

Race

- White
 African-American or Black
 Asian
 American Indian or Alaska Native
 Native Hawaiian or Other Pacific Islander
 Other-please specify

Other Race

SECTION II: HEALTH INFORMATION
BREATHING PROBLEMS

Have you had wheezing or whistling in your chest at any time

in the last 12 months?

- Yes
 No

in the last 4 weeks?

- Yes
 No

Have you woken up with a feeling of tightness in your chest first thing in the morning at any time

in the last 12 months?

- Yes
 No

in the last 4 weeks?

- Yes
 No

Have you at any time had an attack of shortness of breath that came on during the day when you were not doing anything strenuous

in the last 12 months?

- Yes
 No

in the last 4 weeks?

- Yes
 No

Have you had an attack of shortness of breath that came on after you stopped exercising at any time

in the last 12 months?

- Yes
 No

in the last 4 weeks?

- Yes
 No

Have you at any time been woken up at night by an attack of shortness of breath

in the last 12 months?

- Yes
 No

in the last 4 weeks?

- Yes
 No

Have you had an attack of asthma at any time

in the last 12 months?

- Yes
 No

in the last 4 weeks?

- Yes
 No

Are you currently taking any medications (including inhalers, aerosols, or tablets) for asthma?

- Yes
 No

How old were you when you first had any of these types of breathing problems?

(in years)

Which one of the following statements best describes your breathing problems when you are on vacation, on your day off, or on a lay-off?

- Breathing problems are better away from work.
 Breathing problems are worse away from work.
 Breathing problems are no different away from work.

Were these breathing problems ever so severe that you had to take time off work?

- Yes
 No

In the past 12 months, about how many days did you take off of work because of your breathing?

(number of days)

ADDITIONAL RESPIRATORY INFORMATION

COUGH

Do you usually cough initially after waking up, or first thing in the morning? (Count a cough with first smoke or on first going out-of-doors. Exclude clearing the throat.)

- Yes
 No

Do you usually cough at all during the rest of the day or at night?

- Yes
 No

Do you cough like this on most days for at least 3 months each year?

- Yes
 No

How many years have you had this cough?

(years)

PHLEGM

Do you usually bring up phlegm at all upon getting up, or first thing in the morning? (Count phlegm with first smoke or on first going out-of-doors. Exclude phlegm from the nose. Count swallowed phlegm.)

- Yes
 No

Do you usually bring up phlegm at all during the rest of the day or at night?

- Yes
 No

Do you bring up phlegm like this on most days for at least 3 months each year?

- Yes
 No

For how many years have you had phlegm like this?

(years)

Which ONE of the following statements best describes your breathing?

- I never or only rarely have trouble with my breathing.
 I have regular trouble with my breathing, but it always gets completely better.
 My breathing is never quite right.

When you are in a dusty part of the house or with animals (for instance dogs, cats, or horses) or near feathers (including down pillows, down quilts, or down comforters) do you ever:

Get a feeling of tightness in your chest?

- Yes
 No

Start to feel short of breath?

- Yes
 No

ASTHMA

Have you ever had asthma?

- Yes
 No

How old were you when your asthma started?

(years old)

Was your asthma confirmed/diagnosed by a doctor or a healthcare professional?

- Yes
 No

Do you still have asthma?

- Yes
 No

How old were you when your asthma stopped?

(years old)

Have you had a "cold" or upper respiratory infection in the last four weeks?

- Yes
 No

EYES, NOSE, SINUS SYMPTOMS

On most days, do you have a stuffy nose or drainage from the back of your nose into your throat?

- Yes
 No

Have you had 5 or more attacks of sneezing or blocked, itchy, or runny nose? (Count attacks of sneezing 4 or more times in a row. Count attacks of blocked, itchy, or runny nose lasting 15 minutes or more. Do not count episodes of sneezing less than 4 times in a row or blocked, itchy, or runny nose lasting less than 15 minutes.)

in the last 12 months?

- Yes
 No

in the last 4 weeks?

- Yes
 No

Have you had 5 or more attacks of red, itchy, or watery eyes? (Count attacks of red, itchy, watery eyes lasting 15 minutes or more. Do not count episodes lasting less than 15 minutes.)

in the last 12 months?

- Yes
 No

in the last 4 weeks?

- Yes
 No

How old were you when you first noticed these nose or eye symptoms?

(years old)

Which ONE of the following statements best describes your nose or eye symptoms when you are on vacation, on weekends, or on a day-off?

- Nose or eye symptoms are better away from work.
 Nose or eye symptoms are worse away from work.
 Nose or eye symptoms are no different away from work.

SKIN

During the past 12 months, have you had hives? (Hives are raised swellings on the skin that itch alot and look like mosquito bites. Surrounding skin may be red. Other names for hives are wheals or urticaria.)

- Yes
 No

When AT WORK during the past 12 months, have gloves (latex, rubber, or nitrile) caused you to have a rash on your hands other than hives that was red, cracked, peeling, bumpy, blistered, or oozing and possibly itchy? (Names for this rash might include dermatitis or eczema.)

- Yes
 No

When AT HOME during the past 12 months, have gloves (latex, rubber, or nitrile) caused you to have a rash on your hands other than hives that was red, cracked, peeling, bumpy, blistered, or oozing and possibly itchy? (Names for this rash might include dermatitis or eczema.)

- Yes
 No

SEVERE ALLERGIC REACTION

Have you EVER had a life-threatening allergic reaction with ANY of the following: low blood pressure; swelling of lips, tongue, or throat; difficulty breathing; or loss of consciousness? (The name for this kind of allergic reaction is anaphylaxis).

