

Electronic Equipment Operators



Centers for Birth Defects Research and Prevention

INFORMED CONSENT FOR BD-STEPS OCCUPATIONAL QUESTIONNAIRE

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 telephone interview about experiences during your pregnancy. This questionnaire asks you additional questions about your experiences during the same pregnancy.

The questionnaire will take about 20 minutes. It includes questions about working as an electronic equipment operator. Some women may find it emotionally difficult to discuss their pregnancies. There is no other likely risk. Completing this questionnaire will not benefit you or your family directly; however, the findings may help to prevent birth defects in the future.

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 questionnaire at any time.

We plan to share your questionnaire information with other researchers involved in this study. Information will only be used for 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 <insert local study contact and contact number>. 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>> OR <<insert local IRB contact>>. Leave a message including your name and telephone number, and refer to Protocol #2087, and someone will call you back as soon as possible. [NOTE: CDC IRB can be removed if required by Center IRB]

If you wish to participate in this part of our study, please sign this form, complete the questionnaire, and return both to us in the stamped return envelope. We have included a second copy of this form for you to keep for your records.

Signature: _____ Date: _____

ID _____

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

- No → Go to question #4
- Yes, I started a new job
- Yes, I stopped working at this job
- Don't know → Go to question #4

2. 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 → Go to question #4

3. Please enter the date you stopped working in this job. If you can't remember the exact date, please enter your best estimates (mm/dd/yyyy):

- Don't Know

For the remaining questions about your job, please describe what your job was like before you stopped working.

4. During the 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 → **Go to question #7**

5. Were your requests granted?

- Yes, all my requests were granted. For the remaining questions about your job, please describe what your job was like before your requests were granted.
- Some, but not all, of my requests were granted. For the remaining questions about your job, please describe what your job was like before some of your requests were granted.
- No, none of my requests were granted.
- Don't know

Go to question #7

6. Was it because (please check 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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7. During the 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?

Shift (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

8. What was your main shift?

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

Please describe typical shift:

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9. 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

10. 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

11. 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

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12. 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="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pressured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hectic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Calm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relaxed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Many things stressful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pushed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Irritating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Under Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nerve-wracking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hassled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comfortable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
More stressful than I'd like	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smooth Running	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overwhelming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. During the 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 → Go to Comments
- Don't know → Go to Comments

14. What were the reasons? (Please check 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
- 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, please specify:

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

Thank you for your time. It is truly appreciated.

ID _____