

Please complete the following survey to the best of your ability.

1. Date: _____
2. Your Name (First & Last): _____
3. Age: _____
4. Gender: Male Female
5. Race: (check only one) White Black/African American Hispanic/Latino
 Asian/Asian American Other (specify): _____
6. What is your trade? _____
7. How long have you been in your trade? _____ (Years) _____ (Months) (if less than 1 year)
8. Are you a union member? Yes No
IF YES, what is your local? _____
9. What is the name of the subcontractor you are employed by? _____
10. How long have you worked for this subcontractor? _____ (Years) _____ (Months) (if less than 1 year)
11. Please answer the following questions about the **current** project you are working on:
 - a) What is your **position** on this project? (Please check the one **best** answer.)

 Foreman Journeyman crew worker

 Apprentice crew worker Other (Please Specify): _____

b) How long have you worked at this project? _____ (Months) _____ (Weeks) (if less than 1 month)

c) Have you worked for the current GC before this project? Yes No (skip to question 12)

IF YES i. What was the most recent year? _____

ii. On how many projects have you worked for this GC? _____

12. Please think about the **last 4 weeks**. Circle the number that best describes any pain/discomfort you have experienced in the following body parts in **the last 4 weeks**:

Body Part	No discomfort								Extreme discomfort
Low Back	0	1	2	3	4	5	6	7	
Neck or Shoulders	0	1	2	3	4	5	6	7	
Arms or hands	0	1	2	3	4	5	6	7	
Legs (hips, knees, feet, ankles)	0	1	2	3	4	5	6	7	

13. In this current project, have you experienced any injuries at work?

Yes No (skip to question 14)

13a. Please describe the injuries that you experienced (i.e., cut finger, broken arm, sprained ankle):

13b. Did you tell your supervisor about any of these injuries? Yes No

13c. What happened after these work injuries? (Check **all** that apply)

I received first aid treatment

I saw a nurse

I saw a doctor

- I was prescribed prescription medication
- I went on light duty or restricted work (assigned different work tasks)
- I missed one or more days from work
- None of the above

Questions 14-24 refer to the general contractor of your current project.

14. What is the name of the general contractor on this project? _____

For each item, refer to the general contractor as the person that sets and enforces the safety rules on the project everyday (i.e. safety director, superintendent). Please rate the extent to which you agree with each statement:

The general contractor...	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree
15. reacts quickly to solve the problem if told about safety hazards.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. insists on thorough and regular safety audits and inspections.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. tries to continually improve safety levels.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The general contractor...	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree
18. is strict about working safely, even if work falls behind schedule.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. quickly corrects any safety hazard, even if it is costly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

20. ensures that workers are given appropriate and sufficient safety training.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. pays little attention to workers' ideas about improving safety.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. considers safety when setting production speed and schedules.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. regularly holds safety-awareness meetings (e.g. presentations, toolbox talks).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. tries to reduce safety hazards as much as possible.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Questions 25-36 refer to the subcontractor of your current project.

25. What is the name of subcontractor you are employed by on this project? _____

For each item, refer to the foreman or supervisor employed by the subcontractor who gave you your daily instructions. Please rate the extent to which you agree with each statement:

My foreman/supervisor...	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree
26. makes sure we receive all the equipment needed to do the job safely.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. frequently checks to see if we were all following the safety rules.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. discusses with us how to improve safety.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. uses explanations (not just compliance talk) to get us to act safely.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. frequently tells us about the hazards in our work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. is strict about working safely, even when we are tired or stressed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. says a 'good word' to workers who pay special attention to safety.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

33. is strict about safety, even at the end of the shift when we want to go home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. insists we wear our protective equipment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. makes sure we follow safety rules even if work falls behind schedule.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. takes action against workers who do not follow safety rules.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Questions 37-44 refer to your coworkers of your current project. For each item, refer to your coworkers as the workers employed by your subcontractor.

Please think of the past 4 weeks. Rate the extent to which you agree with each statement:

My coworkers...	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree
37. talk about safety and work hazards every day.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. care about each other's safety awareness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. care about safety, even when under pressure.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. still care about safety at the end of a day's work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. frequently discuss how to prevent accidents and close calls.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42. care about other crew members' safety compliance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43. remind each other to use safety equipment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44. encourage each other to work safely.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Questions 45-50 refer to you on your current project.

Please think of the past 4 weeks. Rate the extent to which you agree with each statement:

	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree
45. I use all the necessary safety equipment to do my job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46. I use the correct safety procedures for carrying out my job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47. I ensure the highest levels of safety when I carry out my job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48. I promote the safety program within the organization.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49. I put in extra effort to improve the safety of the workplace.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50. I voluntarily carry out tasks or activities that help to improve workplace safety.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Questions 51-56 refer to your immediate work crew from your current project.

Please think of the past 4 weeks. Rate the extent to which you agree with each statement:

	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree
51. My crew use proper personal protective equipment (hard hats and safety glasses) at all times.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52. My crew use step ladders properly at all times (securely set, not leaned on a wall, do not work from the top two steps).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53. My crew checks that all electrical cords are free of damage, grounded, and GFCI protected prior to use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
54. My crew always work behind guardrails or are tied off (personal fall arrest system).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
55. My crew uses good housekeeping practices so no debris is in working and walking areas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
56. When working in the area of motor vehicles and heavy equipment, my crew always wears high visibility clothing and abide by the rules for control access zones.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

You have finished the survey!! Thank you for your help with our study!