


BD-STEPS Occupation Survey

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 Exit Survey

The Birth Defects Study to Evaluate Pregnancy exposureS (BD-STEPS) is a study to discover clues about what causes birth defects. You previously completed a phone interview about experiences during your pregnancy.

This survey asks you additional questions about your experiences during the same pregnancy. The survey will take about 20 minutes. It includes questions about working as an electronic equipment operator. Some of the questions may ask about sensitive issues. Some women may find it emotionally difficult to discuss their pregnancies. There is no other likely risk. Completing this survey will not benefit you or your family directly; however, the findings may help others in the future to prevent birth defects.

You can choose not to participate. The decision not to participate will not affect the care or services you or your family receives.

You are free to stop the survey at any time.

We will share your information with other researchers involved in this study, which may include health information about you and your baby. Information will only be used for the purpose of research and it will be kept confidential. It will only be shared after appropriate approvals are obtained by the study's Data Sharing Committee and human research protection committees. We will never use any names or addresses in reports or publications.

If you have any concerns about the study or how it is conducted, you may contact April Dawson at 404-498-3912. If you have questions about your rights as a subject in this research study, please call the Office of the Deputy Associate Director for Science for CDC at 1-800-584-8814. Leave a message including your name and phone number, and refer to Protocol #2087, and someone will call you back as soon as possible.

Do you wish to participate in the online survey?

You may wish to print this page for your records.

Please check box if would like a paper copy of the consent mailed to you.

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Did you start or stop working in the month before you became pregnant or the first three months of your pregnancy?

- No
- Yes I started a new job
- Yes I stopped working at this job
- Don't know

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Please enter the date you started this job. If you can't remember the exact date, please enter your best estimate.

Date

Don't know

May 2015

Su	Mo	Tu	We	Th	Fr	Sa
						1 2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
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Please enter the date you stopped working in this job. If you can't remember the exact date, please enter your best estimates. For the remaining questions about your job, please describe what your job was like before you stopped working.

Date

Don't know

May 2015

Su	Mo	Tu	We	Th	Fr	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
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During the first month before you became pregnant through the third month of your pregnancy, did you ask if your work duties could be changed or reduced?

- Yes No Don't know

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Were your requests granted? If some or all of your requests were granted, for the remaining questions please describe what your job was like before your requests were granted

- Yes - all my requests were granted.
- Some but not all of my requests were granted.
- No none of my requests were granted.
- Don't know


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If you did not request a change in job duties, was it because: (please mark all that apply)

- You did not need your duties to be changed or reduced
- You had the flexibility to adjust your work on your own
- Your supervisor offered to change or reduce your duties without you asking
- You were uncomfortable or afraid to request it
- You did not ask because you knew your request would be denied

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During the first month before you became pregnant through the third month of your pregnancy, how many shifts per week and how many hours per shift did you typically work at this job?

Shifts (days) per week

Hours per shift (day)

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Of the hours you worked in each shift, how many did you typically spend:

Sitting: hours per week

Standing in one place: hours per week

On your feet, but walking or moving around: hours per week


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What was your main shift?

- Day shift (most hours fell between 8 am -4 pm)
- Evening shift (most hours fell between 4 pm – midnight)
- Night shift (most hours fell between midnight and 8 am)
- Rotating shifts (mix of day evening and/or night shifts)
- Other

If other, please describe typical shift:

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At work, how many times per day did you lift or carry objects that weigh 15 pounds or more? For reference: 15 pounds is about the weight of 2 gallons of milk.

Select

At work, how many times per day does your job involve bending at the waist? This includes bending forward or stooping, bending to the side, and twisting.

Select

How many times per day were you permitted to take bathroom breaks at work?

Select

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For the following list of words, please respond with 'yes' if the word describes your job, 'no' if it doesn't, or 'can't decide' if you aren't sure.

- Demanding
- Pressured
- Hectic
- Calm
- Relaxed
- Many things stressful
- Pushed
- Irritating

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For the following list of words, please respond with 'yes' if the word describes your job, 'no' if it doesn't, or 'can't decide' if you aren't sure.

- Under control
- Nerve-wracking
- Hassled
- Comfortable
- More stressful than I'd like
- Smooth running
- Overwhelming

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During the first month before you became pregnant through the third month of your pregnancy, did you find it difficult to take time off work for prenatal visits?

- Yes
- No
- Don't know

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What were the reasons? Please mark all that apply:

- I felt I was too busy at work to take time off
- I felt it would be difficult to get approval from my boss to take the time off
- The cost – I wouldn't have gotten paid for the time I was away
- I did not have enough sick or vacation leave
- I was saving my sick and vacation leave for after the baby was born
- Other:

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Please add any comments, concerns and/or suggestions about this survey you may wish to share with us.

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Print

Submit Survey ✓