☐ Clear responses

Next

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Public reporting burden of this collection of information is estimated to average 20 minutes, including the time for reviewing instructions, searching existing data sources, gathering and main taining 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 Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0010).









# The next set of questions will be about working in the healthcare field.

If you experience a timeout error, please:

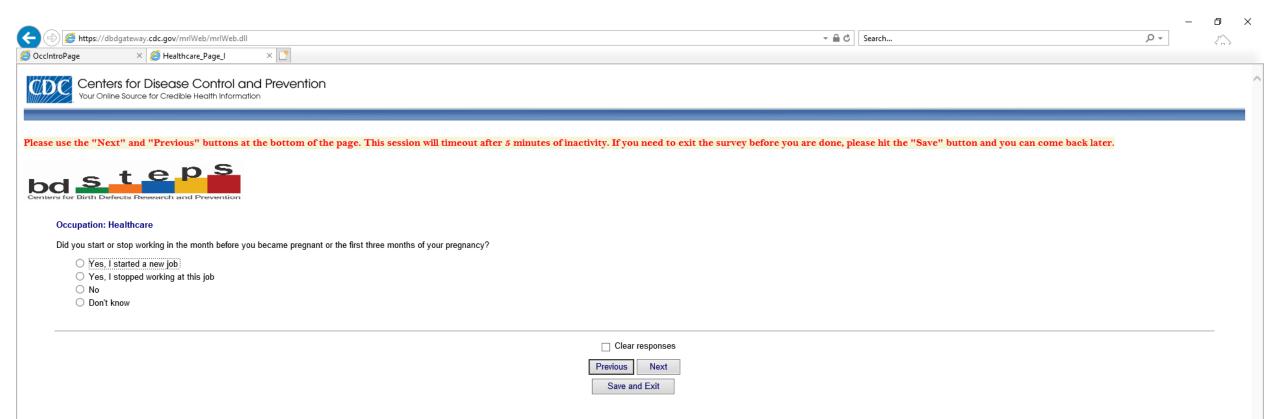
- Close the browser window
- · Wait 10 minutes
- · Click on the survey link in the email

Next

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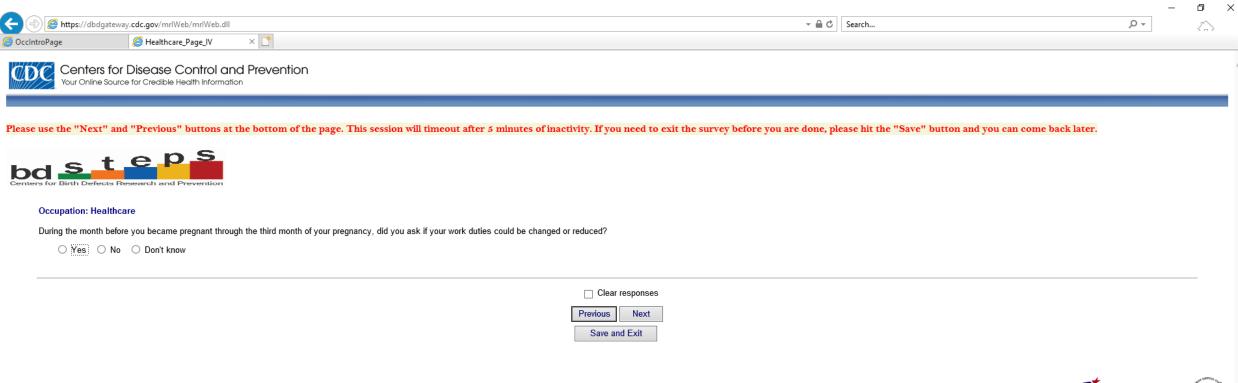
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| Please use the "Next" and "Previous" buttons at the bott                                   | om of the page. This session will timeout after 5 minute         | es of inactivity. If you need to exit the survey before you are done | e, please hit the "Save" button and you can come back later. | ļ   |
| Occupation: Healthcare   |  |  |  |     |
| During the month before you became pregnant through the thir                               | rd month of your pregnancy, how many shifts per week and how man | ny hours per shift did you typically work at this job?               |  |     |
| Shifts (days) per week:  |  |  |  |     |
| Hours per shift (day):   |  |  |  |     |
| ☐ Don't know   |  |  |  |     |
| Of the hours you worked in each shift, how many did you ty                                 | pically spend:   |  |  |     |
| Hours sitting per shift:   |  |  |  |     |
| □ Don't know   |  |  |  |     |
| Hours standing in one place per shift:   |  |  |  |     |
| ☐ <b>Don't know</b> Hours on your feet, but walking or moving around per shift:            |  |  |  |     |
| nours on your leet, but walking or moving around per shill.                                | ☐ Don't know   |  |  |     |
|  |  | Previous Next  |  |     |

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### Occupation: Healthcare

What was your main shift?

