

## Baseline Questionnaire

Date: \_\_\_ / \_\_\_ / \_\_\_  
(Month) (Day) (Year)

Unique ID: \_\_\_\_\_  
(assigned by study personnel)

### Section I: Screening

1. Have you worked at a clinical veterinary practice in any position (including, but limited to, veterinarian; veterinary technologist, nurse, technician, or assistant; kennel staff; grooming staff; office staff; or environmental services staff) at any time during the past 12 months? 1. \_\_\_ Yes 0. \_\_\_  
No

**IF YES: CONTINUE**

**IF NO: STOP**

2. Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(data collection system to calculate age) (Month) (Day) (Year)

**IF >=18 years old: CONTINUE**

**IF <18 years old: STOP**

### Section II: Demographic Information

3. What is your race and/or ethnicity? One or more categories may be selected.
- 1. \_\_\_ American Indian or Alaska Native  
*For example, Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec, Maya, etc.*
  - 2. \_\_\_ Asian  
*For example, Chinese, Asian Indian, Filipino, Vietnamese, Korean, Japanese, etc.*
  - 3. \_\_\_ Black or African American  
*For example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.*
  - 4. \_\_\_ Hispanic or Latino  
*For example, Mexican, Puerto Rican, Salvadoran, Cuban, Dominican, Guatemalan, etc.*
  - 5. \_\_\_ Middle Eastern or North African  
*For example, Lebanese, Iranian, Egyptian, Syrian, Iraqi, Israeli, etc.*
  - 6. \_\_\_ Native Hawaiian or Pacific Islander  
*For example, Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshallese, etc.*
  - 7. \_\_\_ White  
*For example, English, German, Irish, Italian, Polish, Scottish, etc.*
4. What is your current gender? One or more categories may be selected.
- 1. \_\_\_ Female
  - 2. \_\_\_ Male
  - 3. \_\_\_ Transgender
  - 4. \_\_\_ [If respondent marked AIAN] Two-Spirit
  - 5. \_\_\_ I use a different term

**IF I USE A DIFFERENT TERM:**

4.1. Describe: \_\_\_\_\_

Public reporting burden of this collection of information is estimated to average 28 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining 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 H21-8, Atlanta, Georgia 30333 ATTN: PRA (0920-XXXX).

6. What is the highest grade or level of school you have completed or the highest degree received?

1. \_\_\_ 8<sup>th</sup> grade or less
2. \_\_\_ 9<sup>th</sup>-12<sup>th</sup> grade (no diploma)
3. \_\_\_ High school graduate (diploma)
4. \_\_\_ GED or equivalent
5. \_\_\_ Some college (no degree)
6. \_\_\_ Associate's degree: occupational, technical, or vocational program
7. \_\_\_ Associate's degree: academic (general education)
8. \_\_\_ Bachelor's degree (example: BA, AB, BS, BBA)
9. \_\_\_ Master's degree (example: MA, MS, MEng, Med, MBA)
10. \_\_\_ Professional school degree (example: MD, DDS, DVM, JD)
11. \_\_\_ Doctoral degree (example: PhD, EdD)

### Section III: Current Health Information

The next set of questions are about your health. The answer to many of these questions will be "Yes" or "No." If you are in doubt about whether to answer "Yes" or "No," then please answer "No."

7. During the past 12 months, have you had any trouble with your breathing?

1. \_\_\_ Yes    0. \_\_\_ No

**IF YES:**

7.1. Which of the following statements best describes your breathing?

1. \_\_\_ I only rarely have trouble with my breathing.
2. \_\_\_ I have regular trouble with my breathing, but it always gets completely better.
3. \_\_\_ My breathing is never quite right.

7.2. When you are away from clinical veterinary practice on days off or on vacation, is the trouble with your breathing:

1. \_\_\_ The same
2. \_\_\_ Worse
3. \_\_\_ Better

7.3. During the past 4 weeks, have you had any trouble with your breathing?

1. \_\_\_ Yes    0. \_\_\_ No

8. **1** Are you troubled by shortness of breath when hurrying

on level ground or walking up a slight hill?

1. \_\_\_ Yes 0. \_\_\_ No

**IF YES:**

8.1. Do you get short of breath walking with people of your own age on level ground?

1. \_\_\_ Yes 0. \_\_\_ No

8.2. Do you ever have to stop for breath when walking at your own pace on level ground?

1. \_\_\_ Yes 0. \_\_\_ No

8.3. Do you ever have to stop for breath after walking about 100 yards (or after a few minutes) on level ground?

1. \_\_\_ Yes 0. \_\_\_ No

8.4. In what month and year did your breathlessness start?

(Month) \_\_\_ / \_\_\_ (Year) \_\_\_

9. Do you usually have a cough?

*(Count cough with first smoke or on first going out-of-doors. Exclude clearing of throat.)*

