

Attachment F

Sample HHE Specific Worker Questionnaire



OMB No. 0920-0260

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Health Hazard Evaluation 2015-  
Fort Rapids Indoor Waterpark and



0148  
Resort January 2016

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Study ID Number: \_\_\_\_\_

Age: \_\_\_\_\_ years

**If <18 years old, has a parent/guardian given permission to participate?**

Yes → *Continue*

No → **STOP**

**Work history/practices**

1. What is your job title at Fort Rapids? \_\_\_\_\_
2. How long have you worked at Fort Rapids? \_\_\_\_\_ years \_\_\_\_\_ months
3. Do you work at Fort Rapids year-round or seasonally?  
 Year-round  
 Seasonal                      If seasonal, which months? \_\_\_\_\_
4. **In the past 4 weeks**, how many days did you work at Fort Rapids? \_\_\_\_\_ days
5. **In the past 4 weeks**, how many hours did you work at Fort Rapids? \_\_\_\_\_ hours in the past 4 weeks
6. **In the past 4 weeks**, how many hours did you work at Fort Rapids in a typical **day**? \_\_\_\_\_ hours
7. **In the past 4 weeks**, which locations did you work in? *Please check all that apply.*  

<input type="checkbox"/> Waterpark (including pump room)	<input type="checkbox"/> Gift shop
<input type="checkbox"/> Spa	<input type="checkbox"/> DB's Sidewinder Café
<input type="checkbox"/> Hotel	<input type="checkbox"/> Copper Star Saloon
<input type="checkbox"/> Conference center	<input type="checkbox"/> Canyon Café
<input type="checkbox"/> Arcade	<input type="checkbox"/> Other, please specify: _____
8. **In the past 4 weeks**, how many hours did you spend in the waterpark (including the water attractions, DB's Sidewinder Café, and pump room) on a **typical work day**? \_\_\_\_\_ hours  
*If zero hours (i.e., you did not spend any time in the waterpark), please skip to the Symptoms section on p. 3 (Question #14)*

9. **In the past 4 weeks**, how many of the following shifts did you work?

	Number of shifts
Friday (3:30 pm to 9:30 pm)	_____
Saturday AM (9:30 am to 3:30 pm)	_____
Saturday PM (3:00 pm to 9:30 pm)	_____
Sunday (9:30 am to 6:30 pm)	_____
December weekday AM (9:30 am to 3:30 pm)	_____
December weekday PM (3:00 pm to 9:30 pm)	_____
Other, please specify times: _____	_____

10. **In the past 4 weeks**, which rotations did you work? *Please check all that apply.*

- Standing
- Water
- Tower
- T3's

11. On the days that you worked **in the past 4 weeks**, how many **hours per day** did you usually spend in the water? \_\_\_ hours

12. **In the past 4 weeks**, did you handle vomit, stool, or blood in the water?

- Yes
- No

13. **In the past 4 weeks**, did you mix or handle the chemicals used in the water?

- Yes If yes, which chemicals? \_\_\_\_\_
- No

**Symptoms**

14. **In the past 4 weeks**, did you have any of the following symptoms **that started while you were at work at Fort Rapids**? Please do **NOT** include those associated with a cold or respiratory infection. *Please check all that apply.*

Symptom	Check if Yes		Did the symptom get better when you were away from work?	
			Yes	No
Cough	•	<i>If yes, answer →</i>	•	•
Wheezing or whistling in the chest	•	<i>If yes, answer →</i>	•	•
Unusual shortness of breath	•	<i>If yes, answer →</i>	•	•
Chest tightness	•	<i>If yes, answer →</i>	•	•
Nose irritation (i.e. burning, runny, or stuffy nose)	•	<i>If yes, answer →</i>	•	•
Eye irritation (i.e. watery, red, or burning eyes)	•	<i>If yes, answer →</i>	•	•
Sore throat	•	<i>If yes, answer →</i>	•	•
Fever	•	<i>If yes, answer →</i>	•	•
Body aches	•	<i>If yes, answer →</i>	•	•
Nausea	•	<i>If yes, answer →</i>	•	•
Vomiting	•	<i>If yes, answer →</i>	•	•

*If you did not check any symptoms in Question #14, please skip to Question #16.*

15. **In the past 4 weeks**, on how many work days did you experience symptoms in Question #14?  
\_\_\_\_\_ days

16. **In the past 4 weeks**, have you had a **skin rash**?

- Yes  
 No

16a. **If yes**, on which area(s) of the body was the rash? *Please check all that apply.*

- Face  
 Neck  
 Hands  
 Arms  
 Legs  
 Chest  
 Other, please specify: \_\_\_\_\_

16b. **If yes**, how many days did the rash last? \_\_\_\_\_ days

16c. **If yes**, do you think the rash was related to work?

Yes

No

**If yes**, why? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*If you did not have any symptoms in Questions #14 and #16, please skip to the Medical History section (Question #19)*

17. **In the past 4 weeks**, have you taken time off from work for any of the symptoms listed in questions #14 and #16?

Yes

No

17a. **If yes**, how many days? \_\_\_\_\_ days

18. In the past 4 weeks, have you seen a doctor or other health care provider for any of the symptoms listed in questions #14 and #16?

Yes

No

18a. **If yes**, what did the doctor or provider say that you had? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **Medical History**

19. Do you wear contact lenses while at work?

Yes

No

20. Has a doctor or other health care provider ever told you that you have asthma?

Yes *Please continue to answer 20 (a) to (c) below*

No *Skip to Question #21*

20a. Did you have asthma before you started working at Fort Rapids?

Yes

No

20b. How old were you when you were diagnosed with asthma? \_\_\_\_\_ years old

20c. Do you still have asthma?

- Yes      *Please continue to answer (i)-(ii) below*
- No        *Skip to Question #21*

- i. Does your asthma seem worse when you are at work?       Yes  No
  - ii. Do you take any medications for your asthma?       Yes  No
- If yes, what medications do you take? \_\_\_\_\_

21. Do you have any of the following medical conditions?

- Hay fever or other seasonal allergies       Yes  No  
(do NOT include allergies to medications)
- Eczema or atopic dermatitis       Yes  No
- Chronic obstructive pulmonary disease (COPD)/emphysema       Yes  No

22. Please describe your cigarette smoking history. *Please check one.*

- Never smoked (smoked less than 100 cigarettes [about 5 packs] in your entire life)
- Former smoker
- Current smoker

**Demographics**

23. What is your sex?

- Male
- Female

24. Phone: \_\_\_\_\_

25. Email: \_\_\_\_\_

26. Do you have any other health concerns related to your working at Fort Rapids?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Thank you for participating in this questionnaire.*