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Form Approved OMB No. 0920-0010 Exp. Date: 01/31/2011

Occupation: Office Workers

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 your job(s) just before and during pregnancy. 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 telephone 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?

- Yes
No

Clear radio button

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Public reporting burden of this collection of information is estimated to average 20 minutes, 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 (0920-0010).

Centers for Disease Control and Prevention 1600 Clifton Rd. Atlanta, GA 30333, USA
800-CDC-INFO (800-232-4636) TTY: (888) 232-6348, New Hours of Operation 9am-3pm ET/Monday-Friday
Closed Holidays - cdcinfo@cdc.gov



Last updated: 01/23/2012



Occupation: Office Workers

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

Clear radio button

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Occupation: Office Workers

Please enter the date you started this job. If you can't remember the exact date, please enter your best estimate. (mm/dd/yyyy):

Don't know

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Occupation: Office Workers

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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Occupation: Office Workers

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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Occupation: Office Workers

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:
 Don't know

Hours per shift (day):
 Don't know

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

Hours sitting per shift:
 Don't know

Hours standing in one place per shift:
 Don't know

Hours on your feet, but walking or moving around per shift:
 Don't know



Occupation: Office Workers

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

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Occupation: Office Workers

At work, on average, 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.

- <1 time per day
- 1-5 times per day
- 6-10 times per day
- 11-20 times per day
- > 20 times per day
- Don't know

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

- <1 time per day
- 1-25 times per day
- 26-50 times per day
- 51-75 times per day
- > 75 times per day
- Don't know

During the month before you became pregnant through the third month of your pregnancy, how many times per day were you permitted to take bathroom breaks at work?

- None
- 1
- 2-3
- 4-5
- As many as I needed/very flexible
- Don't know

Clear radio button



Occupation: Office Workers

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.

	Yes	No	Can't decide
Demanding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pressured	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hectic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Calm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relaxed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Many things stressful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pushed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Irritating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Under control	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nerve-racking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Has led	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comfortable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
More stressful than I'd like	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smooth running	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overwhelming	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Clear radio button

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Occupation: Office Workers

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?

- No
- Yes
- Don't know

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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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* Thank You For Participating *

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