

| Section 1 - Oil and Gas Work information | |
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| 1.01 In total, how long have you worked in the onshore oil and gas extraction industry? | Years: _____ Months: _____ 77. Prefer not to answer |
| 1.02 What best describes the activities of the company you currently work for? | 1. Creating geologic surveys, obtaining land rights, and owning and operating well sites 2. Building roads or preparing well sites 3. Well drilling 4. Bringing wells into production, including hydraulic fracturing 5. Performing other services to maintain well productivity 6. Transporting supplies or fluids to or from well sites 7. Other (please specify): _____ 77. Prefer not to answer 99. Don't know |
| 1.03 How long have you worked for your current company? | Years: _____ Months: _____ 77. Prefer not to answer |
| 1.04 How long have you worked in your current job at your current company? | Years: _____ Months: _____ 77. Prefer not to answer |
| 1.05 Please write your job title that best describes your current primary role. | Title: _____ |
| 1.06 Do you fulfill any secondary roles in your current job? | 1. Yes (<u>go to 1.07</u>) 2. No (<u>go to 1.08</u>) |
| 1.07 Please write the job title that describes your secondary role in your current job. | Title: _____ |
| 1.08 Which of these reflect your day-to-day work schedule? | 1. Normal business hours (For example, 8 A.M. to 5 P.M.) 2. Day shift greater than 8 hours (For example, 7 A.M. to 7 P.M.) 3. Evening/night shift (For example, 7 P.M. to 7 A.M.) 4. Switch between days and nights during the same 2-week rotation 5. Switch between days and nights from one 2-week rotation to the next 6. Some other schedule (please specify): _____ 77. Prefer not to say |

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| 1.09 How many hours do you typically work in a day including overtime? | 1. Hours: _____ 77. Prefer not to say |
| 1.10 How many days do you usually work in a row? | 1. ____ days 2. It varies 77. Prefer not to say |
| 1.11 How many days do you usually have off in a row? | 1. ____ days 2. It varies 77. Prefer not to say |
| 1.12 How many days per month do you typically work? | 1. ____ days 77. Prefer not to say |

| Section 2. Hearing loss, tinnitus (ringing or roaring in ears), and testing | |
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| <p>2.01 Which statement best describes your hearing (without a hearing aid or other listening devices)?</p> <p><i>Deaf means hearing loss so severe in both ears that hearing aids are insufficient to allow you to understand what people are saying.</i></p> <p><i>Hearing Aid: A small electronic device that amplifies the sounds you hear. It is worn in or behind the ear to help you hear.</i></p> <p><i>Other Listening Devices: Other listening devices are any device you use to help you hear. They are also called assistive listening devices. These are:</i></p> <ul style="list-style-type: none"> • A pocket talker • An amplified telephone • An amplified or vibrating alarm clock • A light signaler for your doorbell • A TV headset • Closed-captioned TV • TTY (teletypewriter) • TDD (telecommunications device for the deaf) • A telephone relay service • A video relay service • A sign language interpreter | <ol style="list-style-type: none"> 1. Excellent 2. Good 3. A little trouble 4. Moderate hearing trouble 5. A lot of trouble 6. Deaf 77. Prefer not to answer 99. Don't know |
| <p>2.02 How often does your hearing cause you to worry about your safety while working or doing other activities? Would you say...</p> | <ol style="list-style-type: none"> 1. Always 2. Usually 3. About half the time 4. Seldom 5. Never 77. Prefer not to answer 99. Don't know |
| <p><i>These next questions refer to hearing without the use of a hearing aid or any other listening devices. If you have one ear that is better than the other, please answer the questions for the hearing in your better ear.</i></p> <p>2.03 Can you usually hear and understand what a person says without seeing his or her face if that person whispers to you from across a quiet room?</p> | <ol style="list-style-type: none"> 1. Yes 2. No 77. Prefer not to answer 99. Don't know <p>If 1, <u>go to 2.07</u> If 2, 77, or 99, <u>go to 2.04</u></p> |
| <p>2.04 Can you usually hear and understand what a person says without seeing his or her face if that person talks in a normal voice to you from across a quiet room?</p> | <ol style="list-style-type: none"> 1. Yes 2. No 77. Prefer not to answer 99. Don't know <p>If 1, <u>go to 2.07</u> If 2, 77 or 99, <u>go to 2.05</u></p> |
| <p>2.05 Can you usually hear and understand what a person says without seeing his or her face if that person shouts to you</p> | <ol style="list-style-type: none"> 1. Yes 2. No |

