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National Institute for Occupational Safety and Health
Health Hazard Evaluation 2010-0144
GE Aviation
Cincinnati, Ohio

This questionnaire is part of a National Institute for Occupational Safety and Health (NIOSH) health hazard evaluation (HHE) of workplace health issues at GE Aviation in Cincinnati, Ohio. This questionnaire includes questions concerning health symptoms that you may have experienced or be experiencing, and some questions about your current job and work history. Participation in this HHE and completion of this questionnaire are voluntary. There is no penalty for choosing not to participate. However, full participation will better enable NIOSH to assess current health issues among employees at your workplace.

Please answer all questions to the best of your ability. If you don't understand any of the following questions, please ask for assistance. All personal information from this questionnaire will be kept confidential according to federal law. Group summary results of this evaluation (without any personal identifying information) will be provided to employees, union representatives, and management in a final report after the evaluation is complete.

Name: _____

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1. Today's date: _____/_____/2011
month / day

2. What is your age?
_____ years

3. What is your sex?
Female
Male

4. In total, how long have you worked at GE Aviation?
_____ years
If less than 1 year, please enter the number of months worked: _____months

5. In which building do you currently work? If you work in both building 700 and 800, mark the one in which you work the most hours.
700
800
Other (specify: _____)

6. What is your current work area? (Check only one box.)
Seals
Large Parts
Shafts
IPE/Nozzles
Casing
Turbine Rear Frame
Turbine Mid Frame
Frames
Fins
Punch Press
Administrative Offices
Other (specify: _____)

7. What is your current job title? (Check only one box.)
Production Mechanic
Production Cell Machine Operator
Tool Maker
Tester
Maintenance

Administrative or Clerical

Other (specify: _____)

8. How long have you worked in your current job title at GE Aviation?

_____ years

If less than 1 year, please enter the number of months worked: _____ months

9. How many hours per week do you usually work at GE Aviation?

_____ hours per week

10. Do you usually work with coolant in your current job title at GE Aviation?

No Yes

If no, please answer the following question and then skip to Question #14

Have you ever worked with coolant at GE Aviation?

No Yes

11. What kind of inserts do you use at work:

Carbide inserts only

Ceramic inserts only

Both carbide and ceramic inserts

I don't work with inserts

12. Do the machines you work with have a mist collector?

Yes, all have a mist collector

Yes, some have a mist collector

No, none have mist collectors

If yes:

Do you feel that the mist collector is functioning properly to control the coolant mist?

Yes No If no, please list machine number(s) _____

13. How is coolant supplied to the machines you work with:

Central coolant supply only

Each machine has its own coolant supply

Some have a central and some have their own coolant supply

14. Do you wear gloves at work?

Yes, all the time

Yes, some of the time

No, never

If yes:

What type of glove(s) do you wear most often? (Check all that apply.)

- Synthetic rubber (e.g., nitrile, neoprene, etc.)
- Natural rubber or latex
- Plastic (e.g., vinyl, PVC, polyethylene)
- Cotton or cloth gloves
- Leather
- Other (describe: _____)

What type of glove do you wear most often next to your skin? Please answer this question whether or not you wear one or two pairs of gloves at the same time. (Check only one box.)

- Synthetic rubber (e.g., nitrile, neoprene, etc.)
- Natural rubber or latex
- Plastic (e.g., vinyl, PVC, polyethene)
- Cotton gloves underneath rubber or plastic gloves
- Cloth, other than cotton
- Leather
- Other (describe: _____)

15. On average, how many times per shift do you wash your hands with soap and water?

_____ times per shift

16. On average, how many times per shift do you use hand-wipes to clean your hands?

_____ times per shift

17. Do you use solvents such as mineral spirits, rubbing alcohol, or kerosene to clean your hands at work?

No

Yes

If yes:

On average, how many times per shift do you clean your hands with solvents?

_____ times per shift

18. Do you apply moisturizing lotion to your hands or arms at work?

No Yes

If yes:

On average, how many times per shift do you apply moisturizing lotion?
 _____ times per shift

Barrier creams are used to prevent chemicals from penetrating the skin.

19. Do you apply barrier cream at work?

No Yes

If yes:

On average, how many times per shift do you apply barrier cream?
 _____ times per shift

20. Outside of your job at this facility, have you worked with any of the following on a regular basis in the past 12 months? (Check all that apply.)

Hydraulic or engine oils, lubricants or oily metal parts

Solvents (any type)

Paints, primers, or glaze

Industrial strength cleaning agents

Glues, adhesives, tape, etc.

