

Attachment C
Survey

You are invited to complete a research survey about injuries among applied behavior analysis workers. This study is being conducted by researchers at the National Institute for Occupational Safety and Health (NIOSH; <https://www.cdc.gov/niosh/index.htm>). The survey will take about five (5) minutes to complete.

The survey is anonymous. The survey contains questions about your workplace, the injuries you have sustained in the past 12 months, and your personal protective equipment use. We will not use the survey to identify you. Even though your responses will not be able to identify you, we will treat your data in a secure manner and will not disclose the information unless otherwise compelled by law.

This research will allow NIOSH researchers to better understand the work experiences of applied behavior analysis workers and help maintain or improve workplace safety. You will not receive any compensation for completing the survey. There are no foreseeable risks associated with this survey.

If you have any questions about this survey or would like a copy of this statement, please contact Oliver Wirth at NIOSH. His contact information is below.

This study is voluntary. If you agree to participate, then choose "I agree to participate" below and click or press the red arrow. If you decline to participate, please choose "I decline to participate" below and click or press the red arrow. Refusing to participate will not involve any penalty. You may skip questions or stop answering questions at any time.

Thank you!
Oliver Wirth, PhD
Health Effects Laboratory Division
National Institute for Occupational Safety and Health (NIOSH)
1095 Willowdale Road, Mailstop 4050
Morgantown, WV 26505
(304) 285-6169
oaw5@cdc.gov

I agree to participate.

I decline to participate.

If the participant selects "I agree to participate," then they are taken to a new screen and shown Question #1 (next page). If the participant selects "I decline to participate," they are taken to a new screen and shown the following question:

Thank you for your time and consideration. If you have a moment, could you please select the reason(s) below why you declined to participate in the survey?

- I don't have enough time.
- I don't get injured.
- I am not an applied behavior analysis worker.
- I get asked to take too many surveys.
- Other _____

After they select an answer and press or click the red arrow, they are shown a screen that says:

"We thank you for your time spent taking this survey.
Your response has been recorded."

1. As a part of your job, do you practice **applied behavior analysis**? Applied behavior analysis is systematically applying the principles of the science of behavior to improve socially significant behavior.

- Yes
- No

2. Do you currently hold any of the following applied-behavior-analysis credentials? Select all that apply.

- RBT (Registered Behavior Technician)
- BCaBA (Board Certified Assistant Behavior Analyst)
- BCBA (Board Certified Behavior Analyst)
- BCBA-D (Board Certified Behavior Analyst – Doctoral)
- None of the above

Questions #1 and 2 serve as screening questions. If the respondent answers *No* to Question #1 OR *None of the above* to Question #2, they are taken to a new page that displays the following message:

Based on your answers to the screening questions, unfortunately you do not meet the qualifications for this survey. Thank you so much for your time. If you have any questions or comments regarding the survey, please send them to Oliver Wirth (owirth@cdc.gov).

If the respondent answers Yes to Question #1 AND chooses one of the first four options, then they qualify for the survey and are shown Question #3.

3. In which settings do you work? Select all that apply.

- In-Home
- Clinic
- Hospital
- School
- Day Program
- Group Home
- Residential Program
- Other _____

4. With what age groups do you work? Select all that apply.

- 0-5 year olds
- 6-11 year olds
- 12-21 year olds
- 22+ year olds
- I work with non-human clients (e.g., pets, zoo animals, etc.)

Questions #3 and 4 will help us assess whether there are differences in injuries based on where respondents work. For example, for Question #3 are respondents who work in hospitals more likely to report a greater number of injuries than those who work in other locations? Similarly, for Question #4, are respondents who work with younger populations more likely to report fewer injuries than those who work with older populations?

Additionally, there are a number of applied behavior analysis workers who work with non-human populations, including pets and zoo animals. Although they are not the primary focus of this study, they certainly get injured and there are similarly no data published on their injuries.

The next set of questions will ask you about experiences you have had while working in the last 12 months.

For Questions #5-12, respondents are asked about events and injuries that have happened to them while working. After each event or injury question, a follow-up question asks how frequently the selected events or injuries happened in the previous 12 months. The options in the follow-up questions (Questions #6, 8, 10, and 12) are populated by the answers selected in the previous question (Questions #5, 7, 9, and 11). For example, if the respondent selects *Pinched* and *Bitten* for Question #5, then the only options shown in Question #6 are *Pinched* and *Bitten*. If the respondent chooses *None of the above* or *Prefer not to answer* for Question #5, then Question #6 is skipped. Therefore, if the respondent has experienced none of the presented events or injuries or prefers not to answer, they will not be shown Questions #6, 8, 10, and 12).

Most of the Events and Injuries listed in this section were drawn from the Bureau of Labor and Statistics Occupational Injury and Illness Classification System to ease comparisons with other types of occupations. The Events and Injuries deemed most relevant to applied behavior analysis workers were selected for inclusion.

5. In the last 12 months, have any of the following **events** happened to you while working?
Select all that apply.

- Kicked, Slapped, or Punched
- Pinched
- Scratched
- Bitten
- Struck by thrown or swung object
- Verbally assaulted or threatened
- None of the above
- Prefer not to answer

6. In the last 12 months, how frequently have the following **events** happened to you?

	1 time	2-5 times	6-10 times	10+ times

Kicked, Slapped, or Punched	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pinched	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Scratched	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bitten	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Struck by thrown or swung object	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Verbally assaulted or threatened	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. In the last 12 months, have any of the following **events** happened to you while working? Select all that apply.