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| <p>from across a quiet room?</p> | <p>77. Prefer not to answer 99. Don't know</p> <p>If 1, go to 2.07 If 2, 77 or 99, go to 2.06</p> |
| <p>2.06 Can you usually hear and understand what a person says without seeing his or her face if that person speaks loudly into your better ear?</p> | <p>1. Yes 2. No 77. Prefer not to answer 99. Don't know</p> |
| <p>2.07 How often do you find it difficult to follow a conversation if there is background noise, for example, when other people are talking, TV or radio is on, or children are playing? Would you say...</p> | <p>1. Always 2. Usually 3. About half the time 4. Seldom 5. Never 77. Prefer not to answer 99. Don't know</p> |
| <p>2.08 How often does your hearing cause you to feel frustrated when talking to members of your family or to friends? Would you say...</p> | <p>1. Always 2. Usually 3. About half the time 4. Seldom 5. Never 77. Prefer not to answer 99. Don't know</p> |
| <p>2.09 Have you ever had 3 or more ear infections? Please include ear infections you may have had when you were a child.</p> | <p>1. Yes 2. No 77. Prefer not to answer 99. Don't know</p> |
| <p>2.10 Have you ever had a tube placed in your ear to drain the fluid from your ear?</p> | <p>1. Yes 2. No 77. Prefer not to answer 99. Don't know</p> |
| <p>2.11 When was the last time you had your hearing tested by a hearing specialist?</p> <p><i>A hearing test by a specialist is one that is done in a soundproof booth or room, or with headphones. Hearing specialists include audiologists, ear nose and throat doctors, and trained technicians or occupational nurses.</i></p> | <p>1. Less than a year ago 2. 1 year to 4 years ago 3. 5 to 9 years ago 4. 10 or more years ago 5. Never 77. Prefer not to answer 99. Don't know</p> |
| <p>2.12 Have you ever worn a hearing aid or cochlear implant?</p> <p><i>Hearing Aid: A small electronic device that amplifies the sounds you hear. It is worn in or behind the ear to help you hear.</i> <i>Cochlear Implant: A cochlear implant is an electrical device that a surgeon puts in your ear. It helps you hear by sending sounds directly to the brain. It is used only when you are almost totally deaf.</i></p> | <p>1. Yes 2. No 77. Prefer not to answer 99. Don't know</p> <p>If 1, go to 2.13 If 2, 77, or 99, go to 2.15</p> |

