ID #: _____ **Date: __ __ / __ __ / __ __ __ __** **PO initials: _____HHE XXXX-XXXX**

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U. S. Department of Health and Human Services
U. S. Public Health Service
Centers for Disease Control and Prevention

National Institute for Occupational Safety and Health
Health Hazard Evaluation #
Facility Name

This questionnaire is part of a National Institute for Occupational Safety and Health (NIOSH) health hazard evaluation (HHE) of (hazard of concern) at the (facility name). (Insert short summary of HHE request.) This questionnaire includes questions about work practices, training, policies and procedures, and any health or safety concerns.

Participation in this HHE and completion of this questionnaire are voluntary – there is no penalty for choosing not to participate. However, full participation will better enable NIOSH to assess exposures and health among employees at your workplace.

Please answer all questions to the best of your ability. If you don't understand any questions, please ask for assistance. All personal information from this questionnaire will be kept confidential according to federal law. Group summary results of this evaluation (without any personal identifying information) will be provided to employees, union representatives, and management in the form of a final report that will be prepared after the survey is complete.

Thank you for your time and effort in filling out this questionnaire.

Section 1: Work History and Practices –
We will start by asking some questions about your work.

1. Which department do you work in?

2. How long have you worked for the (facility name)?

_____ years and _____ months OR _____ start date

3. How many total hours have you worked **over the past two weeks**?
_____ total hours over 2 weeks

3a. How many hours have you worked inside the (area of concern) **over the past two weeks**?
_____ hours over 2 weeks

4. What is your job title? (*Please check ONLY ONE response*)
☐ Job Title 1
☐ Job Title 2
☐ Job Title 3
☐ Job Title 4
☐ Other (please specify: _____)

5. About how many samples did you handle **over the past two weeks**? _____ samples

6. Did you work with (exposure of concern) **over the past two weeks**? (Please check all that apply)
☐ Exposure 1
☐ Exposure 2
☐ Exposure 3
☐ Exposure 4
☐ Other (please specify: _____)
☐ Don't know

7. If applicable, how many (job task of concern) did you perform over the past two weeks?
_____ (job tasks)
☐ I did not (perform job task of concern)

8. Do you ever (perform job task of concern) under a ventilation fume hood?
☐ No à *IF NO, SKIP TO QUESTION #9.*
☐ Yes à *IF YES, ANSWER QUESTIONS #8a–8b.*

If yes,

8a. How many (job task of concern) did you perform under a ventilation fume hood **over the past two weeks**? _____ (Job tasks)

8b. How do you determine which (job tasks to perform) under a ventilation fume hood?

_____

_____

9. **Over the past two weeks**, how often have you used the following when handling (hazard of concern):

Personal Protective Equipment (PPE)	Frequency of Use		
	Always	Sometimes	Never
Latex or nitrile gloves?	☐	☐	☐
Lab coat? (specify type:_____)	☐	☐	☐
Eye protection? (specify type: _____)	☐	☐	☐
Mask or Respirator (e.g., cloth mask, procedure mask, KN95, or N95 respirator)?	☐	☐	☐
Other PPE? (specify type:_____)	☐	☐	☐

If you used latex or nitrile gloves at work over the past two weeks,

9a. How often did you change your gloves **over the past two weeks**?

☐ After every job task
☐ Several times a day but not after every job task
☐ Once a day
☐ Other (specify: _____)

9b. How often did you wash your hands after removing your gloves **over the past two weeks**?

☐ Every time
☐ Sometimes but not after every glove removal
☐ Never
☐ Other (specify: _____)

9c. Did you receive training or written policies and procedures from (facility name) on when to wear gloves and how often you should change your gloves?

☐ Yes à *IF YES, ANSWER QUESTION #9c,i.*
☐ No
☐ I don't know

9c,i. What is your understanding of the policy on when to wear gloves and how often you should change your gloves?

_____

If you used a lab coat at work over the past two weeks,

9d. How often did you change your lab coat **over the past two weeks**? (i.e., used a new disposable lab coat or a newly laundered lab coat)

☐ Several times a day
☐ Once a day
☐ Less than once a day
☐ Other (specify: _____)

9e. When was your lab coat last laundered? ____/____/_____ OR ☐ Not Applicable
(mm) (dd) (yyyy)

9f. Did you receive training or written policies and procedures from (facility name) on when to wear a lab coat and how often you should change or launder your lab coat?

☐ Yes à *IF YES, ANSWER QUESTION #9f,i.*
☐ No
☐ I don't know

9f,i. What is your understanding of the policy on when to wear a lab coat and how often you should change or launder your lab coat?

_____

_____

_____

If you used eye protection at work over the past two weeks,

9g. Why did you wear eye protection **over the past two weeks**?

☐ Personal preference
☐ Required for specific job duties (specify: _____
_____

_____
_____

☐ Other (specify: _____)

9h. Did you receive training or written policies and procedures from (facility name) on when to wear eye protection?