- Vehicle transportation incident (e.g., fender bender)
- Slip, trip, or fall
- Overexertion in lifting
- Overexertion in holding
- Injured by physical contact (restraining, subduing person)
- Other event _____
- None of the above
- Prefer not to answer

8. In the last 12 months, how frequently have the following **events** happened to you?

	1 time	2-5 times	6-10 times	10+ times
Vehicle transportation incident (e.g., fender bender)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Slip, trip, or fall	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overexertion in lifting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overexertion in holding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Injured by physical contact (e.g., restraining, subduing person)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Questions #6 and 8 are only shown to respondents who selected at least one event across

Questions #5 and 7.

9. In the last 12 months, have any of the following **injuries** happened to you while working?
Select all that apply.

- Bruise
- Cut/Scrape
- Puncture wound (e.g., from a bite)
- Skin infection
- Sprain or strain
- Bone fracture
- None of the above
- Prefer not to answer

10. In the last 12 months, how frequently have the following **injuries** happened to you?

	1 time	2-5 times	6-10 times	10+ times
Bruise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cut/Scrape	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Puncture wound (e.g., from a bite)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Skin infection	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sprain or strain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bone fracture	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. In the last 12 months, have any of the following **injuries** happened to you while working?
Select all that apply.

- Burn
- Strangulation
- Concussion
- Back injury
- Pinched nerve
- Knee cartilage tear
- Whiplash
- Pain or soreness
- Joint dislocation

- None of the above
- Prefer not to answer

12. In the last 12 months, how frequently have the following **injuries** happened to you?

	1 time	2-5 times	6-10 times	10+ times
Burn	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strangulation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Concussion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Back injury	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pinched nerve	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knee cartilage tear	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Whiplash	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pain or soreness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Joint dislocation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13. Of all the injuries you sustained while working in the last 12 months, how many did you report (e.g., tell a supervisor, fill out an injury report, etc.)?

- All of them
- Most of them
- Half of them
- A few of them
- None of them
- Not applicable

14. In which settings did your injury(ies) occur? Select all that apply.

- In-Home
- Clinic
- Hospital
- School Day Program
- Group Home
- Residential Program

- Other _____

Questions #13 and 14 are only shown to respondents who selected at least one injury across Questions #9 and 11.

15. Which of the following types of work do you do? Select all that apply.

- Early Intervention
- Behavior Reduction
- Skill Acquisition
- Parent Training
- Staff Training
- Organizational Behavior Management
- Other _____

16. How would you describe your work arrangement? Select all that apply.

- I am a regular, permanent employee (standard work arrangement)
- I work as an independent contractor, independent consultant, or freelance worker
- I am on-call and work only when called to work
- I am paid by a temporary agency
- I work for a contractor who provides workers and services to others under contract
- Other _____

Questions #15 and #16 will be shown to all respondents and will help assess if injuries differ across types of work or types of employment.

These instructions will only be shown for respondents who select more than one option for Question #16: *For the following questions about your organization, please answer for the organization for whom you work the most hours.*

17. Counting all locations where your employer operates, approximately what is the total number of persons who work there?

- 1 (self-employed)
- 2-4
- 5-9
- 10-49
- 50-99
- 100-249
- 250-499
- 500 and over
- Don't know

If the respondent selects 1 (self-employed) for Question #17, then they are not shown Questions

#18 – 27 because those questions are concerned with managers and work requirements, which are absent if one is self-employed.

Please indicate how much you agree or disagree with each of the following statements about safety behavior in the organization where you work. If you work for more than one organization, please answer the questions for the organization you consider your primary employer.

18. New employees learn quickly that they are expected to follow good health and safety practices.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

19. Employees are told when they do not follow good health and safety practices.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

20. Workers and management work together to ensure the safest possible conditions.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

21. There are no major shortcuts taken when worker health and safety are at stake.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

22. The health and safety of workers is a high priority with management where I work.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree

- Strongly disagree

23. I feel free to report safety problems where I work.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

Questions #18-23 make up the NIOSH Safety Climate Scale which measures employee perceptions of management support for safety and the importance of safety issues within the organization. The answers to these questions can be correlated with frequency and type of injury, types of employment, type of work, among others.

24. What types of safety training have you completed at your current organization? Select all that apply.

- Crisis intervention/de-escalation
- Bloodborne pathogens
- First aid
- CPR
- Other _____
- Have not received safety training

25. Does your workplace provide PPE?

- Yes
- No
- Don't know

26. Does your job ever **require** you wear personal protective equipment (e.g., arm guards, gloves, helmet)?

- Yes
- No
- Don't know

27. Do you always use personal protective equipment when it is required?

- Yes
- No
- Don't know

Question #27 is only presented if the respondent answers *Yes* to Question #26.

28. In the last 12 months, have you worn any of the following personal protective equipment

while working? Select all that apply.

- Arm guards
- Bite-proof sleeves
- Shin guards
- Gloves
- Helmet
- Spit shield
- Other _____
- None of the above

29. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

_____ (Drop-down box populated with values from 0-30)

The following race and ethnicity questions are formatted according to OMB guidelines.

30. What is your age?

- 18-24 years old
- 25-29 years old
- 30-34 years old
- 35-39 year sold
- 40-44 years old
- 45-49 years old
- 50-54 years old
- 55-59 years old
- 60-64 years old
- 65+ years old

31. What is your ethnicity?

- Hispanic or Latino
- Not Hispanic or Latino

32. What is your race? (select all that apply):

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

33. What sex were you assigned at birth, on your original birth certificate?

- Male
- Female
- I don't know
- Prefer not to answer

34. Do you currently describe yourself as male, female, or transgender?

- Male
- Female
- Transgender
- None of these
- Prefer not to answer

Thank you so much for your participation in the survey! If you have any additional comments you would like to provide, please do so in the box below and click Submit.