Form Approved

OMB No. 0920-0981

Expires 08/31/2015

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 |  |  |  |

Public reporting burden of this collection of information is estimated to average 30 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 (0920-0981).

# 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.)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Gas levels
 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 1. Airflow
 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 1. Dust levels
 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 1. Your location
 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 1. Location of other miners
 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 1. Equipment location
 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|  | Not Critical | Neutral | Critical |

1. 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** |
| **…in your underground work location**? |
| 1. Gas levels
 |  |  |  |  |  |  |  |  |
| 1. Airflow
 |  |  |  |  |  |  |  |  |
| 1. Dust levels
 |  |  |  |  |  |  |  |  |
| **…at the mine where you work**? |
| 1. Your location
 |  |  |  |  |  |  |  |  |
| 1. Location of other miners
 |  |  |  |  |  |  |  |  |
| 1. Equipment location
 |  |  |  |  |  |  |  |  |

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

|  |  |  |
| --- | --- | --- |
| 1. Gas levels
 | YES | NO |
| 1. Airflow
 | YES | NO |
| 1. Dust levels
 | YES | NO |

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

|  |  |  |
| --- | --- | --- |
| 1. Your location in the mine
 | YES | NO |
| 1. Location of other miners
 | YES | NO |
| 1. Location of equipment you are directly working with
 | YES | NO |
| 1. Location of equipment you are NOT directly working with
 | YES | NO |

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

|  |  |  |
| --- | --- | --- |
|  | Choose **only one** per category | Specify by job title(s) |
| 1. Gas levels
 |

|  |  |
| --- | --- |
|  | Everyone |
|  | A few people on the crew |
|  | One person on the crew |
|  | Someone on the outside |
|  | Other |
|  | No one |

 |  |
| 1. Airflow
 |

|  |  |
| --- | --- |
|  | Everyone |
|  | A few people on the crew |
|  | One person on the crew |
|  | Someone on the outside |
|  | Other |
|  | No one |

 |  |
| 1. Dust levels
 |

|  |  |
| --- | --- |
|  | Everyone |
|  | A few people on the crew |
|  | One person on the crew |
|  | Someone on the outside |
|  | Other |
|  | No one |

 |  |
| 1. Your location
 |

|  |  |
| --- | --- |
|  | Everyone |
|  | A few people on the crew |
|  | One person on the crew |
|  | Someone on the outside |
|  | Other |
|  | No one |

 |  |
| 1. Location of other miners
 |

|  |  |
| --- | --- |
|  | Everyone |
|  | A few people on the crew |
|  | One person on the crew |
|  | Someone on the outside |
|  | Other |
|  | No one |

 |  |
| 1. Equipment location
 |

|  |  |
| --- | --- |
|  | Everyone |
|  | A few people on the crew |
|  | One person on the crew |
|  | Someone on the outside |
|  | Other |
|  | No one |

 |  |

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

|  |  |  |
| --- | --- | --- |
|  | Choose **only one** per category | Specify by job title(s) |
| 1. Gas levels
 |

|  |  |
| --- | --- |
|  | Everyone |
|  | A few people on the crew |
|  | One person on the crew |
|  | Someone on the outside |
|  | Other |
|  | No one |

 |  |
| 1. Airflow
 |

|  |  |
| --- | --- |
|  | Everyone |
|  | A few people on the crew |
|  | One person on the crew |
|  | Someone on the outside |
|  | Other |
|  | No one |

 |  |
| 1. Dust levels
 |

|  |  |
| --- | --- |
|  | Everyone |
|  | A few people on the crew |
|  | One person on the crew |
|  | Someone on the outside |
|  | Other |
|  | No one |

 |  |
| 1. Your location
 |

|  |  |
| --- | --- |
|  | Everyone |
|  | A few people on the crew |
|  | One person on the crew |
|  | Someone on the outside |
|  | Other |
|  | No one |

 |  |
| 1. Location of other miners
 |

|  |  |
| --- | --- |
|  | Everyone |
|  | A few people on the crew |
|  | One person on the crew |
|  | Someone on the outside |
|  | Other |
|  | No one |

 |  |
| 1. Equipment location
 |

|  |  |
| --- | --- |
|  | Everyone |
|  | A few people on the crew |
|  | One person on the crew |
|  | Someone on the outside |
|  | Other |
|  | 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** |
| **…in your underground work location**? |
| 1. Gas levels
 |  |  |  |  |  |  |  |  |
| 1. Airflow
 |  |  |  |  |  |  |  |  |
| 1. Dust levels
 |  |  |  |  |  |  |  |  |
| **…at the mine where you work**? |
| 1. Your location
 |  |  |  |  |  |  |  |  |
| 1. Location of other miners
 |  |  |  |  |  |  |  |  |
| 1. Equipment location
 |  |  |  |  |  |  |  |  |

