

**Attachment 3**  
**Questionnaire**

ID: \_\_\_\_\_

**NORA\_FY2019  
Styrene-Exposed Cohort  
NIOSH-Administered Former Employee Health Questionnaire**

Interviewer: \_\_\_\_\_ Interview Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Month) (Day) (Year)

**Section I: Identification and Demographic Information**

Name: \_\_\_\_\_  
(Last Name) (First Name) (M.I.)

Address: \_\_\_\_\_  
(Number, Street, and/or Rural Route)

\_\_\_\_\_  
(City) (State) (Zip Code)

Primary Telephone Number: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_ [ ] Home [ ] Cell

***If you were to move, is there someone who would know how to contact you?***

Name: \_\_\_\_\_  
(Last Name) (First Name) (M.I.)

Relationship to you: \_\_\_\_\_

Address: \_\_\_\_\_  
(Number, Street, and/or Rural Route)

\_\_\_\_\_  
(City) (State) (Zip Code)

Primary Telephone Number: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_ [ ] Home [ ] Cell

- 
1. Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Month) (Day) (Year)
2. Sex: 1. \_\_\_ Male 0. \_\_\_ Female
3. Are you Spanish, Hispanic or Latino? 1. \_\_\_ Yes 0. \_\_\_ No
4. Select one or more of the following categories to describe your race:
- 1. \_\_\_ American Indian or Alaska Native
  - 2. \_\_\_ Asian
  - 3. \_\_\_ African-American or Black
  - 4. \_\_\_ Native Hawaiian or Other Pacific Islander
  - 5. \_\_\_ White

## Section II: Health Information

**I'm going to ask you some questions about your health. The answer to many of these questions will be "Yes" or "No." If you are in doubt about whether to answer "Yes" or "No," then please answer "No."**

5. During the past 12 months, have you had any trouble with your breathing? 1. \_\_\_ Yes 0. \_\_\_ No

**IF YES:**

- 5.1. Which of the following statements best describes your breathing?
- 1. \_\_\_ I only rarely have trouble with my breathing.
  - 2. \_\_\_ I have regular trouble with my breathing, but it always gets completely better.
  - 3. \_\_\_ My breathing is never quite right.
- 5.2. In what month and year did the trouble with your breathing first begin? \_\_\_\_\_ / \_\_\_\_\_  
(Month) (Year)

6. Are you troubled by shortness of breath when hurrying on level ground or walking up a slight hill? 1. \_\_\_ Yes 0. \_\_\_ No

**IF YES:**

- 6.1. Do you get short of breath walking with other people of your own age on level ground? 1. \_\_\_ Yes 0. \_\_\_ No
- 6.2. Do you ever have to stop for breath when walking at your own pace on level ground? 1. \_\_\_ Yes 0. \_\_\_ No

6.3. Do you ever have to stop for breath after walking about 100 yards (or after few minutes) on level ground? 1.\_\_\_\_ Yes 0. \_\_\_\_ No

7. Do you usually have a cough?  
(Count cough with first smoke or on first going out-of-doors. Exclude clearing of throat.) 1.\_\_\_\_ Yes 0. \_\_\_\_ No

**IF YES:**

7.1. Do you usually cough on most days for 3 consecutive months or more during the year? 1.\_\_\_\_ Yes 0. \_\_\_\_ No

7.2. In what month and year did this cough first begin?  
\_\_\_\_\_/\_\_\_\_\_  
(Month) (Year)

8. Do you bring up phlegm on most days for 3 consecutive months or more during the year? 1.\_\_\_\_ Yes 0. \_\_\_\_ No

9. Have you had wheezing or whistling in your chest at anytime in the last 12 months? 1.\_\_\_\_ Yes 0. \_\_\_\_ No

**IF YES:**

9.1. In what month and year did this wheezing or whistling first begin?  
\_\_\_\_\_/\_\_\_\_\_  
(Month) (Year)

10. Have you woken up with a feeling of tightness in your chest at any time in the last 12 months? 1.\_\_\_\_ Yes 0. \_\_\_\_ No

**IF YES:**

10.1. In what month and year did this chest tightness first begin?  
\_\_\_\_\_/\_\_\_\_\_  
(Month) (Year)

11. Have you been woken by an attack of coughing at any time in the last 12 months? 1.\_\_\_\_ Yes 0. \_\_\_\_ No

**IF YES:**

11.1. In what month and year did these attacks of coughing first begin?  
\_\_\_\_\_/\_\_\_\_\_  
(Month) (Year)

12. Have you had an attack of asthma in the last 12 months? 1.\_\_\_\_ Yes 0. \_\_\_\_ No

**IF YES:**

12.1. In what month and year did these attacks of asthma first begin?  
\_\_\_\_\_/\_\_\_\_\_  
(Month) (Year)

13. Are you currently taking any medicine including inhalers,

aerosols or tablets, for asthma?

