Appendix G

Preliminary Survey for Boot Wear Evaluation

Form Approved OMB No. 0920-XXXX Exp. Date xx/xx/20xx

Assign	ed participant ID: Date: / / 20
Photo	of boots: Yes / No Scan of boots: Yes / No Harris mat: Yes / No
Hardn	ess measure:
Record	ded by: MFN / PD / WP / JP / AM / JM
Demo	graphics:
1.	Age: years
2.	Gender: Male / Female
3.	Height: ft in
4.	Weight: lbs
Work I	History
1.	Current job title:
2.	What shifts do you most commonly work? (mark one or more that apply)
?	Day
?	Evening
?	Night
3.	On average number of hours worked per week: hours
4.	Number of years in current job title: years
5.	Number of years at current mine: years
6.	Number of years of total mining experience: years

CDC estimates the average public reporting burden for this collection of information as 15 minutes per response, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information 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 Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-XXXX).

Work boots

Make of boots	s you are	current	ly wear	ing:			-	
Model of boots you are currently wearing:								
			the mal	ke and m	odel of	your boots,	please show the boots to the	
Please select the safety features of your current boots								
composite toe								
steel toe								
metatarsal guard								
other (please specify)								
Do you wear your work boots outside of work? Yes / No								
How long have you been wearing these boots?								
Using the scale below, please rate your current level of comfort while wearing your work boots:								
comfort	0	1	2	3	4	5	Intolerable Discomfort	
If you had a choice of wearing your current boots again, would you?								
Yes, I hope to get these boots again.								
Yes, I would wear them again.								
No, I prefer: Please provide make and model								
No, I would not wear them again.								
Please explain:								
	Model of boo cannot identify ther so they can Please select f composite too steel toe metatarsal gu other (please Do you wear y How long hav Using the scal comfort If you had a cl Yes, I hope to Yes, I would w No, I prefer: I No, I would no	Model of boots you ar cannot identify or do no cher so they can help yo Please select the safet composite toe steel toe metatarsal guard other (please specify) Do you wear your wor How long have you be Using the scale below, comfort 0 If you had a choice of y Yes, I hope to get thes Yes, I hope to get thes Yes, I would wear ther No, I prefer: Please pr	Model of boots you are curren cannot identify or do not know ther so they can help you) Please select the safety feature composite toe steel toe metatarsal guard other (please specify) Do you wear your work boots of How long have you been wear Using the scale below, please r comfort 0 1 If you had a choice of wearing Yes, I hope to get these boots a Yes, I would wear them again. No, I prefer: Please provide m	Model of boots you are currently weak cannot identify or do not know the malk ther so they can help you) Please select the safety features of you composite toe steel toe metatarsal guard other (please specify) Do you wear your work boots outside How long have you been wearing thes Using the scale below, please rate you comfort 0 1 2 If you had a choice of wearing your curve Yes, I hope to get these boots again. Yes, I would wear them again. No, I prefer: Please provide make and No, I would not wear them again.	Model of boots you are currently wearing: cannot identify or do not know the make and m ther so they can help you) Please select the safety features of your current composite toe steel toe metatarsal guard other (please specify) Do you wear your work boots outside of work? How long have you been wearing these boots? Using the scale below, please rate your current comfort 0 1 2 3 If you had a choice of wearing your current bo Yes, I hope to get these boots again. Yes, I would wear them again. No, I prefer: Please provide make and model - No, I would not wear them again.	Model of boots you are currently wearing:	cannot identify or do not know the make and model of your boots, ther so they can help you) Please select the safety features of your current boots composite toe steel toe metatarsal guard other (please specify) Do you wear your work boots outside of work? Yes / No How long have you been wearing these boots? Using the scale below, please rate your current level of comfort w comfort 0 1 2 3 4 5 If you had a choice of wearing your current boots again, would you Yes, I hope to get these boots again. Yes, I would wear them again. No, I prefer: Please provide make and model No, I would not wear them again.	

Recent Slip, trip, and fall history

1. Have you had a slip within the past 3 months: Yes / No

(A slip is defined as simply a loss of traction of the foot; you can slip without falling. In general, if your foot slides, you have slipped. You might not have fallen even though you slipped.)

If Yes, please specify when the event occurred and describe the sequence of events leading up to the slip.

2. Have you tripped within the past 3 months: Yes / No

(A trip is defined as something that prevents the foot from coming fully through its normal swing phase of the walking motion; you can trip without falling. In general, if the foot stops before making heel contact, you have tripped. You might not have fallen even though you tripped.)

If Yes, please specify when the event occurred and describe the sequence of events leading up to the trip.

3. Have you fallen within the past 3 months: Yes / No

If Yes, please specify when the event occurred and describe the sequence of events leading up to the fall.