Sealants or caulks

Ceramic, plaster, or cement

Pesticides, herbicides, or fertilizers

Wood

Other (specify : _____)

I haven't worked with any of these in the past 12 months

21. Have you ever had an itchy rash that comes and goes for at least 6 months, and at some time has affected skin creases? (by creases we mean inside of elbows, behind the knees, fronts of ankles, around the neck, ears, or eyes)

No Yes

For questions 22-28, please use the following definition:

Dermatitis is a skin irritation or rash with red, dry skin that can have tiny bumps or blisters, flaking, cracks, or crusts. The skin often itches, burns, or stings.

22. Have you had dermatitis at any time in the last 12 months (or since beginning your current position if in that position less than 12 months)?

On your hands or fingers?	No	*	Yes	**
On your wrists or forearms?	No	*	Yes	**
On your face or neck?	No	*	Yes	**

****If no to all three items in question 22, go to question 29.***

*****If yes to any, please continue with question 23.***

23. Do you have dermatitis now?

No Yes

If no:

When you were away from work for more than 5 days was your dermatitis:

Better
The same
Worse

If yes:

When you are away from work for more than 5 days is your dermatitis:

Better
The same
Worse

24. In the past 12 months, have you changed glove type because of your dermatitis?

No Yes

If yes:

What type of glove(s) did you stop wearing because of your dermatitis?

25. In the past 12 months, did you begin to wear gloves because of your dermatitis?

No Yes

26. Did you have to change jobs due to your dermatitis?

No Yes

If yes:

After changing jobs was your dermatitis:

Better
The same
Worse

27. What do you think was the cause of your dermatitis?

28. Have you seen a doctor for your dermatitis at any time in the last 12 months (or since beginning your current position if in that position less than 12 months)?

No Yes

If yes:

Did the doctor do any of the following tests to diagnose your dermatitis? Check all that apply.

Blood test
Skin patch test
Skin prick, puncture, or scratch test
Other (specify: _____)
No tests were done to make the diagnosis

What did the doctor say that you had? Check all that apply.

Allergic contact dermatitis (Allergic to what? _____)
Irritant contact dermatitis
Other (specify: _____)
Don't know

Did the doctor say the dermatitis was related to your job?

No Yes Maybe

28. In what season do you have the most problems with dermatitis? (Check only one box.)

Winter
Spring
Summer
Fall
No seasonal difference

All employees continue with Question 29

29. Have you had wheezing or whistling in your chest at any time in the last 12 months (or since beginning your current position if in that position less than 12 months)?

No Yes

If yes:

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

No Yes

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

No Yes

When you are away from work on days off or vacation, is this wheezing or whistling:

Better

The same

Worse

30. Have you been woken up with a feeling of tightness in your chest at any time in the last 12 months (or since beginning your current position if in that position less than 12 months)?

No Yes

If yes:

When you are away from work on days off or on vacation, are your episodes of chest tightness:

Less often

The same

More often

31. Have you ever had asthma?

No Yes

If yes:

Did your asthma start after you began working in your current job title?

No Yes

Have you had an attack of asthma in the last 12 months (or since beginning your current position if in that position less than 12 months)?

No Yes

If yes,

When you are away from work on days off or on vacation, are your attacks of asthma:

Less often
The same
More often

32. Are you currently taking any medicine (including inhalers or pumps, aerosols, or tablets) for asthma?

No Yes

If yes:

When you are away from work on days off or on vacation, do you take the medicine for asthma:

Less often
The same
More often

33. Have you ever had “hay fever” or other symptoms of nasal allergy?

No Yes

34. In the last 12 months (or since beginning your current position if in that position less than 12 months) have you had a problem with sneezing, runny nose, or blocked nose when you did not have a cold or flu?

No Yes

If yes:

When you are away from work on days off or on vacation, is this problem:

Better
The same
Worse

In the last 12 months, has this nose problem been accompanied by itchy, watery eyes?

No Yes

35. In the last 12 months (or since beginning your current position if in that position less than 12 months) have you had more than one episode of illness with at least 2 of the following symptoms?

Cough
Wheeze
Shortness of breath
Chest tightness

No Yes

If yes:

Were these episodes combined with fever or weight loss?

No Yes

36. In the last 12 months (or since beginning your current position if in that position less than 12 months) have you had pneumonia or chest flu?

No Yes

If yes:

How many times have you had pneumonia or chest flu in the last 12 months (or since beginning your current position if in that position less than 12 months)?

_____times

37. What is your smoking history?

Never smoked means fewer than 20 packs of cigarettes in a lifetime or less than 1 cigarette a day for 1 year.

Never smoked
Former smoker
Current smoker

Thank you for your participation!