1. \_\_\_ Yes 0. \_\_\_ No

**IF YES:**

9.1. Do you usually cough on most days for **3 consecutive months or more** during the year?

1. \_\_\_ Yes 0. \_\_\_ No

9.2. In what month and year did this cough begin?

(Month) \_\_\_ / \_\_\_ (Year) \_\_\_

9.3. When you are away from clinical veterinary practice on days off or on vacation, is your cough:

- 1. \_\_\_ The same
- 2. \_\_\_ Worse
- 3. \_\_\_ Better

9.4. Is there anything at the clinical veterinary practice that causes or aggravates this cough?

1. \_\_\_ Yes 0. \_\_\_ No

**IF YES:**

9.4.1. Describe: \_\_\_\_\_

9.5. Have you had a cough at any time in the last 4 weeks?

1. \_\_\_ Yes 0. \_\_\_ No

10. Do you bring up phlegm on most days for **3 consecutive months or more** during the year?

1. \_\_\_ Yes 0. \_\_\_ No

11. Have you had wheezing or whistling in your chest at any time in the last 12 months?

1. \_\_\_ Yes 0. \_\_\_ No

**IF YES:**

11.1. When you are away from clinical veterinary practice on days off or on vacation, is this wheezing or whistling:

- 1. \_\_\_ The same
- 2. \_\_\_ Worse
- 3. \_\_\_ Better

11.2. Is there anything at the clinical veterinary practice that causes or aggravates this wheezing or whistling? 1. \_\_\_ Yes 0. \_\_\_ No

**IF YES:**

11.2.1. Describe: \_\_\_\_\_

11.3. Have you had wheezing or whistling in your chest at any time in the last 4 weeks? 1. \_\_\_ Yes 0. \_\_\_ No

12. Have you woken up with a feeling of tightness in your chest at any time in the last 12 months? 1. \_\_\_ Yes 0. \_\_\_ No

**IF YES:**

12.1. When you are away from clinical veterinary practice on days off or on vacation, is this chest tightness: 1. \_\_\_ The same  
2. \_\_\_ Worse  
3. \_\_\_ Better

12.2. Is there anything at the clinical veterinary practice that causes or aggravates this chest tightness? 1. \_\_\_ Yes 0. \_\_\_ No

**IF YES:**

12.2.1. Describe: \_\_\_\_\_

12.3. Have you woken up with a feeling of tightness in your chest at any time in the last 4 weeks? 1. \_\_\_ Yes 0. \_\_\_ No

13. Have you been woken by an attack of shortness of breath at any time in the last 12 months? 1. \_\_\_ Yes 0. \_\_\_ No

**IF YES:**

13.1. When you are away from clinical veterinary practice on days off or on vacation, are these attacks of shortness of breath: 1. \_\_\_ The same  
2. \_\_\_ Worse  
3. \_\_\_ Better

13.2. Is there anything at the clinical veterinary practice that causes or aggravates these attacks of shortness of breath? 1. \_\_\_ Yes 0. \_\_\_ No

**IF YES:**

13.2.1. Describe: \_\_\_\_\_

13.3. Have you been woken by an attack of shortness of breath at any time in the last 4 weeks? 1. \_\_\_ Yes 0. \_\_\_ No

14. Have you had an attack of asthma in the last 12 months? 1. \_\_\_ Yes 0. \_\_\_ No

**IF YES:**

14.1. When you are away from clinical veterinary practice on days off or on vacation, are these attacks of asthma:

- 1. \_\_\_ The same
- 2. \_\_\_ Worse
- 3. \_\_\_ Better

14.2. Is there anything at the clinical veterinary practice that causes or aggravates these attacks of asthma?

- 1. \_\_\_ Yes    0. \_\_\_ No

**IF YES:**

14.2.1. Describe: \_\_\_\_\_

14.3. Have you had an attack of asthma in the last 4 weeks?

- 1. \_\_\_ Yes    0. \_\_\_ No

15. Are you currently taking any medicine including inhalers, aerosols, or tablets for asthma?

- 1. \_\_\_ Yes    0. \_\_\_ No

**IF YES:**

15.1. When you are away from clinical veterinary practice on days off or on vacation, do you take the medicine for asthma:

- 1. \_\_\_ The same
- 2. \_\_\_ More Often
- 3. \_\_\_ Less Often

16. Are you currently taking any medicine including inhalers, aerosols, or tablets for other breathing problems?

- 1. \_\_\_ Yes    0. \_\_\_ No

**IF YES:**

16.1. When you are away from clinical veterinary practice on days off or on vacation, do you take the medicine for other breathing problems:

- 1. \_\_\_ The same
- 2. \_\_\_ More Often
- 3. \_\_\_ Less Often

17. During the past 12 months, have you had episodes of a stuffy, itchy, or runny nose?

- 1. \_\_\_ Yes    0. \_\_\_ No

**IF YES:**

17.1. When you are away from clinical veterinary practice on days off or on vacation, are these nose symptoms:

- 1. \_\_\_ The same
- 2. \_\_\_ Worse
- 3. \_\_\_ Better

17.2. Is there anything at the clinical veterinary practice that causes or aggravates these nose symptoms?

- 1. \_\_\_ Yes    0. \_\_\_ No

**IF YES:**

17.2.1. Describe: \_\_\_\_\_

17.3. Have you had episodes of a stuffy, itchy,

or runny nose in the past 4 weeks?