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

| Clear responses |         |  |  |  |
|-----------------|---------|--|--|--|
| vious           | Next    |  |  |  |
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Yes, through infusion only

### Occupation: Healthcare

O No

| During the month before you became pregnant through the third month of your pregnancy did you administer antineoplastic medications to patients? (Other terms for antineoplastic medications are chemo-therapeutic medications, cytotoxic drugs, or anticancer | er drugs |
|--|----------|
|--|----------|

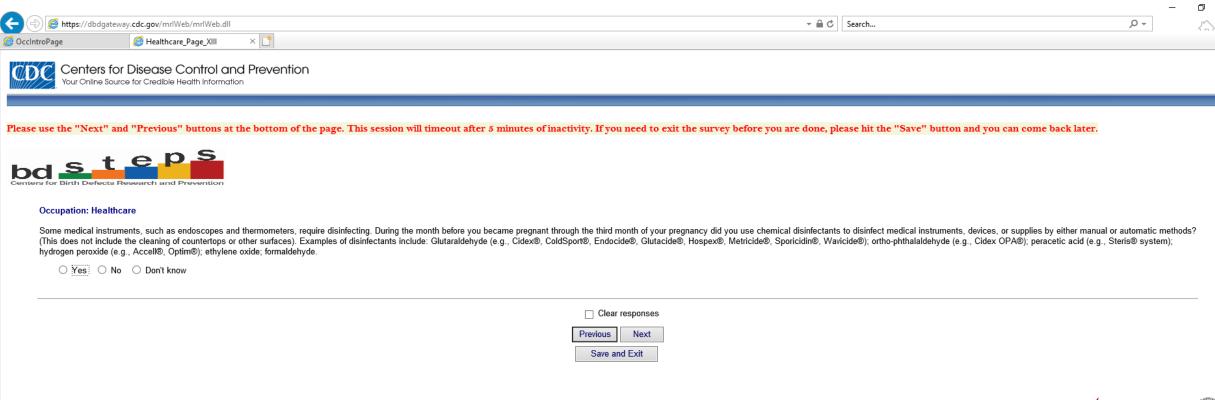
| Yes, through oral pill form only               |  |
|--|--|
| Yes, through both infusion and oral pill forms |  |
|  |  |
|  |  |

| Clear responses |  |  |  |  |
|-----------------|--|--|--|--|
| Previous Next   |  |  |  |  |
| Save and Exit   |  |  |  |  |

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| Осси |  |  |
|------|--|--|

| 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  |  |  |  |
| O 1-5 times per day  |  |  |  |
| ○ 6-10 times per day   |  |  |  |
| ○ 11-20 times per day  |  |  |  |
| ○ > 20 times per day   |  |  |  |
| ○ Don't know   |  |  |  |
| 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   |  |  |  |
| O Don't know   |  |  |  |
| 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   |  |  |  |
| $\circ$ 1  |  |  |  |
| $\bigcirc$ 2-3   |  |  |  |
| $\bigcirc$ 4-5   |  |  |  |
| As many as I needed/very flexible  |  |  |  |
| O Don't know   |  |  |  |
|  |  |  |  |
| ☐ Clear responses  |  |  |  |
| Previous Next  |  |  |  |

Save and Exit







## Occupation: Healthcare

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                    | 0   | 0  | 0            |
| Pressured                    | 0   | 0  | 0            |
| Hectic                       | 0   | 0  | 0            |
| Calm                         | 0   | 0  | 0            |
| Relaxed                      | 0   | 0  | 0            |
| Many things stressful        | 0   | 0  | 0            |
| Pushed                       | 0   | 0  | 0            |
| Irritating                   | 0   | 0  | 0            |
| Under control                | 0   | 0  | 0            |
| Nerve-wracking               | 0   | 0  | 0            |
| Hassled                      | 0   | 0  | 0            |
| Comfortable                  | 0   | 0  | 0            |
| More stressful than I'd like | 0   | 0  | 0            |
| Smooth running               | 0   | 0  | 0            |
| Overwhelming                 | 0   | 0  | 0            |

| Clear responses |         |  |  |  |
|-----------------|---------|--|--|--|
| revious         | Next    |  |  |  |
| Save ar         | nd Exit |  |  |  |



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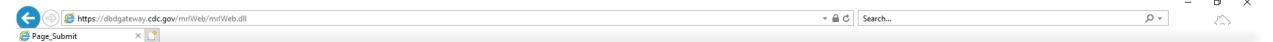


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| bd s t e p s Centers for Birth Defects Research and Prevention  |  |                 |
| Occupation: Healthcare  |  |                 |
| Please add any comments, concerns and/or suggestions about this survey you may wish to share with us.   |  |                 |
|   |  |                 |
| Previous Finish   |  |                 |

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### Occupation: Healthcare

\* Thank You For Participating. You May Now Exit The Browser.

Exit

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