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| <p>2.13 Which was it? <i>(select all that apply)</i></p> | <p>1. A hearing aid 2. A cochlear implant 77. Prefer not to answer 99. Don't know</p> <p>If 1, go to 2.14 If 2, 77, 99, go to 2.15</p> |
| <p>2.14 In the past 12 months, how often have you worn a hearing aid?</p> | <p>1. Always 2. Usually 3. About half the time 4. Seldom 5. Never 77. Prefer not to answer 99. Don't know</p> |
| <p>2.15 Have you ever used assistive listening devices (ALDs), such as FM systems, closed-captioned television, amplified telephone, relay services, or a sign-language interpreter?</p> <p><i>Assistive Listening Devices: These are any device you use to help you hear. Other examples include:</i></p> <ul style="list-style-type: none"> • TTY (teletypewriter) or TDD (telecommunications device for the deaf) • A pocket talker • An amplified or vibrating alarm clock • A light signaler for your doorbell • A TV headset | <p>1. Yes 2. No 77. Prefer not to answer 99. Don't know</p> |
| <p>2.16 In the past 12 months, have you been bothered by ringing, roaring, or buzzing in your ears or head that lasts for 5 minutes or more?</p> <p><i>Tinnitus (tin-uh-tus) is the medical term for ringing, roaring or buzzing in the ears or head.</i></p> | <p>1. Yes 2. No 77. Prefer not to answer 99. Don't know</p> <p>If 1, go to 2.17 If 2, 77, or 99, go to 3.01</p> |
| <p>2.17 How long have you been bothered by this ringing, roaring, or buzzing in your ears or head?</p> | <p>1. Less than 3 months 2. 3 months to a year 3. 1 to 4 years 4. 5 to 9 years 5. 10 or more years 77. Prefer not to answer 99. Don't know</p> |
| <p>2.18 In the past 12 months, how often have you had this ringing, roaring, or buzzing in your ears or head? Would you say...</p> | <p>1. Almost always 2. At least once a day 3. At least once a week 4. At least once a month 5. Less frequently than once a month 77. Prefer not to answer 99. Don't know</p> |

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| <p>2.19 Are you bothered by ringing, roaring, or buzzing in your ears or head only after listening to loud sounds or loud music?</p> | <p>1. Yes 2. No 77. Prefer not to answer 99. Don't know</p> |
| <p>2.20 Are you bothered by ringing, roaring, or buzzing in your ears or head when going to sleep?</p> | <p>1. Yes 2. No 77. Prefer not to answer 99. Don't know</p> |
| <p>2.21 How much of a problem is this ringing, roaring, or buzzing in your ears or head? Would you say...</p> | <p>1. No problem 2. A small problem 3. A moderate problem 4. A big problem 5. A very big problem 77. Prefer not to answer 99. Don't know</p> |

| Section 3. Noise exposures and hearing protection at work | |
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| <p>3.01 Have you ever had a job, or combination of jobs where you were exposed to <u>LOUD</u> sounds or noise for 4 or more hours a day, several days a week?</p> <p><i>LOUD means so loud that you must speak in a raised voice to be heard.</i></p> | <p>1. Yes 2. No 77. Prefer not to answer 99. Don't know</p> <p>If 1, go to 3.02 If 2, 77, or 99, go to 3.14</p> |
| <p>3.02 For those jobs, is it your current job, past jobs, or both where you were exposed to <u>LOUD</u> noise for 4 or more hours a day, several days a week?</p> <p><i>LOUD means so loud that you must speak in a raised voice to be heard.</i></p> | <p>1. Current job 2. Past jobs 3. Both current and past jobs 77. Prefer not to answer 99. Don't know</p> |
| <p>3.03 For how many months or years have you been exposed at work to <u>LOUD</u> sounds or noise for 4 or more hours a day, several days a week?</p> <p><i>Help text: (LOUD means so loud that you must speak in a raised voice to be heard.)</i></p> | <p>1. Less than 3 months 2. 3 to 11 months 3. 1 to 2 years 4. 3 to 4 years 5. 5 to 9 years 6. 10 to 14 years 7. 15 or more years 77. Prefer not to answer 99. Don't know</p> |
| <p>3.04 DURING THE PAST 12 MONTHS, how often did you wear hearing protection, such as ear plugs or earmuffs, when exposed to <u>LOUD</u> sounds or noise at work? Would you say...</p> <p><i>LOUD means so loud that you must speak in a raised voice to be heard.</i></p> | <p>1. Always 2. Usually 3. About half the time 4. Seldom 5. Never 77. Prefer not to answer 99. Don't know</p> |
| <p>3.05 In your work were you exposed to <u>VERY LOUD</u> noise?</p> <p><i>VERY LOUD noise is noise that is so loud you have to shout in order to be understood by someone standing 3 feet away from you when not using hearing protection.</i></p> | <p>1. Yes 2. No 77. Prefer not to answer 99. Don't know</p> <p>If 1, go to 3.06 If 2, 77, or 99, go to 3.08</p> |
| <p>3.06 What is the total number of months or years for all jobs where this has happened?</p> | <p>1. Less than 3 months 2. 3 to 11 months 3. 1 to 2 years 4. 3 to 4 years 5. 5 to 9 years 6. 10 to 14 years 7. 15 or more years 77. Prefer not to answer 99. Don't know</p> |
| <p>3.07 DURING THE PAST 12 MONTHS, how often did you wear hearing</p> | <p>1. Always 2. Usually</p> |