1. \_\_\_ Yes 0. \_\_\_ No

18. During the past 12 months, have you had episodes of a stinging or burning nose?

1. \_\_\_ Yes 0. \_\_\_ No

**IF YES:**

18.1. When you are away from clinical veterinary practice on days off or on vacation, are these nose symptoms:

1. \_\_\_ The same  
2. \_\_\_ Worse  
3. \_\_\_ Better

18.2. Is there anything at the clinical veterinary practice that causes or aggravates these nose symptoms?

1. \_\_\_ Yes 0. \_\_\_ No

**IF YES:**

18.2.1. Describe: \_\_\_\_\_

18.3. Have you had episodes of a stinging or burning nose in the past 4 weeks?

1. \_\_\_ Yes 0. \_\_\_ No

19. During the past 12 months, have you had a problem with sneezing, or a runny, or blocked nose when you did not have a cold or the flu?

1. \_\_\_ Yes 0. \_\_\_ No

**IF YES:**

19.1. When you are away from clinical veterinary practice on days off or on vacation, are these nose symptoms:

1. \_\_\_ The same  
2. \_\_\_ Worse  
3. \_\_\_ Better

19.2. Is there anything at the clinical veterinary practice that causes or aggravates these nose symptoms?

1. \_\_\_ Yes 0. \_\_\_ No

**IF YES:**

19.2.1. Describe: \_\_\_\_\_

19.3. Have you had a problem with sneezing, or a runny, or blocked nose when you did not have a cold or the flu in the past 4 weeks?

1. \_\_\_ Yes 0. \_\_\_ No

20. During the past 12 months, have you had sinusitis or sinus problems?

1. \_\_\_ Yes 0. \_\_\_ No

**IF YES:**

20.1. When you are away from clinical veterinary practice on days off or on vacation, are these sinus problems:

1. \_\_\_ The same  
2. \_\_\_ Worse  
3. \_\_\_ Better

20.2. Is there anything at the clinical veterinary practice that causes or aggravates these sinus problems? 1. \_\_\_ Yes 0. \_\_\_ No

**IF YES:**

20.2.1. Describe: \_\_\_\_\_

20.3. Have you had sinusitis or sinus problems in the past 4 weeks? 1. \_\_\_ Yes 0. \_\_\_ No

21. During the past 12 months, have you had hoarseness or a dry, sore, or burning throat? 1. \_\_\_ Yes 0. \_\_\_ No

**IF YES:**

21.1. When you are away from clinical veterinary practice on days off or on vacation, are these throat symptoms: 1. \_\_\_ The same  
2. \_\_\_ Worse  
3. \_\_\_ Better

21.2. Is there anything at the clinical veterinary practice that causes or aggravates these throat symptoms? 1. \_\_\_ Yes 0. \_\_\_ No

**IF YES:**

21.2.1. Describe: \_\_\_\_\_

21.3. Have you had hoarseness or a dry, sore, or burning throat in the past 4 weeks? 1. \_\_\_ Yes 0. \_\_\_ No

22. During the past 12 months, have you had episodes of watery, itchy eyes? 1. \_\_\_ Yes 0. \_\_\_ No

**IF YES:**

22.1. When you are away from clinical veterinary practice on days off or on vacation, are these eye symptoms: 1. \_\_\_ The same  
2. \_\_\_ Worse  
3. \_\_\_ Better

22.2. Is there anything at the clinical veterinary practice that causes or aggravates these eye symptoms? 1. \_\_\_ Yes 0. \_\_\_ No

**IF YES:**

22.2.1. Describe: \_\_\_\_\_

22.3. Have you had episodes of watery, itchy eyes in the past 4 weeks? 1. \_\_\_ Yes 0. \_\_\_ No

23. During the past 12 months, have you had episodes of stinging or burning eyes? 1. \_\_\_ Yes 0. \_\_\_ No

**IF YES:**

23.1. When you are away from clinical veterinary practice on days off or on vacation, are these eye symptoms:

- 1. \_\_\_ The same
- 2. \_\_\_ Worse
- 3. \_\_\_ Better

23.2. Is there anything at the clinical veterinary practice that causes or aggravates these eye symptoms?

- 1. \_\_\_ Yes    0. \_\_\_ No

**IF YES:**

23.2.1. Describe: \_\_\_\_\_

23.3. Have you had episodes of stinging or burning eyes in the past 4 weeks?

- 1. \_\_\_ Yes    0. \_\_\_ No

24. During the past 12 months, have you had frequent or severe headaches, including migraines?

- 1. \_\_\_ Yes    0. \_\_\_ No

**IF YES:**

24.1. When you are away from clinical veterinary practice on days off or on vacation, are these headaches:

- 1. \_\_\_ The same
- 2. \_\_\_ Worse
- 3. \_\_\_ Better

24.2. Is there anything at the clinical veterinary practice that causes or aggravates these headaches?

- 1. \_\_\_ Yes    0. \_\_\_ No

**IF YES:**

24.2.1. Describe: \_\_\_\_\_

24.3. Have you had frequent or severe headaches, including migraines, in the past 4 weeks?

- 1. \_\_\_ Yes    0. \_\_\_ No

25. During the past 12 months, have you had episodes of fever, chills, or flu-like achiness?

- 1. \_\_\_ Yes    0. \_\_\_ No

**IF YES:**

25.1. When you are away from clinical veterinary practice on days off or on vacation, are these episodes of fever, chills, or flu-like achiness:

- 1. \_\_\_ The same
- 2. \_\_\_ Worse
- 3. \_\_\_ Better

25.2. Is there anything at the clinical veterinary practice that causes or aggravates these episodes of fever, chills, or flu-like achiness?