- Yes
 No

When was your last severe allergic reaction?

_____ (month-2 digits/year-4 digits (e.g. 06/2006))

Which ONE of the following do you think caused this severe allergic reaction?

- Insect sting
 Medication
 Food
 Latex glove or other latex device
 Radiocontrast dye (dye for x-ray test)
 Other (specify)

Other-specify _____

Have ANY of the items listed below EVER caused you to have ANY of these allergic reactions: swelling of lips, tongue, or throat; wheezing, chest tightness, shortness of breath, or asthma; allergic reactions in eyes, nose or sinuses; hives; or a life threatening reaction (anaphylaxis)?

Objects made of natural rubber. Examples include: household rubber gloves, dental dams, balloons, rubber bands, rubber balls including "Koosh" balls, rubber handles, baby bottle nipples, and/or teething rings, condoms, diaphragms?

- Yes
 No

Any of the following foods: Banana, avocado, chestnut, kiwi, potato, tomato?

- Yes
 No

Dental or obstetric-gynecologic (OB-GYN) exams?

- Yes
 No

PAST MEDICAL HISTORY

Have you ever had the following medical problems (please give an answer for each):

Atopic Dermatitis (Eczema)

- Yes
 No

Allergic Eye Symptoms

- Yes
 No

Sinusitis (confirmed by a physician)

- Yes
 No

Seasonal Allergic Rhinitis (Hayfever, seasonal nasal allergies)

- Yes
 No

Other types of nasal allergies

- Yes
 No

Drug Allergies

- Yes
 No

Chronic Bronchitis

- Yes
 No

Emphysema

- Yes
 No

Cardiac (heart) Disease

- Yes
 No

FAMILY HISTORY

Have any close relatives (parents, brothers, sisters, or children) ever had asthma?

- No
 Yes
 Don't know

Please check ALL close relatives that have had asthma:

- Mother or Father
 Sister or Brother
 Daughter or Son

Have any close relatives (parents, brothers, sisters, or children) ever had eczema (atopic dermatitis) or nasal allergies (hay fever)?

- No
 Yes
 Don't know

Please check ALL that have had eczema (atopic dermatitis) or nasal allergies (hay fever):

- Mother or Father
 Sister or Brother
 Daughter or Son

SMOKING

Have you EVER smoked cigarettes regularly? (Please mark "No" if you have smoked less than 100 cigarettes in your lifetime.)

- Yes
 No

How old were you when you first started smoking cigarettes regularly?

(years old)

Do you still smoke cigarettes?

- Yes
 No

How old were you when you last gave up smoking?

(years old)

Over the years that you smoked, on the average, approximately how many cigarettes per day did you smoke?

(cigarettes per day)

Do you currently smoke a pipe or cigar?

- Yes
 No

SECTION III: OCCUPATIONAL INFORMATION

The following questions will ask about your work in health care and your current job at this medical center.

How many TOTAL years have you worked in health care, including your time in training?

(years)

When did you begin working at the Milwaukee VA?

(month-2 digits/year-4 digits (e.g. 06/2006))

When did you begin your CURRENT job at the Milwaukee VA?

(month-2 digits/year-4 digits (e.g. 06/2006))

What department are you currently assigned to?

- Medical Center Director
- Chief of Staff
- Anesthesia Division
- Clinical Support Division
- Facility Management Division
- Great Lakes Finance Service
- Great Lakes Acquisition Center
- Human Resources
- Medical Imaging
- Medical Information Systems
- Medical Subspecialties Division
- Mental Health
- Nursing, Med/Surg and Critical Care
- Pathology and Laboratory Medicine Service
- Primary Care
- Prosthetics
- Rehabilitation, Extended and Community Care
- Research
- Spinal Cord Injury
- Surgical Subspecialites
- Utilization Management
- Other

Other department - specify

Which ONE of the following best describes your CURRENT job?

- Administrator
- Audiologist
- Ambulatory Surgical Care
- Anesthesiology Tech.
- Biomedical Engineer
- Biomedical Tech.
- Cardiovascular Tech.
- Central Supply Tech (SPD)
- Clinical Laboratory worker (Medical Tech/Pathology/Histology/Cytology)
- Dental Assistant
- Dental Hygienist
- Dental Lab Technician
- Dentist
- Dialysis Technician
- Dietician
- Endoscopy Technician
- ENT
- Environmental Health & Safety
- Facility Maintenance Worker
- Food Service Worker
- Healthcare/Medical Tech.
- Housekeeper (EMS)
- Lab Technician
- Material Handler/Shipping
- Medical Equipment Preparer
- Nurse - Anesthetist
- Nurse - Operating Room
- Nurse - Clinical (not Operating Room)
- Nurse Practitioner
- Nursing Assistant
- Nuclear Med. Tech.
- Occupational Therapist
- Office/Medical Records Worker
- Optometrist
- Orthotist & Prosthetist
- Pathologist
- Patient Care Asst. (Transport, etc)
- Pharmacist
- Pharmacist Tech.
- Phlebotomist
- Physician Assistant
- Physician - Anesthesiology
- Physician - Nonsurgical
- Physician - Surgical
- Physical Therapist
- Psychologist
- Podiatrist
- Prosthetics Lab
- Radiology File Clerk
- Radiology Technician
- Research Laboratory Worker
- Respiratory Therapist
- Social Worker
- Speech Therapist
- Surgical/OR Technician
- Ward Clerk
- Other

Other job-specify

Please specify your registration or certification in your occupation/discipline (e.g. RN, CNA, CST, etc).