1. \_\_\_\_ Yes 0. \_\_\_\_ No

**IF YES:**

13.1. In what month and year did you first begin using medicine for asthma?

\_\_\_\_ / \_\_\_\_  
(Month) (Year)

14. Are you currently taking any medicine including inhalers, aerosols or tablets, for any other breathing problems?

1. \_\_\_\_ Yes 0. \_\_\_\_ No

**IF YES:**

14.1. In what month and year did you first begin using medicine for any other breathing problems?

\_\_\_\_ / \_\_\_\_  
(Month) (Year)

15. Have you **ever** been told by a physician that you had any of the following respiratory conditions?

Conditions	Told by a physician you had?	Month and Year of first diagnosis?
1. Hay fever or nasal allergies	1. Yes ___ 0. No ___	
2. Sinusitis or sinus infections	1. Yes ___ 0. No ___	
3. Chronic bronchitis	1. Yes ___ 0. No ___	
4. Emphysema	1. Yes ___ 0. No ___	
5. Chronic obstructive pulmonary disease (COPD)	1. Yes ___ 0. No ___	
6. Obliterative bronchiolitis	1. Yes ___ 0. No ___	
7. Asthma	1. Yes ___ 0. No ___	
7.1 <b>IF YES:</b> Do you still have asthma?	1. Yes ___ 0. No ___	

16. Have you **ever** been told by a physician that you had any other respiratory condition?

1. \_\_\_ Yes 0. \_\_\_ No

**IF YES:**

16.1. What was the diagnosis: \_\_\_\_\_

16.2. In what month and year were you first given this diagnosis?

\_\_\_ / \_\_\_  
(Month) (Year)

17. Have you ever had a lung biopsy?

1. \_\_\_ Yes 0. \_\_\_ No

**IF YES:**

17.1. What was the diagnosis: \_\_\_\_\_

17.2. In what month and year was the biopsy taken?

\_\_\_ / \_\_\_  
(Month) (Year)

17.3. What was the name of the hospital or health care facility where the biopsy was taken?

\_\_\_\_\_

18. Now I am going to ask you about other health problems. Have you **ever** been told by a physician that you had any of the following conditions?

Conditions	Told by a physician you had?	Month and Year of first diagnosis?
1. Hearing loss	1. Yes ___ 0. No ___	
2. Cancer	1. Yes ___ 0. No ___	
<b>2.1 IF YES:</b> What type of cancer? _____		

**Section III. Boatbuilding Work Information**

**I'm now going to ask you about your time working in the boatbuilding industry.**

19. Where did you work?

1. \_\_\_ Uniflite, Bellingham, WA
2. \_\_\_ Tollycraft, Kelso, WA
3. \_\_\_ Both

20. I'm now going to ask you to list all of the jobs that you have had while working at Uniflite or Tollycraft. What was the first job you held at Uniflite or Tollycraft?

Job #	Department	Job Performed	Start Date (mm/yyyy)	End Date (mm/yyyy)	Average Hours/Week	
	(Drop Down menus populated with lists) <ol style="list-style-type: none"> <li>1. Fibrous glass</li> <li>2. Lamination</li> <li>3. Boat Assembling</li> <li>4. Administrative</li> <li>5. General Plant-wide department</li> <li>6. Don't remember</li> </ol>	(Drop Down menus populated with lists) <ol style="list-style-type: none"> <li>1. Hull lamination</li> <li>2. Deck lamination</li> <li>3. Small parts lamination</li> <li>4. Gel coat</li> <li>5. Mold repair &amp; patch</li> <li>6. Model development</li> <li>7. Stringer installation</li> <li>8. Overlay &amp; patch</li> <li>9. Assembly worker</li> <li>10. Manager</li> <li>11. Secretary</li> <li>12. Administrative assistant</li> <li>13. Security</li> <li>14. Maintenance</li> <li>15. Janitorial</li> <li>16. Upholsterer</li> <li>17. General laborer</li> <li>18. Foreman</li> </ol>				Did you wear breathing protection while at work? <ol style="list-style-type: none"> <li>1. Always</li> <li>2. Sometimes</li> <li>3. Rarely</li> <li>4. Never</li> <li>5. Don't remember</li> </ol>

**1Section IV. Other Work Information**



**I'm now going to ask you about all the jobs you have worked since leaving Uniflite or Tollycraft. We will start with your most recent job and work back through time.**

21. List all jobs that you had in any other boatbuilding facility since leaving Uniflite or Tollycraft.

Job #	Company name	Location	Department	Job performed	Start date (MM/YYYY)	End Date (MM/YYYY)	Average Hours/Week

22. List all other jobs NOT in boatbuilding that you had since leaving Uniflite or Tollycraft.

Job #	Company name	Location	Job title	Start date (MM/YYYY)	End Date (MM/YYYY)	Avg. Hours/week	Primary task	Other task	Styrene or styrene containing products

**Section V: Tobacco and Marijuana Use Information**

**I'm now going to ask you a few questions about smoking.**

23. Have you ever smoked cigarettes? 1. \_\_\_ Yes 0. \_\_\_ No  
*(NO if less than 20 packs of cigarettes in*

a lifetime or less than 1 cigarette a day for 1 year)

**IF YES:**

23.1. How old were you when you first started smoking regularly? \_\_\_\_\_ Years old

23.2. Over the entire time that you have smoked, what is the average number of cigarettes you smoked per day? \_\_\_\_\_ Cigarettes/day

23.3. Do you still smoke cigarettes? 1. \_\_\_ Yes 0. \_\_\_ No

**IF NO:**

23.3.1. How old were you when you stopped smoking cigarettes regularly? \_\_\_\_\_ Years old

**I'm now going to ask you a few questions about smoking marijuana.**

24. During your life, have you smoked marijuana more than 50 times? 1. \_\_\_ Yes 0. \_\_\_ No

**IF Yes:**

24.1. Have you smoked marijuana in the past 12 months? 1. \_\_\_ Yes 0. \_\_\_ No

**IF Yes:**

24.2.1. Have you smoked marijuana in the past 30 days? 1. \_\_\_ Yes 0. \_\_\_ No

**Thank you for participating in this survey!1**