☐ Yes à *IF YES, ANSWER QUESTION #9h,i.*
☐ No
☐ I don't know

9h,i. What is your understanding of the policy on when to wear eye protection?

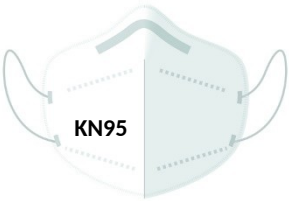
_____

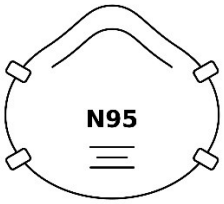
_____

_____

If you used a mask or respirator at work over the past two weeks,

9i. Select what masks/respirators you have worn over the past two weeks: (check all that apply)





☐ Cloth mask ☐ Disposable/surgical mask ☐ KN95 mask ☐ N95 respirator

☐ Other/not listed (please specify: _____)

9j. For **each** type of mask or respirator you have worn **over the past two weeks**, why did you wear it?

Mask or respirator type	**I did not wear at work in the past 2 weeks**	**Personal preference**	**Specific job duties (if any are checked, answer question 9j,i)**	**Other (please specify)**
Cloth mask	☐	☐	☐	
Disposable/surgical mask	☐	☐	☐	
KN95 mask	☐	☐	☐	
N95 respirator	☐	☐	☐	
Other type of mask	☐	☐	☐	

If you used a mask or respirator for specific job duties, please answer the following question:

9j,i. For **<u>each</u>** type of mask or respirator you have worn **<u>over the past two weeks</u>**, what job activities did you use a mask or respirator for?

Mask or respirator type	**Job activities**
Cloth mask	
Disposable or surgical mask	
KN95 mask	
N95 respirator	
Other type of mask or respirator	

9k. For **<u>each</u>** type of mask or respirator you have worn **<u>over the past two weeks,</u>** how often did you change your mask/respirator?

Mask or respirator type	**I did not wear at work in the past 2 weeks**	**After every case**	**Several times a day but not after every case**	**Once a day**	**Other (please specify in the space below)**
Cloth mask	☐	☐	☐	☐	
Disposable or surgical mask	☐	☐	☐	☐	
KN95 mask	☐	☐	☐	☐	
N95 respirator	☐	☐	☐	☐	
Other type of mask or respirator	☐	☐	☐	☐	

9l. Have you been medically cleared to wear a respirator in the past 12 months?
☐ Yes ☐ No ☐ I don't know

9m. Have you had respiratory fit testing in the past 12 months?
☐ Yes ☐ No ☐ I don't know

9n. Did you wear a respirator **over the past two weeks** for which you passed fit testing?
☐ Yes ☐ No ☐ I don't know

9o. For **each** type of mask/respirator you have worn **over the past two weeks,** where did you store your mask/respirator **over the past two weeks**?

☐ I used disposable masks/respirators that were discarded after use

_____

_____

_____

9p. Did you receive training or written policies and procedures from (facility name) on when to wear a mask or respirator?
☐ Yes à *IF YES, ANSWER QUESTION #9p,i.*
☐ No
☐ I don't know

9p,i. What is your understanding of the policy on when to wear a mask or respirator?

_____

_____

_____

10. **Over the past two weeks**, how often have you been in the lab without any PPE? *Masks for protection against COVID-19 are not considered PPE.*
☐ Never à *IF NEVER, SKIP TO QUESTION #11.*
☐ 1-2 times
☐ 3-5 times
☐ More than 5 times

10a. Why were you in the lab without PPE?
☐ Not handling samples or performing an experiment
☐ Quickly doing some work
☐ Other reason (specify: _____

_____

11. **Over the past two weeks**, how often did you eat, drink, or store food or drink in the (area of concern)?
☐ Always
☐ Sometimes
☐ Never

12. **Over the past two weeks**, how often did you wash your hands immediately before or after leaving the (area of concern)?
☐ Always
☐ Sometimes
☐ Never

13. **Over the past two weeks**, how often did you wash your hands immediately before eating or drinking at work?
☐ Always
☐ Sometimes
☐ Never

14. **Over the past two weeks**, did you help clean in the (area of concern)?
☐ No à *IF NO, SKIP TO QUESTION #15.*
☐ Yes à *IF YES, PLEASE ANSWER QUESTIONS #14a–14d.*

If yes,
14a. What parts of the (area of concern) did you clean? (*Please check ALL that apply*)
☐ Area 1 à *IF CLEANED Area 1, answer question 14a,i.*
☐ Area 2
☐ Area 3
☐ Area 4
☐ Area 5
☐ Other (specify: _____)

If you cleaned Area 1,
14a,i. How often did you clean (Area 1)?
☐ After every case
☐ Several times a day but not after every case
☐ Once a day
☐ Several times a week
☐ Weekly
☐ Less often than weekly