How many DAYS PER WEEK do you usually work at this medical center?

_____ (days per week (e.g. 3.0 or 5.5))

How many TOTAL HOURS per WEEK do you usually work at this medical center?

_____ (hours per week (e.g. 8.0 or 24.5 or 46.0))

During a USUAL WORK WEEK at this medical center, please fill in the number of hours you work PER WEEK in each of the following areas. (In areas that you do not work, leave blank.):

Patient Care Areas

Surgery: Operating Room

_____ (number of hours (e.g. 3.0 or 5.5))

Surgery: Recovery Room

_____ (number of hours (e.g. 3.0 or 5.5))

Outpatient Surgical Areas (minor procedures, surgical clinic)

_____ (number of hours (e.g. 3.0 or 5.5))

Dental Clinic

_____ (number of hours (e.g. 3.0 or 5.5))

Hemodialysis

_____ (number of hours (e.g. 3.0 or 5.5))

Women's Health Clinic

_____ (number of hours (e.g. 3.0 or 5.5))

Endoscopy Unit (Cystoscopy, GI, Bronchoscopy)

_____ (number of hours (e.g. 3.0 or 5.5))

Cardiac Catheterization Lab

_____ (number of hours (e.g. 3.0 or 5.5))

Noninvasive Cardiac Lab

_____ (number of hours (e.g. 3.0 or 5.5))

Pulmonary Function Lab

_____ (number of hours (e.g. 3.0 or 5.5))

Critical Care Unit (CCU, MICU, SICU, etc)

_____ (number of hours (e.g. 3.0 or 5.5))

Medical/Surgical Ward (inpatient wards other than psychiatric)

_____ (number of hours (e.g. 3.0 or 5.5))

Medical Outpatient Clinic (nonsurgical outpatient)

_____ (number of hours (e.g. 3.0 or 5.5))

Psychiatric or Substance Abuse Ward or Clinic

_____ (number of hours (e.g. 3.0 or 5.5))

Radiology/Nuclear Medicine

_____ (number of hours (e.g. 3.0 or 5.5))

Audiology

_____ (number of hours (e.g. 3.0 or 5.5))

Emergency Room

_____ (number of hours (e.g. 3.0 or 5.5))

Admissions

_____ (number of hours (e.g. 3.0 or 5.5))

Phlebotomy (blood drawing area)

_____ (number of hours (e.g. 3.0 or 5.5))

Please specify other patient care area not listed above.

Other Patient Care Area (Specify time) _____
(number of hours (e.g. 3.0 or 5.5))

Non-Patient Care Areas

Clinical laboratory _____
(number of hours (e.g. 3.0 or 5.5))

Dental Laboratory _____
(number of hours (e.g. 3.0 or 5.5))

Prosthetics Laboratory _____
(number of hours (e.g. 3.0 or 5.5))

Pharmacy _____
(number of hours (e.g. 3.0 or 5.5))

Cafeteria/Kitchen _____
(number of hours (e.g. 3.0 or 5.5))

Office/Medical Records _____
(number of hours (e.g. 3.0 or 5.5))

Maintenance/Engineering _____
(number of hours (e.g. 3.0 or 5.5))

Supply Room/Warehouse _____
(number of hours (e.g. 3.0 or 5.5))

Central Supply and Distribution _____
(number of hours (e.g. 3.0 or 5.5))

Research Laboratory _____
(number of hours (e.g. 3.0 or 5.5))

Please specify other non-patient care area not listed above. _____

Other non-Patient Care Area (Specify time) _____
(number of hours (e.g. 3.0 or 5.5))

Hand Washing and Use of Hand Sanitizers in the Workplace (Current Job)

How many times per day do you wash your hands?

- Never
 less than 1 time per day
 1-3 times per day
 4-10 times per day
 greater than 10 times per day

How many times per day do you disinfect your hands using liquid hand sanitizer?

- Never
 less than 1 time per day
 1-3 times per day
 4-10 times per day
 greater than 10 times per day

SECTION IV: EXPOSURES AT WORK

Exposure to Mold and Moisture in the Workplace (Current Job)

Do you have a primary work station where you spend more than 50% of your work time?

- Yes
 No

What building is your primary work station located in?

- Bldg # 4
- Bldg # 5
- Bldg # 6
- Bldg # 7
- Bldg # 43
- Bldg # 70
- Bldg # 109
- Bldg # 111
- Bldg # 123
- Bldg # 144

Where is your primary work station located (floor/ward/wing)?

_____ (floor/ward/wing)

Have you observed any of the following in your primary work station (floor/ward/wing) in the past?

Water leakage, wet spots or water damage indoors on walls, floors, or ceilings?

in the past 2 years?

- Yes
- No

in the past 6 months?

- Yes
- No

in the past 4 weeks?

- Yes
- No

Condensation (fog) on the inside surfaces of windows or on cold inside surfaces?

in the past 2 years?

- Yes
- No

in the past 6 months?

- Yes
- No

in the past 4 weeks?

- Yes
- No

Wet carpet from leaks, flooding, or frequent spills?

in the past 2 years?

- Yes
- No

in the past 6 months?

- Yes
- No

in the past 4 weeks?

- Yes
- No

Visible mold growth (not food) indoors on walls, floors, or ceilings?

in the past 2 years?