- 1. \_\_\_ Yes    0. \_\_\_ No

**IF YES:**

25.2.1. Describe: \_\_\_\_\_



25.3. Have you had episodes of fever, chills, or flu-like achiness in the past 4 weeks?

1. \_\_\_ Yes 0. \_\_\_ No

26. Have you **ever** been told by a physician or other health professional that you had any of the following conditions? (**Select all that apply.**)

Conditions	Month and year of first diagnosis?	Thought to be work-related?
1. ___ Hay fever or nasal allergies	___ / _____	1. ___ Yes 0. ___ No
2. ___ Animal-related allergies	___ / _____	1. ___ Yes 0. ___ No
3. ___ Eczema, dermatitis, or skin allergy	___ / _____	1. ___ Yes 0. ___ No
4. ___ Heart disease	___ / _____	1. ___ Yes 0. ___ No
5. ___ Gastroesophageal reflux disease (GERD)	___ / _____	1. ___ Yes 0. ___ No
6. ___ Sinusitis or sinus infections	___ / _____	1. ___ Yes 0. ___ No
7. ___ Chronic bronchitis	___ / _____	1. ___ Yes 0. ___ No
8. ___ Emphysema	___ / _____	1. ___ Yes 0. ___ No
9. ___ Chronic obstructive pulmonary disease (COPD)	___ / _____	1. ___ Yes 0. ___ No
10. ___ Hypersensitivity pneumonitis	___ / _____	1. ___ Yes 0. ___ No
11. ___ Chemical pneumonitis	___ / _____	1. ___ Yes 0. ___ No
12. ___ Sarcoidosis	___ / _____	1. ___ Yes 0. ___ No
13. ___ Interstitial lung disease	___ / _____	1. ___ Yes 0. ___ No
14. ___ Asthma	___ / _____	1. ___ Yes 0. ___ No
<b>IF YES:</b> 14.1 Do you still have asthma?	1. ___ Yes 0. ___ No	1. ___ Yes 0. ___ No
15. ___ Cancer	1. ___ Yes 0. ___ No	
<b>IF YES:</b> 15.1 What type of cancer(s)? _____ 15.2 Month and year of first diagnosis(es)? _____		

27. Have you **ever** been told by a physician or other health professional that you had any other **respiratory** condition (infectious **or** non-infectious)?

1. \_\_\_ Yes 0. \_\_\_ No

**IF YES:**

(online questionnaire to allow multiple entries)

27.1. What was the diagnosis: \_\_\_\_\_

27.2. Was this condition suspected to be work-related? 1. \_\_\_ Yes 0. \_\_\_ No

27.3. In what month and year were you first given this  
**respiratory** condition diagnosis? \_\_\_\_\_ / \_\_\_\_\_  
(Month) (Year)

**IF YES to QUESTION #14 (attack of asthma in the last 12 months) or QUESTION #26.14 (Asthma):**

28. Since you began working in a veterinary clinic setting,  
is your asthma: 1. \_\_\_ The same  
2. \_\_\_ Worse  
3. \_\_\_ Better

29. Have you **ever** had to change your veterinary work duties  
because of your asthma? 1. \_\_\_ Yes 0. \_\_\_ No

**IF YES:**

29.1. Describe: \_\_\_\_\_

**IF YES to QUESTION #26.1 (Hay fever or nasal allergies) or QUESTION #26.2 (Animal-related allergies):**

30. Since you began working in a veterinary clinic setting,  
are your allergies: 1. \_\_\_ The same  
2. \_\_\_ Worse  
3. \_\_\_ Better

31. Have you **ever** had to change your veterinary work duties  
because of your allergies? 1. \_\_\_ Yes 0. \_\_\_ No

**IF YES:**

31.1. Describe: \_\_\_\_\_

**Section IV. Tasks and Related Potential Hazards**

The next set of questions are about tasks and related potential hazards at work.

32. During an average work week, are you exposed to surgical smoke  
generated during electrosurgery (including electrocautery,  
diathermy, and ultrasonic devices)? 1. \_\_\_ Yes 0. \_\_\_ No

**IF YES:**

32.1. When was the last time you received training that addresses  
the hazards of surgical smoke? 1. \_\_\_ Within the past 12 months  
2. \_\_\_ More than 12 months ago  
3. \_\_\_ I never received training

32.2. Does your employer have standard procedures that

address potential hazards of surgical smoke?  
Know

1. \_\_\_ Yes 0. \_\_\_ No 2. \_\_\_ Don't

32.3. At any time in the past 7 calendar days, did you work within 5 feet of the source of surgical smoke during electrosurgery? (Electrosurgery includes electrocautery, diathermy, and ultrasonic devices.)