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| <p>protection, such as ear plugs or earmuffs, when exposed to <u>VERY LOUD</u> sounds or noise at work? Would you say...</p> <p><i><u>VERY LOUD</u> noise is noise that is so loud you have to shout in order to be understood by someone standing 3 feet away from you when not using hearing protection.</i></p> | <p>3. About half the time 4. Seldom 5. Never 77. Prefer not to answer 99. Don't know</p> <p>If 1, 2, 3, 4, go to 3.08 If 5, 77, 99, go to 3.09</p> |
| <p>3.08 When you use hearing protection, what kind(s) do you most often use?</p> | <p>1. Ear plugs 2. Earmuffs 3. Ear plugs and earmuffs at the same time 4. Switch off plugs and muffs 5. Other: _____ 77. Prefer not to answer 99. Don't know</p> |
| <p>3.09 Does your employer provide you with hearing protection?</p> | <p>1. Yes 2. No 77. Prefer not to answer 99. Don't know</p> |
| <p>3.10 Have you been provided training about how to wear earplugs or earmuffs?</p> | <p>1. Yes 2. No 77. Prefer not to answer 99. Don't know</p> <p>If 1, go to 3.11 If 2, 77, 99, go to 3.12</p> |
| <p>3.11 What type of training was it? (Choose all that apply)</p> | <p>1. Written brochure 2. Verbal training 3. Video-based training 4. Computer-based training 5. Individualized training 6. Other: _____ 77. Prefer not to answer 99. Don't know</p> |
| <p>3.12 Were you ever fit tested with the hearing protectors you typically wear?</p> <p><i>Help text: Fit testing is a method of making sure you are getting enough sound reduction from your hearing protection. It usually involved taking a hearing test with and without your hearing protectors in your ears or sliding a tiny microphone into your ear canal.</i></p> | <p>1. Yes 2. No 77. Prefer not to answer 99. Don't Know</p> |

3.13 Indicate your level of agreement for each of the following statements about the use of hearing protection (for example, ear plugs) when exposed to noise at work. Please read each statement very carefully.

| | | Strongly Agree | Somewhat Agree | Neither Agree nor Disagree | Somewhat Disagree | Strongly Disagree | Prefer not to answer |
|----|--|----------------|----------------|----------------------------|-------------------|-------------------|----------------------|
| a. | Wearing hearing protection makes it very hard to talk to people. | | | | | | |
| b. | It takes too much time to use hearing protection. | | | | | | |
| c. | Wearing hearing protection is unsafe because it blocks out danger signals. | | | | | | |
| d. | Hearing protectors are too uncomfortable for me to wear. | | | | | | |
| e. | Preventing hearing loss is very important to me. | | | | | | |
| f. | Wearing hearing protection protects me against hearing loss from noise. | | | | | | |
| g. | Wearing hearing protection can make it easier for me to hear machinery or talk to coworkers. | | | | | | |

3.14 Indicate your level of agreement for each of the following statements about the use of hearing protection (for example, ear plugs) when exposed to noise at work. Please read each statement very carefully.

| | | Strongly Agree | Somewhat Agree | Neither Agree nor Disagree | Somewhat Disagree | Strongly Disagree | Prefer not to answer |
|----|--|----------------|----------------|----------------------------|-------------------|-------------------|----------------------|
| a. | I can tell when I need to wear my hearing protection. | | | | | | |
| b. | I know how to wear my hearing protection correctly. | | | | | | |
| c. | I am sure I can ask for help if I have a hard time wearing protection. | | | | | | |