- Yes
- No

in the past 6 months?

- Yes
- No

in the past 4 weeks?

- Yes
- No

Odor of mold, mildew or musty smell (not from food)?

in the past 2 years?

- Yes
- No

in the past 6 months?

- Yes
- No

in the past 4 weeks? Yes
 No

Exposure to Construction Material in the Workplace (Current Job)

Have there been renovations or construction at your primary work station (floor/ward/wing)?

in the past 2 years? Yes
 No

in the past 6 months? Yes
 No

in the past 4 weeks? Yes
 No

Was the renovation related to water damage or mold? Yes
 No

Painting walls or fixtures?

in the past 2 years? Yes
 No

in the past 6 months? Yes
 No

in the past 4 weeks? Yes
 No

Ripping out and replacing walls, woodwork, or partitions?

in the past 2 years? Yes
 No

in the past 6 months? Yes
 No

in the past 4 weeks? Yes
 No

Ripping out and replacing carpets or fixed furniture?

in the past 2 years? Yes
 No

in the past 6 months? Yes
 No

in the past 4 weeks? Yes
 No

Exposure to Sterilizing & High-Level Disinfecting Products Used on Medical Instruments (Current Job)

Do you sterilize or high-level disinfect medical instruments, including dental instruments or ventilator parts, in central supply or other locations such as endoscopy and bronchoscopy units, hemodialysis units, operating rooms or other clinical settings? Yes
 No

Acetic Acid - do you use this chemical or product? No
 Yes
 Don't know

Acetic Acid - used how many days per week?

- less than 1
- 1
- 2
- 3
- 4
- 5
- 6
- 7

Acetic Acid - are gloves worn with this chemical or product?

- none
- Nitrile
- Latex or Vinyl
- Don't Know

Alcohol - do you use this chemical or product?

- No
- Yes
- Don't know

Alcohol - used how many days per week?

- less than 1
- 1
- 2
- 3
- 4
- 5
- 6
- 7

Alcohol - are gloves worn with this chemical or product?

- none
- Nitrile
- Latex or Vinyl
- Don't Know

Bleach or chlorine such as Chlorox* - do you use this chemical or product?

- No
- Yes
- Don't know

Bleach or chlorine such as Chlorox* - used how many days per week?

- less than 1
- 1
- 2
- 3
- 4
- 5
- 6
- 7

Bleach or chlorine such as Chlorox* - are gloves worn with this chemical or product?

- none
- Nitrile
- Latex or Vinyl
- Don't Know

Enzymatic cleaners, such as Asepti-Zyme*, 3M Rapid Multi-Enzyme* - do you use this chemical or product?

- No
- Yes
- Don't know

Enzymatic cleaners, such as Asepti-Zyme*, 3M Rapid Multi-Enzyme* - used how many days per week?

- less than 1
- 1
- 2
- 3
- 4
- 5
- 6
- 7

Enzymatic cleaners, such as Asepti-Zyme*, 3M Rapid Multi-Enzyme* - are gloves worn with this chemical or product?

- none
- Nitrile
- Latex or Vinyl
- Don't Know

Ethylene oxide in compressed-gas cylinders or single-dose cartridges - do you use this chemical or product?

- No
 Yes
 Don't know

Ethylene oxide in compressed-gas cylinders or single-dose cartridges - used how many days per week?

- less than 1
 1
 2
 3
 4
 5
 6
 7

Ethylene oxide in compressed-gas cylinders or single-dose cartridges - are gloves worn with this chemical or product?

- none
 Nitrile
 Latex or Vinyl
 Don't Know

Ethylene oxide in glass ampules - do you use this chemical or product?

- No
 Yes
 Don't know

Ethylene oxide in glass ampules - used how many days per week?

- less than 1
 1
 2
 3
 4
 5
 6
 7

Ethylene oxide in glass ampules - are gloves worn with this chemical or product?

- none
 Nitrile
 Latex or Vinyl
 Don't Know

Formaldehyde - do you use this chemical or product?

- No
 Yes
 Don't know

Formaldehyde - used how many days per week?

- less than 1
 1
 2
 3
 4
 5
 6
 7

Formaldehyde - are gloves worn with this chemical or product?

- none
 Nitrile
 Latex or Vinyl
 Don't Know

Glutaraldehydes such as Cidex*, Metricide*, Rapicide*, Wavicide* - do you use this chemical or product?

- No
 Yes
 Don't know

Glutaraldehydes such as Cidex*, Metricide*, Rapicide*, Wavicide* - used how many days per week?

- less than 1
 1
 2
 3
 4
 5
 6
 7

Glutaraldehydes such as Cidex*, Metricide*, Rapicide*, Wavicide*- are gloves worn with this chemical or product?

- none
 Nitrile
 Latex or Vinyl
 Don't Know

Glutaraldehyde and isopropanol combinations such as Aldahol III* - do you use this chemical or product?

- No
 Yes
 Don't know

Glutaraldehyde and isopropanol combinations such as Aldahol III* - used how many days per week?

- less than 1
 1
 2
 3
 4
 5
 6
 7

Glutaraldehyde and isopropanol combinations such as Aldahol III* - are gloves worn with this chemical or product?

- none
 Nitrile
 Latex or Vinyl
 Don't Know

Glutaraldehyde and phenol/phenate combinations such as Sporidicin* - do you use this chemical or product?

- No
 Yes
 Don't know

Glutaraldehyde and phenol/phenate combinations such as Sporidicin* - used how many days per week?