1. \_\_\_ Yes 0. \_\_\_ No

**IF YES:**

**Local Exhaust Ventilation (LEV) captures and removes contaminants at the point where they are being produced, such as a portable exhaust system with high efficiency particulate filters, or a flexible tube connected to a room (wall) suction system. LEV does not include blood suction canister systems.**

**Electrosurgery includes electrocautery, diathermy, and ultrasonic devices.**

32.3.1. During the past 7 calendar days, how often was LEV (e.g., portable smoke evacuator or room [wall] suction system) used while you worked within 5 feet of the source of surgical smoke during electrosurgery?

1. \_\_\_ Always  
2. \_\_\_ Sometimes  
3. \_\_\_ Never

**IF ALWAYS OR SOMETIMES:**

32.3.1.1. During the past 7 calendar days, what type of LEV was used while you worked within 5 feet of the source of surgical smoke during electrosurgery?  
**(Select all that apply)**  
evacuator

1. \_\_\_ Portable smoke  
2. \_\_\_ Room (wall) suction system

**IF SOMETIMES OR NEVER:**

32.3.1.2. What was the reason(s) LEV was not always used during electrosurgery?  
**(Select all that apply)**

1. \_\_\_ General room ventilation was sufficient to dissipate smoke plume  
2. \_\_\_ Used a different system (e.g., blood suction canister) to remove the smoke  
3. \_\_\_ Exposure was minimal  
4. \_\_\_ Not part of our protocol  
5. \_\_\_ Not provided by employer  
6. \_\_\_ No one else who does this work uses them  
7. \_\_\_ Too difficult to use  
8. \_\_\_ Too bulky or noisy  
9. \_\_\_ Not readily available in work area  
10. \_\_\_ Not permitted by surgeon  
11. \_\_\_ Other (specify)

**IF MORE THAN ONE REASON CHECKED:**

32.3.1.2.1. Of the reasons you checked above, please indicate the most important reason local exhaust ventilation was not always used. **(Select one)**

1. \_\_\_ General room ventilation was sufficient to dissipate smoke plume
2. \_\_\_ Used a different system (e.g., blood suction canister) to remove the smoke
3. \_\_\_ Exposure was minimal
4. \_\_\_ Not part of our protocol
5. \_\_\_ Not provided by employer
6. \_\_\_ No one else who does this work uses them
7. \_\_\_ Too difficult to use
8. \_\_\_ Too bulky or noisy
9. \_\_\_ Not readily available in work area
10. \_\_\_ Not permitted by surgeon
11. \_\_\_ Other (specify)

33. Do you perform mask or chamber induction using an inhalational anesthetic (e.g., Sevoflurane or Isoflurane)?

1. \_\_\_ Yes    0. \_\_\_ No

34. Do you work with animals that are under general anesthesia, or recovering from general anesthesia, using an inhalational anesthetic (e.g., Sevoflurane or Isoflurane)

1. \_\_\_ Yes    0. \_\_\_ No

35. How often do you detect the odor of an inhalational anesthetic?

1. \_\_\_ Never  
2. \_\_\_ Sometimes  
3. \_\_\_ Frequently

36. Is there a waste anesthetic gas scavenging system at the clinical veterinary practice?  
Know

1. \_\_\_ Yes    0. \_\_\_ No    2. \_\_\_ Don't

**IF YES:**

36.1. When is the waste anesthetic gas scavenging system checked for proper functioning?

1. \_\_\_ Before each anesthetic procedure
2. \_\_\_ Before starting anesthetic procedures each day
3. \_\_\_ Daily, but not necessarily before starting anesthetic procedures each day
4. \_\_\_ Weekly
5. \_\_\_ Don't know
6. \_\_\_ Other (specify): \_\_\_\_\_

36.2. Is there a waste anesthetic gas scavenging

system preventive maintenance program?  
Know

1. \_\_\_ Yes 0. \_\_\_ No 2. \_\_\_ Don't

**IF YES:**

36.2.1. Who performs the preventive maintenance? **(Select all that apply.)**

- 1. \_\_\_ Contractor
- 2. \_\_\_ Myself
- 3. \_\_\_ Lead technician
- 4. \_\_\_ Chief of staff (veterinarian)
- 5. \_\_\_ Any staff veterinarian
- 6. \_\_\_ Office manager
- 7. \_\_\_ Don't know
- 8. \_\_\_ Other (specify): \_\_\_\_\_

37. During an average work week, do you use cleaning, disinfecting, or sterilizing agents at your veterinary clinic?

1. \_\_\_ Yes 0. \_\_\_ No

**IF YES:**

37.1. Do you clean, disinfect, or sterilize any of the following at your veterinary clinic?  
**(Select all that apply.)**

- 1. \_\_\_ Animal cages, kennels, or runs
- 2. \_\_\_ Litter boxes
- 3. \_\_\_ Bird cages
- 4. \_\_\_ Barn stalls
- 5. \_\_\_ Other area(s) containing animal wastes (specify)
- 6. \_\_\_ Medical equipment/instruments
- 7. \_\_\_ Surfaces, such as examination tables, surgery tables, and counters

**FOR EACH SELECTED:**

37.1.1. What cleaning product(s) do you use most often when performing this cleaning, disinfecting, or sterilizing? (Brand names or chemical names are acceptable.)