14b. What type(s) of cleaning activities did you do in the (area of concern)? (*Please check ALL that apply*)

☐ Dry sweep floors
☐ Clean surfaces with dry cloth
☐ Clean surfaces with wet cloth/paper towel
☐ Other (specify: _____)

14c. What type(s) of cleaning solutions did you use in the (area of concern)? (*Please check ALL that apply*)
☐ Water
☐ Disinfectant wipes
☐ Bleach
☐ Lysol
☐ Ethanol
☐ Methanol
☐ Other (specify: _____)

14d. Does (facility name) provide direction on what cleaning solutions to use?
☐ Yes à *IF YES, ANSWER QUESTION #14d,i.*
☐ No
☐ Other (specify: _____)

14d,i. What is your understanding of what cleaning solution to use and when to use it?

_____

_____

_____

Section 2: Training – Now we are going to ask some questions about training you may have received while working with the (facility name).

15. Have you received training about any of the following? If so, please provide an approximate month and year for when you last received this training.

Training	Yes	No	Date (mm/yyyy)	Not applicable to my work
Task 1	☐	☐		☐
Task 2	☐	☐		☐
Task 3	☐	☐		☐

15a. Do you feel training on any of these topics needs to be improved? ☐ Yes ☐ No

If yes, training on which topics need improvement and how would you suggest improving it?

_____

_____

_____

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Section 3: Incidents and Symptoms – Now we are going to ask some questions about any work-related incidents or symptoms that may have occurred over the past two weeks.

INCIDENT/SYMPTOM-RELATED QUESTIONS

16. **In the past two weeks**, have you had direct skin, respiratory, or mucous membrane exposure (e.g., eye or mouth) to (hazard of concern)?
☐ No à *IF NO, SKIP TO QUESTION #17.*
☐ Yes à *IF YES, PLEASE ANSWER QUESTIONS #16a–16d.*

If yes,
16a. How many times? _____ incidents

16b. Briefly describe the incident(s), including the specific (hazard of concern) you were working with when the incident occurred.
_____

_____

16c. If you had any symptoms after the incident, please briefly describe them:

_____

_____

_____

☐ ☐ I did not have any symptoms

16d. Did you report this incident?
☐ No à *IF NO, ANSWER #16d,i.*
☐ Yes à *IF YES, SKIP TO QUESTION #17.*

If no,
16d,i. Why not? _____

_____

HHE Number

QUESTIONS ABOUT SYMPTOMS OR HEALTH EFFECTS

17. Have you *ever* experienced any of the following symptoms or health effects that you feel are related to handling cases/samples at work during your time as a (facility name) employee?

Symptom/Health Effect	**Yes** (if any are checked, go to Question 17a)	**No**	**Not sure** (if any are checked, go to Question 17a)
Feeling of increased heart rate			
Trouble breathing			
Stopped breathing			
Nausea/vomiting			
Increased sweating			
Weakness (specify body part affected):			
Tremor			
Dizziness/lightheadedness			
Numbness/tingling (specify body part affected):			
Headache			
Confusion			
Loss of consciousness			
Told by someone that your pupils were small (pinpoint)			
Other symptoms (specify):			

If you answered yes or not sure (grey boxes) to any symptom(s) or health effect(s) in question 17, please answer questions #17a–17f. Otherwise, skip to question #18.

17a. When did your symptom(s) occur? _____ (month) _____ (year)
If multiple symptoms, please list when each symptom occurred: _____

_____

_____

17b. How many times have you experienced the symptom(s)?
☐ Once
☐ More than once
If multiple symptoms, please list how many times you have experienced each symptom:

_____

_____

_____

17c. What were you doing when your symptom(s) or health effect(s) began? _____

_____

17d. What do you think caused your symptom(s) or health effect(s)?

_____

_____

17e. Did you miss any days of work related to the symptom(s) or health effect(s)?
☐ No
☐ Yes (How many days? _____ days)

17f. Did you see a doctor or other healthcare provider about your symptom(s) or health effect(s)?
☐ No à *IF NO, SKIP TO QUESTION #18.*
☐ Yes à *IF YES, ANSWER #17f,i–17f,ii.*

If yes,
17f,i. What diagnosis were you given for the symptom(s) or health effect(s)?

_____

☐ No diagnosis given

17f,ii. Did the doctor or healthcare provider think the problem was work-related?
☐ No
☐ Yes
☐ Did not say/I don't know

Section 4: Demographics –
Now we are going to ask you some questions about you.

18. What is your age? _____ years

19. What is your sex? • Male • Female • Other_____

Section 5: Wrap-up

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

☐ No

☐ Yes à Please describe: _____

_____

_____

_____

THANK YOU FOR PARTICIPATING IN OUR EVALUATION!