- less than 1
 1
 2
 3
 4
 5
 6
 7

Glutaraldehyde and phenol/phenate combinations such as Sporidicin* - are gloves worn with this chemical or product?

- none
 Nitrile
 Latex or Vinyl
 Don't Know

Hydrogen peroxides such as Accell*, Optim*, Resert XL*, Sporox* - do you use this chemical or product?

- No
 Yes
 Don't know

Hydrogen peroxides such as Accell*, Optim*, Resert XL*, Sporox* - used how many days per week?

- less than 1
 1
 2
 3
 4
 5
 6
 7

Hydrogen peroxides such as Accell*, Optim*, Resert XL*, Sporox* - are gloves worn with this chemical or product?

- none
 Nitrile
 Latex or Vinyl
 Don't Know

Hydrogen peroxide and peracetic acid combinations such as Acecide*, EndoSpor Plus*, Metrex*, Peract* - do you use this chemical or product?

- No
 Yes
 Don't know

Hydrogen peroxide and peracetic acid combinations such as Acecide*, EndoSpor Plus*, Metrex*, Peract*- used how many days per week?

- less than 1
 1
 2
 3
 4
 5
 6
 7

Hydrogen peroxide and peracetic acid combinations such as Acecide*, EndoSpor Plus*, Metrex*, Peract* - are gloves worn with this chemical or product?

- none
 Nitrile
 Latex or Vinyl
 Don't Know

Hydrogen peroxide gas plasma such as Sterad* - do you use this chemical or product?

- No
 Yes
 Don't know

Hydrogen peroxide gas plasma such as Sterad*- used how many days per week?

- less than 1
 1
 2
 3
 4
 5
 6
 7

Hydrogen peroxide gas plasma such as Sterad* - are gloves worn with this chemical or product?

- none
 Nitrile
 Latex or Vinyl
 Don't Know

Hypochlorite or Hypochlorous acids such as Sterilox* - do you use this chemical or product?

- No
 Yes
 Don't know

Hypochlorite or Hypochlorous acids such as Sterilox*- used how many days per week?

- less than 1
 1
 2
 3
 4
 5
 6
 7

Hypochlorite or Hypochlorous acids such as Sterilox* - are gloves worn with this chemical or product?

- none
 Nitrile
 Latex or Vinyl
 Don't Know

Ortho-phthalaldehydes such as Cidex OPA*, Opaciden* - do you use this chemical or product?

- No
 Yes
 Don't know

Ortho-phthalaldehydes such as Cidex OPA*, Opaciden*- used how many days per week?

- less than 1
 1
 2
 3
 4
 5
 6
 7

Ortho-phthalaldehydes such as Cidex OPA*, Opaciden* - are gloves worn with this chemical or product?

- none
 Nitrile
 Latex or Vinyl
 Don't Know

Peracetic acid such as Steris* - do you use this chemical or product?

- No
- Yes
- Don't know

Peracetic acid such as Steris*- used how many days per week?

- less than 1
- 1
- 2
- 3
- 4
- 5
- 6
- 7

Peracetic acid such as Steris* - are gloves worn with this chemical or product?

- none
- Nitrile
- Latex or Vinyl
- Don't Know

Please write any other sterilizing or high-level disinfecting chemicals or product names you use on medical instruments.

Name brand or product # 1

Above named product- used how many days per week?

- less than 1
- 1
- 2
- 3
- 4
- 5
- 6
- 7

Above named product- are gloves worn with this?

- none
- Nitrile
- Latex or Vinyl
- Don't Know

Name brand or product # 2

Above named product- used how many days per week?

- less than 1
- 1
- 2
- 3
- 4
- 5
- 6
- 7

Above named product- are gloves worn with this?

- none
- Nitrile
- Latex or Vinyl
- Don't Know

Name brand or product # 3

Above named product- used how many days per week?

- less than 1
- 1
- 2
- 3
- 4
- 5
- 6
- 7

Above named product- are gloves worn with this?

- none
- Nitrile
- Latex or Vinyl
- Don't Know

Name brand or product # 4

Above named product- used how many days per week?

- less than 1
 1
 2
 3
 4
 5
 6
 7

Above named product- are gloves worn with this?

- none
 Nitrile
 Latex or Vinyl
 Don't Know

Name brand or product # 5

Above named product- used how many days per week?

- less than 1
 1
 2
 3
 4
 5
 6
 7

Above named product- are gloves worn with this?

- none
 Nitrile
 Latex or Vinyl
 Don't Know

Name brand or product # 6

Above named product- used how many days per week?

- less than 1
 1
 2
 3
 4
 5
 6
 7

Above named product- are gloves worn with this?

- none
 Nitrile
 Latex or Vinyl
 Don't Know

On a typical day when you use sterilants or high-level disinfectants, how many TIMES PER DAY do you use these products?

- less than 1 time per day
 1-3 times per day
 4-10 times per day
 greater than 10 times per day

On a typical day when you use sterilants or high-level disinfectants, how many HOURS PER DAY do you use these products?

- less than 1 hour
 1-2 hours
 greater than 2-4 hours
 greater than 4-6 hours
 greater than 6 hours

Do you ever prepare medical instruments for sterilization by manually disassembling instruments, removing gross contaminants or flushing gross contaminants and waste?

- Yes
 No

When you remove gross contaminants and waste from scopes and instruments, please indicate how many days per week, times per week, duration of task and the type of gloves used when you perform this task.