\_\_\_\_\_

38. During an average workday, do you breathe in motor vehicle exhaust?

1. \_\_\_ Yes 0. \_\_\_ No

39. Do you perform any other task(s) at your veterinary clinic that you feel expose you to respiratory hazards?

1. \_\_\_ Yes 0. \_\_\_ No

**IF YES:**

39.1. Describe the task(s) and respiratory hazard(s): \_\_\_\_\_

## 1Section V. Personal Protective Equipment

The next set of questions are about personal protective equipment (PPE) use.

**IF QUESTION #32.3 is YES (any time in the past 7 calendar days worked within 5 feet of the source of surgical smoke during electrosurgery):**

40. During the past 7 calendar days, how often did you wear protective gloves during electrosurgery?

1. \_\_\_ Always
2. \_\_\_ Sometimes
3. \_\_\_ Never

41. During the past 7 calendar days, how often did you wear eye protection while you worked within 5 feet of the source of surgical smoke during electrosurgery? Examples of eye protection include goggles and safety glasses. Do not include personal eye glasses.

1. \_\_\_ Always
2. \_\_\_ Sometimes
3. \_\_\_ Never

**IF SOMETIMES OR NEVER:**

41.1. What are the reason(s) you did not always wear eye protection during electrosurgery? **(Select all that apply)**






1. \_\_\_ An engineering control (e.g., local exhaust ventilation) was being used
2. \_\_\_ Exposure was minimal
3. \_\_\_ Not part of our protocol
4. \_\_\_ Not provided by employer
5. \_\_\_ No one else who does this work uses them
6. \_\_\_ Too uncomfortable or difficult to use
7. \_\_\_ Not readily available in work area
8. \_\_\_ Other (specify)

**IF MORE THAN ONE REASON CHECKED:**

41.1.1. Of the reasons you selected, please indicate the most important reason you did not always wear eye protection during electrosurgery. **(Select one)**

1. \_\_\_ An engineering control (e.g., local exhaust ventilation) was being used
2. \_\_\_ Exposure was minimal
3. \_\_\_ Not part of our protocol
4. \_\_\_ Not provided by employer
5. \_\_\_ No one else who does this work uses them
6. \_\_\_ Too uncomfortable or difficult to use
7. \_\_\_ Not readily available in work area
8. \_\_\_ Other (specify)

42. During the past 7 calendar days, did you wear any of the following during electrosurgery? **(Select all that apply)**

<p>1. ___ N95 respirator (including surgical N95 respirator)</p> 	<p>2. ___ Half-facepiece air purifying respirator with particulate filter(s)</p> 	<p>3. ___ Powered air purifying respirator (PAPR) with particulate filter(s)</p> 
<p>4. ___ Standard surgical mask</p> 	<p>5. ___ Laser mask</p> 	<p>6. ___ Other (specify)</p> <hr/>
<p>7. ___ I did not wear any respirators or masks</p>	<p>8. ___ I don't know</p>	

**IF N95 RESPIRATOR, HALF-FACEPIECE, OR PAPR SELECTED:**

42.1. How often did you wear a N95 respirator, half-facepiece air purifying respirator with particulate filter(s), or powered air purifying respirator with particulate filter(s) during electrosurgery?

1. \_\_\_ Always  
2. \_\_\_ Sometimes

**IF N95 RESPIRATOR OR HALF-FACEPIECE SELECTED:**

42.2. Have you been fit-tested for the respirator(s) you use during electrosurgery?

1. \_\_\_ Yes    0. \_\_\_ No

**IF QUESTION #42 is "I did not wear any respirators or masks" OR QUESTION #42.1 is SOMETIMES:**

42.3. What were the reason(s) you did not always wear a N95 respirator, a half-facepiece air purifying respirator with particulate filter(s), or a powered air purifying respirator with particulate filter(s) during electrosurgery?  
**(Select all that apply)**

1. \_\_\_ An engineering control (e.g., local exhaust ventilation) was being used  
2. \_\_\_ Exposure was minimal  
3. \_\_\_ Not part of our protocol

- 4. \_\_\_ Not provided by employer
- 5. \_\_\_ No one else who does this work uses them
- 6. \_\_\_ Too uncomfortable or difficult to use
- 7. \_\_\_ Not readily available in work area
- 8. \_\_\_ Other (specify)

**IF MORE THAN ONE REASON CHECKED:**

42.3.1. Of the reasons you selected, please indicate the most important reason you did not always wear a respirator during electrosurgery. **(Select one)**

- 1. \_\_\_ An engineering control (e.g., local exhaust ventilation) was being used
- 2. \_\_\_ Exposure was minimal
- 3. \_\_\_ Not part of our protocol
- 4. \_\_\_ Not provided by employer
- 5. \_\_\_ No one else who does this work uses them
- 6. \_\_\_ Too uncomfortable or difficult to use
- 7. \_\_\_ Not readily available in work area
- 8. \_\_\_ Other (specify)