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| d. | My hearing will not be affected by noise, even if I don't wear hearing protection. | | | | | | |
| e. | I believe exposure to loud noise can hurt my hearing. | | | | | | |
| f. | It would be harder for me to understand what people say if I lost some of my hearing. | | | | | | |
| g. | It wouldn't be a big problem for me if I lost some of my hearing. | | | | | | |

3.15 Indicate your level of agreement for each of the following statements about the use of hearing protection (for example, ear plugs) when exposed to noise at work. Please read each statement very carefully.

| | | Strongly Agree | Somewhat Agree | Neither Agree nor Disagree | Somewhat Disagree | Strongly Disagree | Prefer not to answer |
|----|---|----------------|----------------|----------------------------|-------------------|-------------------|----------------------|
| a. | Other workers at this site wear hearing protection when it's noisy. | | | | | | |
| b. | Other workers at this site remind me when I need to wear hearing protectors. | | | | | | |
| c. | Other workers at this site make fun of me when I wear hearing protection. | | | | | | |
| d. | It is easy for me to get hearing protectors at this site. | | | | | | |
| e. | I can choose from several types of hearing protectors at this site. | | | | | | |
| f. | My supervisor thinks I need to wear hearing protection, even when my noise exposure is short. | | | | | | |

| 3.16 Please indicate if the following locations or activities at oil and gas extraction worksites are usually LOUD or VERY LOUD . | | Loud | Very Loud | Neither loud nor very loud | Don't know | Prefer not to answer |
|--|---|------|-----------|----------------------------|------------|----------------------|
| <p>As a reminder: <u>LOUD</u> means so loud that you must speak in a raised voice to be heard by someone three feet away when not using hearing protection. <u>VERY LOUD</u> noise is noise that is so loud you have to shout in order to be understood by someone standing 3 feet away from you when not using hearing protection.</p> | 1. Construction and site preparation | | | | | |
| | 2. Drilling | | | | | |
| | 3. Hydraulic fracturing | | | | | |
| | 4. Generators | | | | | |
| | 5. Pumps | | | | | |
| | 6. Well-site compressors and compressor stations | | | | | |
| | 7. Engines and motors | | | | | |
| | 8. Pump trucks and vac trucks | | | | | |
| | 9. Flaring and venting | | | | | |
| | 10. Truck traffic | | | | | |
| | 11. Other(s): _____ | | | | | |
| | 12. Other(s): _____ | | | | | |
| 3.17 At your current job, has your employer done the following? | | | | | | |
| a. Provided training on noise and how it can affect your hearing | 1. Yes 2. No 77. Prefer not to answer 99. Don't Know | | | | | |
| b. Provided hearing protection for use in noisy areas | 1. Yes 2. No 77. Prefer not to answer 99. Don't Know | | | | | |
| c. Tested your hearing after you started at the job | 1. Yes 2. No 77. Prefer not to answer 99. Don't Know | | | | | |
| d. Measured noise levels in your work area | 1. Yes 2. No 77. Prefer not to answer 99. Don't Know | | | | | |
| e. Given you the results of the noise measurements for your job | 1. Yes 2. No 77. Prefer not to answer 99. Don't Know | | | | | |
| f. Taken action to reduce the | 1. Yes | | | | | |