Days per week

(number of days per week)

Times per day

(number of times per day)

Duration of task - please estimate the approximate number of minutes.

(number of minutes per task)

Type of gloves worn with task

- none
 Nitrile
 Latex or Vinyl
 Don't Know

Do you ever prepare medical instruments for sterilization by refilling or changing sterilization solutions?

- Yes
 No

When you refill or change sterilization solutions, please indicate how many days per week, times per week, duration of task and the type of gloves used when you perform this task.

Days per week

(number of days per week)

Times per day

(number of times per day)

Duration of task - please estimate the approximate number of minutes.

(number of minutes per task)

Type of gloves worn with task

- none
 Nitrile
 Latex or Vinyl
 Don't Know

Do you ever manually sterilize medical instruments?

- Yes
 No

When you manually sterilize medical instruments, please indicate how many days per week, times per week, duration of task and the type of gloves used when you perform this task.

Days per week

(number of days per week)

Times per day

(number of times per day)

Duration of task - please estimate the approximate number of minutes.

(number of minutes per task)

Type of gloves worn with task

- none
 Nitrile
 Latex or Vinyl
 Don't Know

Do you use a sterilant emersion container when you manually sterilize or high-level disinfect medical instruments?

- Yes
 No

When using a sterilants emersion container please select all conditions that apply.

- Enclosed box or exhaust hood used
 Emersion box equipped with a tight fitting lid
 Local exhaust ventilation is used in room
 None of the conditions apply

Do you ever sterilize medical instruments using automated endoscope reprocessing systems or other automated systems?

- Yes
 No

Do you perform the task of operating EtO sterilizer?

- No
 Yes
 Don't know

How many days per week do you operate EtO sterilizer?

_____ (number of days per week)

How many times per day do you operate EtO sterilizer?

_____ (number of times per day)

Duration of task - please estimate the approximate number of minutes to operate the EtO sterilizer each time.

_____ (number of minutes per task)

Is system closed while operating EtO sterilizer?

- No
 Yes
 Don't know

Is local exhaust ventilation used while operating EtO sterilizer?

- No
 Yes
 Don't know

Do you perform the task of operating Plasma H2O2 Sterad* system?

- No
 Yes
 Don't know

How many days per week do you operate Plasma H2O2 Sterad* system?

_____ (number of days per week)

How many times per day do you operate Plasma H2O2 Sterad* system?

_____ (number of times per day)

Duration of task - please estimate the approximate number of minutes to operate Plasma H2O2 Sterad* system each time.

_____ (number of minutes per task)

Is system closed while operating Plasma H2O2 Sterad* system?

- No
 Yes
 Don't know

Is local exhaust ventilation used while operating Plasma H2O2 Sterad* system?

- No
 Yes
 Don't know

Do you perform the task of operating Steris* system?

- No
 Yes
 Don't know

How many days per week do you operate Steris* system?

_____ (number of days per week)

How many times per day do you operate Steris* system?

_____ (number of times per day)

Duration of task - please estimate the approximate number of minutes to operate Steris* system each time.

_____ (number of minutes per task)

Is system closed while operating Steris* system?

- No
 Yes
 Don't know

Is local exhaust ventilation used while operating Steris* system?

- No
 Yes
 Don't know

Do you perform the task of cleaning or replacing equipment screens or filters?

- No
 Yes
 Don't know

How many days per week do you clean or replace equipment screens or filters?

_____ (number of days per week)

How many times per day do you clean or replace equipment screens or filters?

_____ (number of times per day)

Duration of task - please estimate the approximate number of minutes to clean or replace equipment screens or filters each time.

_____ (number of minutes per task)

Is system closed while cleaning or replacing equipment screens or filters?

- No
 Yes
 Don't know

Is local exhaust ventilation used while cleaning or replacing equipment screens or filters?

- No
 Yes
 Don't know

Do you rinse or flush sterilized medical instruments with alcohol?

- Yes
 No

After rinsing or flushing with alcohol do you use forced air to dry medical instruments?

- Yes
 No

What special personal protective equipment do you use when sterilizing medical equipment or instruments?

Do you wear latex gloves?

- always
 mostly
 sometimes
 never

Do you wear chemical resistant gloves?

- always
 mostly
 sometimes
 never

Do you wear a chemical resistant apron?

- always
 mostly
 sometimes
 never

Do you wear a face shield?

- always
 mostly
 sometimes
 never

Do you wear a surgical mask?

- always
 mostly
 sometimes
 never

Do you wear a N95 respirator?

- always
 mostly
 sometimes
 never

Do you wear a respirator with particulate filter cartridges?

- always
 mostly
 sometimes
 never

Do you wear a respirator with chemical cartridges?

- always
 mostly
 sometimes
 never

Have you been trained in the use of personal protective equipment?

- No
 Yes
 Don't know

Exposure to Cleaning & Disinfectant Products used on Fixed Surfaces, Equipment or Instruments (Current Job)

Do you clean or disinfect fixed surfaces, equipment or instruments such as: countertops, floors, beds, bathrooms, IV poles, monitors, carts, computers, blood pressure cuffs, and stethoscopes with cleaners or disinfectants such as bleach/chlorine, ammonia, chloramines, quats, phenolics, floor stripper, acids, detergents?

- Yes
 No

What are the names of the cleaners/disinfectants you use to clean surfaces of equipment or instruments. Please select the brand or product from the list or write in brand or product names, how many days per week you use and the type of gloves used when you use these cleaners/disinfectants.

Glass cleaning products such as Windex* - do you use this chemical or product?