**FOR EACH ITEM SELECTED in QUESTION #37.1 (items cleaned, disinfected, or sterilized):**

43. What PPE do you typically wear when performing cleaning, disinfecting, or sterilizing of:

<b>Only show/complete for items cleaned, disinfected, or sterilized from QUESTION #37.1.</b>	<b>Select all that apply:</b>
43.1. Animal cages, kennels, or runs	1. ___ Gloves 2. ___ Goggles 3. ___ Surgical mask 4. ___ Face shield 5. ___ Gown or apron 6. ___ Other (specify): _____
43.2. Litter boxes	1. ___ Gloves 2. ___ Goggles 3. ___ Surgical mask 4. ___ Face shield 5. ___ Gown or apron 6. ___ Other (specify) : _____



43.3. Bird cages	1. ___ Gloves 2. ___ Goggles 3. ___ Surgical mask 4. ___ Face shield 5. ___ Gown or apron 6. ___ Other (specify) : _____
43.4. Barn stalls	1. ___ Gloves 2. ___ Goggles 3. ___ Surgical mask 4. ___ Face shield 5. ___ Gown or apron 6. ___ Other (specify) : _____
43.5. Other area(s) containing animal wastes (specify) _____	1. ___ Gloves 2. ___ Goggles 3. ___ Surgical mask 4. ___ Face shield 5. ___ Gown or apron 6. ___ Other (specify) : _____
43.6. Medical equipment/instruments	1. ___ Gloves 2. ___ Goggles 3. ___ Surgical mask 4. ___ Face shield 5. ___ Gown or apron 6. ___ Other (specify) : _____
43.7. Surfaces, such as examination tables, surgery tables, and counters	1. ___ Gloves 2. ___ Goggles 3. ___ Surgical mask 4. ___ Face shield 5. ___ Gown or apron 6. ___ Other (specify) : _____

## 1Section VI. Work Information

The next set of questions are about your workplace and work history.

44. Where do you currently work (facility name)? \_\_\_\_\_  
(online questionnaire to allow choice of participating facilities)

45. When did you start working at this facility? \_\_\_\_\_ / \_\_\_\_\_  
(Month) (Year)

46. What is your current position in clinical veterinary practice? **(Select one.)**

1. \_\_\_ Veterinarian (Owner/Partner)
2. \_\_\_ Veterinarian (Associate)
3. \_\_\_ Veterinarian (Relief)

- 4. \_\_\_ Veterinary technologist
- 5. \_\_\_ Veterinary technician
- 6. \_\_\_ Veterinary assistant
- 7. \_\_\_ Student (veterinary school)
- 8. \_\_\_ Student (veterinary technology school)
- 9. \_\_\_ Student (veterinary technician school)
- 10. \_\_\_ Office staff
- 11. \_\_\_ Kennel help
- 12. \_\_\_ Volunteer
- 13. \_\_\_ Other (specify)

**IF Veterinarian (Owner/Partner), (Associate), (Relief):**

46.1. What year did you graduate veterinary school? \_\_\_\_\_  
(Year)

**IF Veterinary technologist:**

46.2. What year did you graduate veterinary technologist school? \_\_\_\_\_  
(Year)

46.3. Are you credentialed by your state (i.e., possess an RVT, LVT, or CVT)?  
1. \_\_\_ Yes    0. \_\_\_ No

**IF Veterinary technician:**

46.4. What year did you graduate veterinary technician school? \_\_\_\_\_  
(Year)

46.5. Are you credentialed by your state (i.e., possess an RVT, LVT, or CVT)?  
1. \_\_\_ Yes    0. \_\_\_ No

47. When did you first start working (or volunteering) in any veterinary clinic setting?  
\_\_\_\_\_/\_\_\_\_\_  
(Month)                      (Year)

48. Have you ever worked in a veterinary clinic setting outside of the United States?  
1. \_\_\_ Yes    0. \_\_\_ No

**IF YES:**

48.1. In what country(ies) did you work in a veterinary clinic setting? \_\_\_\_\_

48.2. When did you work there? \_\_\_\_\_

49. On average, how many **hours per day** do you currently work? \_\_\_\_\_ hours

50. On average, how many **days per week** do you currently work? \_\_\_\_\_ days

51. At your veterinary clinic, what types of animals are treated...

51.1. ...by <b>any</b> veterinary personnel? <b>(Select all that apply.)</b> <i>(If you work at multiple clinics, choose the practice type for the clinic where you work the most number of <b>hours per week.</b>)</i>	51.2. ...by <b>you</b> ? <b>(Select all that apply.)</b> <i>(If you work at multiple clinics, choose the practice type for the clinic where you work the most number of <b>hours per week.</b>)</i>
1. ___ Cats	1. ___ Cats
2. ___ Dogs	2. ___ Dogs
3. ___ Rabbits	3. ___ Rabbits
4. ___ Ferrets	4. ___ Ferrets
5. ___ Small rodents (e.g., rats, mice, hamsters)	5. ___ Small rodents (e.g., rats, mice, hamsters)
6. ___ Other pocket pets (e.g., sugar gliders, hedgehogs, chinchillas)	6. ___ Other pocket pets (e.g., sugar gliders, hedgehogs, chinchillas)
7. ___ Horses	7. ___ Horses
8. ___ Cattle (dairy or beef)	8. ___ Cattle (dairy or beef)
9. ___ Sheep	9. ___ Sheep
10. ___ Goats	10. ___ Goats
11. ___ Pigs	11. ___ Pigs
12. ___ Camelids (llamas, alpacas)	12. ___ Camelids (llamas, alpacas)
13. ___ Birds (non-poultry)	13. ___ Birds (non-poultry)
14. ___ Poultry	14. ___ Poultry
15. ___ Reptiles or amphibians	15. ___ Reptiles or amphibians
16. ___ Wildlife	16. ___ Wildlife
17. ___ Non-human primates	17. ___ Non-human primates
18. ___ Zoo animals	18. ___ Zoo animals
19. ___ Other (specify)	19. ___ Other (specify)

