

Form Approved  
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**HHE Number:**

Interviewer: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_

*Hello, my name is \_\_\_\_\_. I'm part of a team from the Centers for Disease Control and Prevention that is investigating (insert concern here) among employees at the (facility name). (Brief description of concern and why it is a concern.) We'd like to ask you some questions regarding your health, work, and activities that should help us learn more about worker exposures. It should take 15–20 minutes. Your individual responses will be used only for the purposes of this evaluation and will be kept strictly confidential. We will group your responses into summary results so your individual responses cannot be identified. Participation in this interview is voluntary; you may decline to answer any of the questions at any time.*

**Work history**

*I'd like to start by asking you some questions about your work.*

1. What is your current job title? \_\_\_\_\_
2. What is your basic job description? \_\_\_\_\_  
\_\_\_\_\_
3. During a typical week, which building(s) or area(s) do you work in? \_\_\_\_\_
4. What is your primary work shift? (circle one)  
First                      Second                      Third  
Other (please explain, ask shift start and end times) \_\_\_\_\_
5. How many hours, on average, do you work a week at (facility name)? \_\_\_\_\_ hours per week
6. How long have you worked at (facility name)? \_\_\_\_\_ years      \_\_\_\_\_ months

**Work practices**

The next questions deal with your usual work practices.

7. During your work day, how many hours, on average, do you spend
- |  |             |               |
|--|-------------|---------------|
| a. Walking to and from your car or van pool?           | _____ hours | _____ minutes |
| b. Outdoors during gym or physical training (PT) time? | _____ hours | _____ minutes |
| c. Walking from building to building?                  | _____ hours | _____ minutes |
| d. Working outdoors?                                   | _____ hours | _____ minutes |
8. Do you eat outside while at work? Yes No  
*If yes, during your work day, how much time do you spend eating outside, on average?*  
 \_\_\_\_\_ hours \_\_\_ minutes
9. What types of activities do you do when working **outdoors**? *Check all that apply*
- Operate machinery *If checked, please continue to question #10. Otherwise, go to question #11*
  - Assemble or disassemble pallets
  - Load or unload materials onto trucks
  - Providing security at the gate
  - Patrol
  - Other, please specify \_\_\_\_\_
10. *Only if "Operate machinery" was checked for question #9. Otherwise, go to question #11.*
- a. What type of machinery do you operate outdoors? *Check all that apply*
- Forklift
  - Other, please specify \_\_\_\_\_
- b. Does operating this machinery kick up dust? Yes No
- c. Do you operate machinery with a closed or open cabin?
- Open
  - Closed
  - Both
  - Not applicable
- d. Do you use any respiratory protection? Yes No  
*If yes, what type?* \_\_\_\_\_
11. Does your job involve being near activities that disrupt soil? Yes No  
*If yes,*
- a. How often you are near soil disruption activities at this facility?  
 Constantly Sometimes Rarely
- b. Where is/were the soil disruption activities? \_\_\_\_\_
- c. What types of soil disruption activities? \_\_\_\_\_
- d. What types of equipment were being used? \_\_\_\_\_
- e. Do you use any respiratory protection when you work near soil disrupting activities?

Yes No

If yes, what type(s)? \_\_\_\_\_

12. What building do you primarily work in? \_\_\_\_\_
- a. When working indoors in this building, how often are the doors or bays open to the outdoors?
- Constantly
  - Sometimes
  - Never
  - Not applicable (please explain) \_\_\_\_\_

If constantly or sometimes, were the doors or bays only open because it was necessary for work activities?      Yes      No      Not sure

13. Do you work with materials that are dusty from being outside?      Yes      No      Not sure

14. Before this interview started, had you ever heard of (hazard or disease)?      Yes      No

15. Since you started working at (facility name), have you ever received training on (hazard or disease) that might relate to your work here?      Yes      No

If yes, Please describe the type of training and who provided it: \_\_\_\_\_

16. Do you currently have access to an N95 respirator or other respirator?  
Yes      No

17. Have you ever used an N95 respirator or other respirator when exposed to dust during your work here?      Yes      No