- No
 Yes
 Don't know

Glass cleaning products such as Windex* - used how many days per week?

- less than 1
 1
 2
 3
 4
 5
 6
 7

Glass cleaning products such as Windex* - are gloves worn with this chemical or product?

- none
 Nitrile
 Latex or Vinyl
 Don't Know

Acid - do you use this chemical or product?

- No
 Yes
 Don't know

Acid - used how many days per week?

- less than 1
 1
 2
 3
 4
 5
 6
 7

Acid - are gloves worn with this chemical or product?

- none
 Nitrile
 Latex or Vinyl
 Don't Know

Alcohol such as ethanol and isopropanol - do you use this chemical or product?

- No
 Yes
 Don't know

Alcohol such as ethanol and isopropanol - used how many days per week?

- less than 1
 1
 2
 3
 4
 5
 6
 7

Alcohol such as ethanol and isopropanol - are gloves worn with this chemical or product?

- none
- Nitrile
- Latex or Vinyl
- Don't Know

Ammonia - do you use this chemical or product?

- No
- Yes
- Don't know

Ammonia - used how many days per week?

- less than 1
- 1
- 2
- 3
- 4
- 5
- 6
- 7

Ammonia - are gloves worn with this chemical or product?

- none
- Nitrile
- Latex or Vinyl
- Don't Know

Bleach or chlorine such as Clorox* - do you use this chemical or product?

- No
- Yes
- Don't know

Bleach or chlorine such as Clorox* - used how many days per week?

- less than 1
- 1
- 2
- 3
- 4
- 5
- 6
- 7

Bleach or chlorine such as Clorox* - are gloves worn with this chemical or product?

- none
- Nitrile
- Latex or Vinyl
- Don't Know

Detergents - do you use this chemical or product?

- No
- Yes
- Don't know

Detergents - used how many days per week?

- less than 1
- 1
- 2
- 3
- 4
- 5
- 6
- 7

Detergents - are gloves worn with this chemical or product?

- none
- Nitrile
- Latex or Vinyl
- Don't Know

Enzymatic cleaners such as Asepti-Zyme*, 3M Rapid Multi-Enzyme* - do you use these chemicals or products?

- No
- Yes
- Don't know

Enzymatic cleaners such as Asepti-Zyme*, 3M Rapid Multi-Enzyme* - used how many days per week?

- less than 1
 1
 2
 3
 4
 5
 6
 7

Enzymatic cleaners such as Asepti-Zyme*, 3M Rapid Multi-Enzyme* - are gloves worn with these chemicals or products?

- none
 Nitrile
 Latex or Vinyl
 Don't Know

Floor wax stripper - do you use this chemical or product?

- No
 Yes
 Don't know

Floor wax stripper - used how many days per week?

- less than 1
 1
 2
 3
 4
 5
 6
 7

Floor wax stripper - are gloves worn with this chemical or product?

- none
 Nitrile
 Latex or Vinyl
 Don't Know

Phenolics, such as 3M Phenolic Disinfectant 18*, WexCide*, MicroBakII*, Megacide*, Novigard, Sporidicin* - do you use these chemicals or products?

- No
 Yes
 Don't know

Phenolics, such as 3M Phenolic Disinfectant 18*, WexCide*, MicroBakII*, Megacide*, Novigard*, Sporidicin* - used how many days per week?

- less than 1
 1
 2
 3
 4
 5
 6
 7

Phenolics, such as 3M Phenolic Disinfectant 18*, WexCide*, MicroBakII*, Megacide*, Novigard*, Sporidicin* - are gloves worn with these chemicals or products?

- none
 Nitrile
 Latex or Vinyl
 Don't Know

Quaternary ammonium compounds "Quats", such as 3M Neutral Quat 23*, 3M HB Quat 25*, Sani-Cloth Plus*, Oasis*, Staphene*, BTC100*, BioQuat*, Sentinel* - do you use these chemicals or products?

- No
 Yes
 Don't know

Quaternary ammonium compounds "Quats", such as 3M Neutral Quat 23*, 3M HB Quat 25*, Sani-Cloth Plus*, Oasis, Staphene*, BTC100*, BioQuat*, Sentinel* - used how many days per week?

- less than 1
 1
 2
 3
 4
 5
 6
 7

Quaternary ammonium compounds "Quats", such as 3M Neutral Quat 23*, 3M HB Quat 25*, Sani-Cloth Plus*, Oasis*, Staphene*, BTC100*, BioQuat*, Sentinel* - are gloves worn with these chemicals or products?

- none
 Nitrile
 Latex or Vinyl
 Don't Know

Please list any other cleaning or disinfection chemicals or products you use.

Name brand or product #1 _____

Used how many days per week?

- less than 1
- 1
- 2
- 3
- 4
- 5
- 6
- 7

Are gloves worn with these chemicals or products?

- none
- Nitrile
- Latex or Vinyl
- Don't Know

Name brand or product #2 _____

Used how many days per week?

- less than 1
- 1
- 2
- 3
- 4
- 5
- 6
- 7

Are gloves worn with these chemicals or products?

- none
- Nitrile
- Latex or Vinyl
- Don't Know

Name brand or product #3 _____

Used how many days per week?

- less than 1
- 1
- 2
- 3
- 4
- 5
- 6
- 7

Are gloves worn with these chemicals or products?

- none
- Nitrile
- Latex or Vinyl
- Don't Know

Name brand or product #4 _____

Used how many days per week?