52. Does your veterinary clinic have a fragrance-free policy?

1. \_\_\_ Yes 0. \_\_\_ No 2. \_\_\_ Don't Know

53. Do you regularly interact with animals outside of your veterinary clinic (e.g., pets at home, other non-veterinary jobs, recreational horse riding, etc.)?

1. \_\_\_ Yes 0. \_\_\_ No

**IF YES:**

53.1. What species do you regularly interact with outside of your veterinary clinic? **(Select all that apply.)**

- 1. \_\_\_ Cats
- 2. \_\_\_ Dogs
- 3. \_\_\_ Rabbits
- 4. \_\_\_ Ferrets
- 5. \_\_\_ Small rodents (e.g., rats, mice, hamsters)
- 6. \_\_\_ Other pocket pets (e.g., sugar gliders, hedgehogs, chinchillas)
- 7. \_\_\_ Horses
- 8. \_\_\_ Cattle (dairy or beef)

- 9. \_\_\_ Sheep
- 10. \_\_\_ Goats
- 11. \_\_\_ Pigs
- 12. \_\_\_ Camelids (llamas, alpacas)
- 13. \_\_\_ Birds (non-poultry)
- 14. \_\_\_ Poultry
- 15. \_\_\_ Reptiles or amphibians
- 16. \_\_\_ Wildlife
- 17. \_\_\_ Non-human primates
- 18. \_\_\_ Zoo animals
- 19. \_\_\_ Other (specify)

### Section VII: Workplace Safety Climate

Please indicate how much you agree or disagree with each of the following statements about safety practices at your workplace.

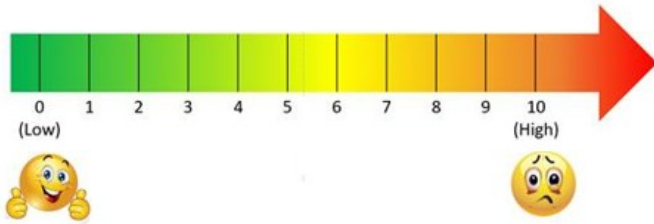
	Strongly Disagree (1)	Somewhat Disagree (2)	Somewhat Agree (3)	Strongly Agree (4)	Does Not Apply (-99)
A. Management reacts quickly to solve the problem when told about safety hazards					
B. Management insists on thorough and regular safety audits and inspections					
C. Management provides all the equipment needed to do the job safely.					
D. Management invests a lot of time and money in safety training for workers.					
E. Management listens carefully to workers' ideas about improving safety.					
F. Management gives safety personnel the power they need to do their job.					

### Section VIII: Stress

The next two questions are about stress. Stress means a situation in which a person feels tense, restless, nervous or anxious, or is unable to sleep because his/her mind is troubled all the time.

54. During the past 4 weeks, including today, how would you rate your stress **outside of work** on a scale from 0 (as low as it can be) to 10 (as high as it can be)? \_\_\_\_\_ rating  
(online questionnaire to display stress thermometer image)

55. During the past 4 weeks, including today, how would you rate your stress **at work** on a scale from 0 (as low as it can be) to 10 (as high as it can be)? \_\_\_\_\_ rating  
(online questionnaire to display stress thermometer image)



**1Section IX: Tobacco Use Information**

The next questions are about tobacco use.

56. Have you ever smoked cigarettes? 1. \_\_\_\_ Yes    0. \_\_\_\_ No  
*(NO if less than 20 packs of cigarettes in a lifetime or less than 1 cigarette a day for 1 year)*

**IF YES:**

56.1. How old were you when you **first** started smoking regularly? \_\_\_\_\_ years

56.2. Over the entire time that you have smoked, what is the average number of cigarettes you smoked per day? \_\_\_\_\_ cigarettes/day

56.3. Do you still smoke cigarettes? 1. \_\_\_\_ Yes    0. \_\_\_\_ No

**IF NO:**

56.3.1. How old were you when you stopped smoking cigarettes regularly? \_\_\_\_\_ years

**IF prior to any site visit to facility:**

Thank you for your participation in the baseline questionnaire of this study on surgical smoke in veterinary clinical settings.

We will be at [facility name] on [dates], and for every day that you are working during that time, you will be invited to participate in the brief, post-shift questionnaire that will ask about respiratory and eye symptoms you had during your shift. Each post-shift questionnaire should take approximately 8 minutes or less. We thank you for your participation today, and look forward to seeing you when we are at [facility name] soon!

**IF after final site visit to facility:**

Thank you for your participation in this study on surgical smoke in veterinary clinical settings.