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| noise levels | 2. No 77. Prefer not to answer 99. Don't Know |
| Section 4. Exposures and hearing protection outside of work | |
| <p>4.01 <u>Outside of work</u>, have you breathed in or had skin contact for 4 or more hours a week to any of the following: solvents, thinners, paints, lacquers, industrial glues, heavy metals, pesticides, or motor engine exhaust?"</p> <p><i>Pop-up: Solvents are liquids, not including water, used for dissolving other substances, such as dry-cleaning fluids, thinners, components of paints, industrial cleaners, and paint removers. Industrial glues are adhesives that include acrylic, epoxy, hot melt, polyurethane, silicone, thermoset and industrial sealants. Heavy metals include lead, nickel, mercury, cadmium, arsenic, chromium, zinc and copper.</i></p> | 1. Yes 2. No 77. Prefer not to answer 99. Don't know |
| <p>4.02 This next question is about your use of firearms that you may have used for target shooting, hunting, for your job, or in military service. Have you ever used firearms for any reason?</p> <p><i>Pop-up: Firearms include pistols, shotguns, rifles, and other types of guns. Do not include BB or pellet guns.</i></p> | 1. Yes 2. No 77. Prefer not to answer 99. Don't know If 1, go to 4.03 If 2, 77, or 99, go to 4.05 |
| <p>4.03 How many rounds have you ever fired?</p> <p><i>Pop-up: One round equals one shot. Include target shooting, hunting, your job, and military service.</i></p> | 1. 1 to less than 100 rounds 2. 100 to less than 1000 rounds 3. 1000 to less than 10,000 rounds 4. 10,000 to less than 50,000 rounds 5. 50,000 rounds or more 77. Prefer not to answer 99. Don't know |
| <p>4.04 How often did you wear hearing protection devices (ear plugs, earmuffs) when shooting firearms?</p> | 1. Always 2. Usually 3. About half the time 4. Seldom 5. Never 77. Prefer not to answer 99. Don't know |
| <p>4.05 Outside of a job, have you ever been exposed to very loud noise or music for 10 or more hours a week? <i>This is noise so loud that you have to shout to be understood or heard 3 feet away. Examples are noise from power tools, lawn mowers, farm machinery, cars, trucks, motorcycles, motorboats, or loud music such as at concerts.</i></p> | 1. Yes 2. No 77. Prefer not to answer 99. Don't know |

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| <p>4.06 In the past 12 months, how often did you wear hearing protection devices (ear plugs, earmuffs) when exposed to very loud sounds or noise outside of work? <i>{Do not include the noise from firearms we already talked about.}</i></p> | <ol style="list-style-type: none">1. Always2. Usually3. About half the time4. Seldom5. Never6. No noise exposure past 12 months77. Prefer not to answer99. Don't know |

| Section 5 - Chemical exposures at work | |
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| <p>5.01 Some substances may be harmful to your hearing. DURING THE PAST 12 MONTHS, did you work in a job where you breathed in or had skin contact for 4 or more hours a week to any of the following: solvents, thinners, parts cleaners, degreaser, paints, lacquers, industrial glues, heavy metals, pesticides, or motor engine exhaust?"</p> <p><i>Pop-up: Solvents are liquids, not including water, used for dissolving other substances, such as dry cleaning fluids, thinners, components of paints, industrial cleaners and paint removers. Industrial glues are adhesives that include acrylic, epoxy, hot melt, polyurethane, silicone, thermoset and industrial sealants. Heavy metals include lead, nickel, mercury, cadmium, arsenic, chromium, zinc, and copper.</i></p> | <p>1. Yes 2. No 77. Prefer not to answer 99. Don't know</p> |
| <p>5.02 DURING THE PAST 12 MONTHS, did you work in a job where you breathed in tobacco smoke from other people for 4 or more hours a week?"</p> <p><i>Tobacco smoke includes cigarette and cigar smoke.</i></p> | <p>1 Yes 2. No 77. Prefer not to answer 99. Don't know</p> |
| <p>5.03 DURING THE PAST 12 MONTHS at work, did you breathe in or have skin contact with (at any time) the following chemicals or substances:</p> | |
| <p>a. Drilling Mud</p> | <p>1. Yes 2. No 99. Don't know</p> |
| <p>If yes, how often?</p> | <p>1. Multiple times per day 2. Once per day 3. Two or more times per week 4. Once a week 5. Once a month or less 99. Don't Know</p> |
| <p>b. Fracking Fluid or chemicals that are used in fracking fluids</p> | <p>1. Yes 2. No 99. Don't know</p> |
| <p>If yes, how often?</p> | <p>1. Multiple times per day 2. Once per day 3. Two or more times per week 4. Once a week 5. Once a month or less 99. Don't Know</p> |
| <p>c. Flowback Fluids</p> | <p>1. Yes 2. No 99. Don't know</p> |

