

Attachment C: Demographic Survey

Demographic Survey

1. What is your age? _____
2. What is your sex? (check one)
☐ Male
☐ Female
3. Is your vision normal or corrected to normal?
☐ Yes
☐ No (*please inform researcher*)
4. Is your hearing normal or corrected to normal?
☐ Yes
☐ No (*please inform researcher*)
5. Which racial/ethnic category best describes you? (Select all that apply.)
 - ☐ **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.
 - ☐ **Asian**
For example, Chinese, Asian Indian, Filipino, Vietnamese, Korean, Japanese, etc.
 - ☐ **Black or African American**
For example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.
 - ☐ **Hispanic or Latino**
For example, Mexican, Puerto Rican, Salvadoran, Cuban, Dominican, Guatemalan, etc.
 - ☐ **Middle Eastern or North African**
For example, Lebanese, Iranian, Egyptian, Syrian, Iraqi, Israeli, etc.
 - ☐ **Native Hawaiian or Pacific Islander**
For example, Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshallese, etc.
 - ☐ **White**
For example, English, German, Irish, Italian, Polish, Scottish, etc.
6. Job experience
 - a. Current manufacturing, warehouse, or stockroom employee: Yes | No
 - b. Years of working in the manufacturing industry, warehousing industry, or in a stockroom: _____ years

Public reporting burden of this collection of information is estimated to average 1 minute 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 Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333. ATTN: PRA (0920-1441)