

Form Approved
OMB NO. 0920-xxxx
Expiration Date: xx/xx/20xx

## **Aviation Industry Workers Safety and Health Non-Respondent Survey**

## Will you answer a few short questions?

Yes→ continue to question 1 No→ EXIT survey

## Thank you for agreeing to answer a few short questions for us.

1.	How long have you worked for {pipe in company name}? Please enter the number of months if less than 1 year.		
	O Years		
	O Months		
2.	What is the highest level of education you have completed?		
	O Less than high school		
	Attended high school; didn't graduate		
	GED or equivalent		
	O High school diploma		
	Attended college; no degree		
	Associate's degree		
	O Bachelor's degree		
	Graduate or Professional degree		
3.	Are you male or female?		

Public reporting burden of this collection of information is estimated to average 3 mins per response, 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 Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-xxxxx).

	O Male			
	O Female			
	O Prefer	not to answer		
4.	How old ar	re you?		
	O Years:			
	O Prefer	not to answer		
		at is your race? select all that apply.		
		American Indian or Alaska Native		
		White		
		Black or African American		
		Native Hawaiian or Other Pacific Islander		
		Asian		
		Some other race. Please specify:		
		Prefer not to answer		

Thank you for your help with this important survey.