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| If yes, how often? | <ul style="list-style-type: none"> 1. Multiple times per day 2. Once per day 3. Two or more times per week 4. Once a week 5. Once a month or less 99. Don't Know |
| d. Crude Oil | <ul style="list-style-type: none"> 1. Yes 2. No 99. Don't know |
| If yes, how often? | <ul style="list-style-type: none"> 1. Multiple times per day 2. Once per day 3. Two or more times per week 4. Once a week 5. Once a month or less 99. Don't Know |
| e. Production fluids | <ul style="list-style-type: none"> 1. Yes 2. No 99. Don't know |
| If yes, how often? | <ul style="list-style-type: none"> 1. Multiple times per day 2. Once per day 3. Two or more times per week 4. Once a week 5. Once a month or less 99. Don't Know |
| f. Hydrocarbon gases and vapors (from production tanks, trucks, drilling, mud tanks/pits, fluid transfer lines, drip pots, etc.) | <ul style="list-style-type: none"> 1. Yes 2. No 99. Don't know |
| If yes, how often? | <ul style="list-style-type: none"> 1. Multiple times per day 2. Once per day 3. Two or more times per week 4. Once a week 5. Once a month or less 99. Don't Know |
| g. Hydrogen sulfide (H₂S) | <ul style="list-style-type: none"> 1. Yes 2. No 99. Don't know |
| If yes, how often? | <ul style="list-style-type: none"> 1. Multiple times per day 2. Once per day 3. Two or more times per week 4. Once a week 5. Once a month or less 99. Don't Know |
| h. Pipe dopes, and greases used for making threaded connections | <ul style="list-style-type: none"> 1. Yes |

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| | <p>2. No</p> <p>99. Don't know</p> |
| If yes, how often? | <p>1. Multiple times per day</p> <p>2. Once per day</p> <p>3. Two or more times per week</p> <p>4. Once a week</p> <p>5. Once a month or less</p> <p>99. Don't Know</p> |
| i. Diesel Exhaust | <p>1. Yes</p> <p>2. No</p> <p>99. Don't know</p> |
| If yes, how often? | <p>1. Multiple times per day</p> <p>2. Once per day</p> <p>3. Two or more times per week</p> <p>4. Once a week</p> <p>5. Once a month or less</p> <p>99. Don't Know</p> |
| j. During the last 12 months, were you exposed to any other chemicals at work? | <p>1. Yes (Go to next question, 5.03j.i)</p> <p>2. No (Go to Question 6.01)</p> |
| i. Other | Please list: _____ |
| How often? | <p>1. Multiple times per day</p> <p>2. Once per day</p> <p>3. Two or more times per week</p> <p>4. Once a week</p> <p>5. Once a month or less</p> <p>99. Don't Know</p> |
| ii. Other | Please list: _____ |
| How often? | <p>1. Multiple times per day</p> <p>2. Once per day</p> <p>3. Two or more times per week</p> <p>4. Once a week</p> <p>5. Once a month or less</p> <p>99. Don't Know</p> |
| iii. Other | Please list: _____ |
| How often? | <p>1. Multiple times per day</p> <p>2. Once per day</p> <p>3. Two or more times per week</p> <p>4. Once a week</p> <p>5. Once a month or less</p> <p>99. Don't Know</p> |