If yes,

a. Was respirator use required or voluntary? (*circle one*)  
Required      Voluntary      Other (please explain) \_\_\_\_\_

b. Please list the instances when you have used one: \_\_\_\_\_

c. What type of respirator have you worn? *Check all that apply.*

NIOSH-approved filtering facepiece respirator (N95)

Other, please describe: \_\_\_\_\_

d. In the last year,

- i. Did you have medical evaluation to be cleared for using a respirator?  
Yes      No      Not sure
- ii. Did you have respirator fit testing?      Yes      No      Not sure
- iii. Did you have training on respirators?      Yes      No      Not sure

**Other Exposures**

18. **Outside of work**, how many hours, on average, do you spend outdoors **each day**?  
\_\_\_\_\_ hours \_\_\_\_\_ minutes

19. Regarding your activities, which of the following do you do regularly?

- a. Gardening Yes No
- b. Hiking/walking/running Yes No
- c. Golfing Yes No
- d. Biking Yes No
- e. Other outdoor activity Yes No

If yes, specify: \_\_\_\_\_

**Residence history (skip if no geographical impact on hazard or disease)**

*I'd like to ask you some questions about your place of residence.*

20. What town or city do you currently live in? \_\_\_\_\_

21. Please list all of the places you have lived (city, state) in California, Nevada, Arizona, New Mexico, Utah, Texas, and Mexico and the length of time lived there. Work backwards in time.

City	State	Length of time (years, months)

**Medical History**

*I'd like to ask you some questions about your health.*

22. Do you have any of the following medical conditions? (check all that apply)

- Cancer requiring chemotherapy or radiation therapy
- Any disease that suppresses the immune system, including HIV or AIDS
- Lung disease, including asthma, COPD, emphysema, or other lung disease
- Diabetes mellitus
- Heart disease
- Solid organ transplant
- Bone marrow transplant
- Liver disease
- Kidney disease

23. Are you taking any medications that suppress your immune system (e.g., prednisone, cyclosporine, methotrexate)? Yes No

24. Do you currently smoke tobacco? Yes No

**Illness history**

25. Have you ever been diagnosed with (disease of concern)? Yes No

*If no, go to next question (#26).*

*If yes, ask the following*

a. When did your symptoms start? mm \_\_\_\_\_/dd \_\_\_\_\_/yyyy \_\_\_\_\_

i. Was this before or after you started working at (facility)?

- Before
- After
- Not sure

b. How long did you live in the (area) before your diagnosis? \_\_\_\_\_ years

c. Were you told that you had disseminated disease (spread out in the body)?

Yes No Not sure

d. Did you have

i. skin lesions Yes No Not sure

ii. bone or joint infection Yes No Not sure

iii. meningitis Yes No Not sure

(swelling/inflammation of tissue surrounding the brain and spinal cord)

e. Were you hospitalized because of (disease of concern)? Yes No

f. How many days were you absent from work as a result of (disease of concern)?

\_\_\_\_\_ days

g. Did you report this illness to your employer? Yes No

**Demographics**

26. What is your date of birth? mm\_\_\_\_/dd\_\_\_\_/yyyy\_\_\_\_\_

27. What is your sex? Female Male Other

*If female:* are you currently pregnant? Yes No Not sure

28. How would you describe your race? (Check or *circle as appropriate*)

American Indian or Alaskan Native

Asian

*If Asian,* are you Filipino? Yes No

Black or African American

Native Hawaiian or other Pacific Islander

White

Other, specify: \_\_\_\_\_

29. Are you Hispanic/Latino? Yes No

30. Do you have any other health or safety concerns related to your work here?

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*Thank you for participating in this interview. Depending on what we find out when we put these interviews together, we may need to follow up about a few details. Is there a phone number and e-mail address we may have in case we need to reach you?*

Phone number: (     ) \_\_\_\_\_-\_\_\_\_\_

E-mail address: \_\_\_\_\_