type="checkbox"/> A few people on the crew <input type="checkbox"/> One person on the crew <input type="checkbox"/> Someone on the outside <input type="checkbox"/> Other <input type="checkbox"/> No one	

### SECTION 3: IDEAL WORLD INFORMATION AVAILABILITY

In this section, we are asking you to tell us about **the best situation you could have**. When you answer these questions, we would like you to think about how, in an ideal world, you would like it to be where you work and make your decisions based on that possible experience. The questions will be about six (6) specific types of information (gas levels, airflow, dust levels, your location in the mine, other’s location in the mine, and equipment location).

1. **Ideally**, how often should the following be checked or monitored...(Please choose only one time for each information type)

	Continuously	A few times an hour	Hourly	Every shift	Every day	Every week	Never	I don't care
<b>...in your underground work location?</b>								
a) Gas levels								
b) Airflow								
c) Dust levels								
<b>...at the mine where you work?</b>								
d) Your location								
e) Location of other miners								
f) Equipment location								

2. **Ideally**, how should you be alerted if there is a problem with the following at the mine where **you** work? (Please choose **all that apply** for each information type)

	Light	Auditory Tone (alarm warning or sound)	Vibration	Displayed Message (similar to a text message)	Other
a) Gas levels					
b) Airflow					
c) Dust levels					
d) Your location					
e) Location of other miners					
f) Equipment location					

**3. Ideally, who should have the ABILITY to check the following at the mine where you work?**

Choose <b>only one</b> per category		Specify by job title(s)
a) Gas levels	<input type="checkbox"/> Everyone <input type="checkbox"/> A few people on the crew <input type="checkbox"/> One person on the crew <input type="checkbox"/> Someone on the outside <input type="checkbox"/> Other <input type="checkbox"/> No one	
b) Airflow	<input type="checkbox"/> Everyone <input type="checkbox"/> A few people on the crew <input type="checkbox"/> One person on the crew <input type="checkbox"/> Someone on the outside <input type="checkbox"/> Other <input type="checkbox"/> No one	
c) Dust levels	<input type="checkbox"/> Everyone <input type="checkbox"/> A few people on the crew <input type="checkbox"/> One person on the crew <input type="checkbox"/> Someone on the outside <input type="checkbox"/> Other <input type="checkbox"/> No one	
d) Your location	<input type="checkbox"/> Everyone <input type="checkbox"/> A few people on the crew <input type="checkbox"/> One person on the crew <input type="checkbox"/> Someone on the outside <input type="checkbox"/> Other <input type="checkbox"/> No one	
e) Location of other miners	<input type="checkbox"/> Everyone <input type="checkbox"/> A few people on the crew <input type="checkbox"/> One person on the crew <input type="checkbox"/> Someone on the outside <input type="checkbox"/> Other <input type="checkbox"/> No one	
f) Equipment location	<input type="checkbox"/> Everyone <input type="checkbox"/> A few people on the crew <input type="checkbox"/> One person on the crew <input type="checkbox"/> Someone on the outside <input type="checkbox"/> Other <input type="checkbox"/> No one	

**4. Ideally, who should be RESPONSIBLE for monitoring the following at the mine where you work?**

Choose <b>only one</b> per category		Specify by job title(s)
a) Gas levels	<input type="checkbox"/> Everyone <input type="checkbox"/> A few people on the crew <input type="checkbox"/> One person on the crew <input type="checkbox"/> Someone on the outside <input type="checkbox"/> Other <input type="checkbox"/> No one	
b) Airflow	<input type="checkbox"/> Everyone <input type="checkbox"/> A few people on the crew <input type="checkbox"/> One person on the crew <input type="checkbox"/> Someone on the outside <input type="checkbox"/> Other <input type="checkbox"/> No one	
c) Dust levels	<input type="checkbox"/> Everyone <input type="checkbox"/> A few people on the crew <input type="checkbox"/> One person on the crew <input type="checkbox"/> Someone on the outside <input type="checkbox"/> Other <input type="checkbox"/> No one	
d) Your location	<input type="checkbox"/> Everyone <input type="checkbox"/> A few people on the crew <input type="checkbox"/> One person on the crew <input type="checkbox"/> Someone on the outside <input type="checkbox"/> Other <input type="checkbox"/> No one	
e) Location of other miners	<input type="checkbox"/> Everyone <input type="checkbox"/> A few people on the crew <input type="checkbox"/> One person on the crew <input type="checkbox"/> Someone on the outside <input type="checkbox"/> Other <input type="checkbox"/> No one	
f) Equipment location	<input type="checkbox"/> Everyone <input type="checkbox"/> A few people on the crew <input type="checkbox"/> One person on the crew <input type="checkbox"/> Someone on the outside <input type="checkbox"/> Other <input type="checkbox"/> No one	

## SECTION 4: VITALS PREFERENCES

In this section, we are asking you to tell us how you feel about your vital signs (for instance, your heart rate) being monitored while you work. Many people believe that having access to a person's vital signs could help save lives. Heart Rate can be used to detect stress and fatigue on a daily basis and be used to help triage and monitor miners in an emergency situation. If vital signs were monitored on mine rescue workers, it could also help avoid sudden heart attack due to stress or overexertion. The next set of questions is related to your opinions about heart rate monitoring in the mining industry.

1. Do you think monitoring heart rate on a daily basis would be useful?

- a. Yes      b. No

Why or why not?

2. Do you think monitoring heart rate during an emergency situation would be useful?

- a. Yes      b. No

Why or why not?

3. Do you think that the benefits of wearing a heart rate monitor justify wearing it every day? Please consider the benefits both during an emergency and on a daily basis.

- a. Yes      b. No

Why or why not?

4. Would you be willing to wear a heart rate monitor on a daily basis?

- a. Yes      b. No

Why or why not?



Date \_\_\_\_\_

Questionnaire: Preference

ID# \_\_\_\_\_

5. Would you personally check or monitor your heart rate if that information was available?

- a. Yes
- b. No

Why or why not?

6. Would you allow other workers to monitor your heart rate?

- a. Yes
- b. No

Why or why not?

7. Would you check or monitor other workers heart rate if that information was available?

- a. Yes
- b. No

Why or why not?