| Section 6 – Personal information | |
|---|--|
| 6.01 What is your age? | 1. Age: _____ 77. Prefer not to answer |
| 6.02 What is your gender? | 1. Male 2. Female 3. Other gender: _____ 77. Prefer not to answer |
| 6.03 Do you consider yourself to be Hispanic or Latino? | 1. Yes 2. No 77. Prefer not to answer |
| 6.04 What race or races do you consider yourself to be? <i>(check all that apply)</i> | 1. White 2. Black/African American 3. Native American 4. Alaska Native 5. Native Hawaiian 6. Other Pacific Islander 7. Asian 8. Some other race 77. Prefer not to answer |
| 6.05. What is the highest level of education you have completed? | 1. 8th grade or less 2. 9th-12th grade (<i>no diploma</i>) 3. GED or equivalent 4. High school graduate (<i>diploma</i>) 5. Some college (<i>no degree</i>) 6. Associate degree 7. Bachelor's degree or higher 77. Prefer not to answer |
| 6.06 Have you ever served on active duty in the U. S. Armed Forces, military Reserves, or National Guard? <i>Pop-up: Active duty does not include training for the Reserves or National Guard, but does include activation, for services in the U.S. or in a foreign country, in support of military or humanitarian operations</i> <i>Pop-up: Armed Forces: Non-civilian members of any of the armed services of the federal government (Army, Navy, Air Force, Coast Guard, Marines)</i> | 1. Yes 2. No 77. Prefer not to answer 99. Don't Know |
| 6.07 What state do you currently work in? | 1. ____ (<i>Drop down menu of states</i>) 77. Prefer not to answer |
| 6.08 Were you born in the United States or a U.S. territory? | 1. Yes |

| | |
|--|---|
| | <p>2. No 77. Prefer not to answer</p> |
| <p>6.09 Do you speak a language other than English at home?</p> | <p>1. Yes 2. No 77. Prefer not to answer</p> <p>If 1, go to 6.10 If 2 or 77, go to 6.12</p> |
| <p>6.10 What language do you speak at home?</p> | <p>1. _____ 77. Prefer not to answer</p> |
| <p>6.11 How well do you speak English?</p> | <p>1. Very well 2. Well 3. Not well 4. Not at all</p> |
| <p>6.12 Have you smoked at least 100 cigarettes in your ENTIRE LIFE?</p> | <p>1. Yes 2. No 77. Prefer not to answer 99. Don't Know</p> |
| <p>6.13 Do you NOW smoke cigarettes every day, some days or not at all?</p> | <p>1. Every Day 2. Some Days 3. Not at All 77. Prefer not to answer 99. Don't Know</p> |
| <p>6.14 Have you ever used smokeless tobacco products EVEN ONE TIME?</p> <p><i>Smokeless tobacco products are placed in the mouth or nose and can include chewing tobacco, snuff, dip, snus (SNOOSE), or dissolvable tobacco.</i></p> | <p>1. Yes 2. No 77. Prefer not to answer 99. Don't Know</p> |
| <p>6.15 Do you NOW use smokeless tobacco products every day, some days, or not at all?</p> <p><i>Smokeless tobacco products are placed in the mouth or nose and can include chewing tobacco, snuff, dip, snus (SNOOSE), or dissolvable tobacco.</i></p> | <p>1. Every Day 2. Some Days 3. Not at All 77. Prefer not to answer 99. Don't Know</p> |
| <p>6.16 Have you ever taken "mycin" antibiotics (such as streptomycin, gentamycin, or neomycin) for 2 weeks or longer?</p> | <p>1. Yes 2. No 77. Prefer not to answer 99. Don't Know</p> |

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|---|---|
| <p>6.17 Have you ever taken any Chemotherapy drugs (such as cisplatin or carboplatin) for 2 weeks or longer?</p> | <p>1. Yes 2. No 77. Prefer not to answer 99. Don't Know</p> |
| <p>6.18 Have you ever taken water loss medicines, also called diuretics (such as Edecrin [ethacrynic acid] or Lasix [furosemide]) for 1 month or longer?</p> | <p>1. Yes 2. No 77. Prefer not to answer 99. Don't Know</p> |
| <p>6.19 Have you ever taken any Antimalarial drugs (such as quinine, chloroquine, or hydroxychloroquine) for 1 month or longer?</p> | <p>1. Yes 2. No 77. Prefer not to answer 99. Don't Know</p> |
| <p>6.20 Have you ever taken aspirin for 1 month or longer?</p> | <p>1. Yes 2. No 77. Prefer not to answer 99. Don't Know</p> |