1. **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** |
| 1. Gas levels
 |  |  |  |  |  |
| 1. Airflow
 |  |  |  |  |  |
| 1. Dust levels
 |  |  |  |  |  |
| 1. Your location
 |  |  |  |  |  |
| 1. Location of other miners
 |  |  |  |  |  |
| 1. Equipment location
 |  |  |  |  |  |

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

|  |  |  |
| --- | --- | --- |
|  | Choose **only one** per category | Specify by job title(s) |
| 1. Gas levels
 |

|  |  |
| --- | --- |
|  | Everyone |
|  | A few people on the crew |
|  | One person on the crew |
|  | Someone on the outside |
|  | Other |
|  | No one |

 |  |
| 1. Airflow
 |

|  |  |
| --- | --- |
|  | Everyone |
|  | A few people on the crew |
|  | One person on the crew |
|  | Someone on the outside |
|  | Other |
|  | No one |

 |  |
| 1. Dust levels
 |

|  |  |
| --- | --- |
|  | Everyone |
|  | A few people on the crew |
|  | One person on the crew |
|  | Someone on the outside |
|  | Other |
|  | No one |

 |  |
| 1. Your location
 |

|  |  |
| --- | --- |
|  | Everyone |
|  | A few people on the crew |
|  | One person on the crew |
|  | Someone on the outside |
|  | Other |
|  | No one |

 |  |
| 1. Location of other miners
 |

|  |  |
| --- | --- |
|  | Everyone |
|  | A few people on the crew |
|  | One person on the crew |
|  | Someone on the outside |
|  | Other |
|  | No one |

 |  |
| 1. Equipment location
 |

|  |  |
| --- | --- |
|  | Everyone |
|  | A few people on the crew |
|  | One person on the crew |
|  | Someone on the outside |
|  | Other |
|  | No one |

 |  |

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

|  |  |  |
| --- | --- | --- |
|  | Choose **only one** per category | Specify by job title(s) |
| 1. Gas levels
 |

|  |  |
| --- | --- |
|  | Everyone |
|  | A few people on the crew |
|  | One person on the crew |
|  | Someone on the outside |
|  | Other |
|  | No one |

 |  |
| 1. Airflow
 |

|  |  |
| --- | --- |
|  | Everyone |
|  | A few people on the crew |
|  | One person on the crew |
|  | Someone on the outside |
|  | Other |
|  | No one |

 |  |
| 1. Dust levels
 |

|  |  |
| --- | --- |
|  | Everyone |
|  | A few people on the crew |
|  | One person on the crew |
|  | Someone on the outside |
|  | Other |
|  | No one |

 |  |
| 1. Your location
 |

|  |  |
| --- | --- |
|  | Everyone |
|  | A few people on the crew |
|  | One person on the crew |
|  | Someone on the outside |
|  | Other |
|  | No one |

 |  |
| 1. Location of other miners
 |

|  |  |
| --- | --- |
|  | Everyone |
|  | A few people on the crew |
|  | One person on the crew |
|  | Someone on the outside |
|  | Other |
|  | No one |

 |  |
| 1. Equipment location
 |

|  |  |
| --- | --- |
|  | Everyone |
|  | A few people on the crew |
|  | One person on the crew |
|  | Someone on the outside |
|  | Other |
|  | 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?
	1. Yes b. No

Why or why not?

1. Do you think monitoring heart rate during an emergency situation would be useful?
	1. Yes b. No

Why or why not?

1. 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.
2. Yes b. No

Why or why not?

1. Would you be willing to wear a heart rate monitor on a daily basis?
2. Yes b. No

Why or why not?

1. Would you personally check or monitor your heart rate if that information was available?
2. Yes b. No

Why or why not?

1. Would you allow other workers to monitor your heart rate?
2. Yes b. No

Why or why not?

1. Would you check or monitor other workers heart rate if that information was available?
2. Yes b. No

Why or why not?