- less than 1
- 1
- 2
- 3
- 4
- 5
- 6
- 7

Are gloves worn with these chemicals or products?

- none
- Nitrile
- Latex or Vinyl
- Don't Know

Name brand or product #5 _____

Used how many days per week?

- less than 1
 1
 2
 3
 4
 5
 6
 7

Are gloves worn with these chemicals or products?

- none
 Nitrile
 Latex or Vinyl
 Don't Know

Name brand or product #6

Used how many days per week?

- less than 1
 1
 2
 3
 4
 5
 6
 7

Are gloves worn with these chemicals or products?

- none
 Nitrile
 Latex or Vinyl
 Don't Know

On a typical day when you use cleaners or disinfectants on fixed surfaces, equipment or instruments, how many times per day do you use these products?

- less than 1 time per day
 1-3 times per day
 4-10 times per day
 greater than 10 times per day

On a typical day when you use cleaners or disinfectants on fixed surfaces, equipment or instruments, how many hours per day do you use these products?

- less than 1 hour per day
 1-2 hours per day
 greater than 2-4 hours per day
 greater than 4-6 hours per day
 greater than 6 hours per day

When you use cleaners or disinfectants on fixed surfaces, equipment or instruments, do you use more sprays or more wipes, or do you use both equally often? Select the ONE best answer.

- Use more sprays than wipes
 Use more wipes than sprays
 Use sprays and wipes about equally
 Not sure which I use more

What tasks do you perform and tools do you use when cleaning and disinfecting surfaces; and what surfaces do you clean and disinfect? In the questions below, please indicate how many days per week, times per week, duration of task and type of gloves used when you perform this task.

Do you wipe down beds, furniture, counters, walls, etc?

- No
 Yes
 Don't know

How many days per week?

- less than 1
 1
 2
 3
 4
 5
 6
 7

How many times per day?

_____ (number of times per day)

Duration of task - please estimate the approximate number of minutes to wipe down beds, furniture, counters, walls, etc.

_____ (number of minutes per task)

Are gloves worn with this task?

- none
 Nitrile
 Latex or Vinyl
 Don't Know

Do you clean up spills or blood?

- No
 Yes
 Don't know

How many days per week?

- less than 1
 1
 2
 3
 4
 5
 6
 7

How many times per day?

_____ (number of times per day)

Duration of task - please estimate the approximate number of minutes to clean spills or blood.

_____ (number of minutes per task)

Are gloves worn with this task?

- none
 Nitrile
 Latex or Vinyl
 Don't Know

Do you manually mix, refill, or empty cleaning or disinfecting products?

- No
 Yes
 Don't know

How many days per week?

- less than 1
 1
 2
 3
 4
 5
 6
 7

How many times per day?

_____ (number of times per day)

Duration of task - please estimate the approximate number of minutes to manually mix, refill, or empty cleaning or disinfecting products.

_____ (number of minutes per task)

Are gloves worn with this task?

- none
 Nitrile
 Latex or Vinyl
 Don't Know

Do you clean bathrooms including toilet, sink, shower?

- No
 Yes
 Don't know

How many days per week?

- less than 1
- 1
- 2
- 3
- 4
- 5
- 6
- 7

How many times per day?

_____ (number of times per day)

Duration of task - please estimate the approximate number of minutes to clean bathrooms including toilet, sink, shower.

_____ (number of minutes per task)

Are gloves worn with this task?

- none
- Nitrile
- Latex or Vinyl
- Don't Know

Do you spray then wipe glass, windows, mirrors?

- No
- Yes
- Don't know

How many days per week?

- less than 1
- 1
- 2
- 3
- 4
- 5
- 6
- 7

How many times per day?

_____ (number of times per day)

Duration of task - please estimate the approximate number of minutes to spray then wipe glass, windows, mirrors.

_____ (number of minutes per task)

Are gloves worn with this task?

- none
- Nitrile
- Latex or Vinyl
- Don't Know

Do you polish wood furniture?

- No
- Yes
- Don't know

How many days per week?

- less than 1
- 1
- 2
- 3
- 4
- 5
- 6
- 7

How many times per day?

_____ (number of times per day)

Duration of task - please estimate the approximate number of minutes to polish wood furniture.

_____ (number of minutes per task)

Are gloves worn with this task?

- none
- Nitrile
- Latex or Vinyl
- Don't Know

Do you polish stainless steel surfaces?

- No
- Yes
- Don't know

How many days per week?

- less than 1
- 1
- 2
- 3
- 4
- 5
- 6
- 7

How many times per day?

_____ (number of times per day)

Duration of task - please estimate the approximate number of minutes to polish stainless steel surfaces.

_____ (number of minutes per task)

Are gloves worn with this task?

- none
- Nitrile
- Latex or Vinyl
- Don't Know

Do you spray deodorant/disinfectant?

- No
- Yes
- Don't know

How many days per week?

- less than 1
- 1
- 2
- 3
- 4
- 5
- 6
- 7

How many times per day?

_____ (number of times per day)

Duration of task - please estimate the approximate number of minutes to spray deodorant/disinfectant.

_____ (number of minutes per task)

Are gloves worn with this task?

- none
- Nitrile
- Latex or Vinyl
- Don't Know

Do you mop floors?

- No
- Yes
- Don't know

How many days per week?

- less than 1
- 1
- 2
- 3
- 4
- 5
- 6
- 7

How many times per day?

_____ (number of times per day)

Duration of task - please estimate the approximate number of minutes to mop floors.

(number of minutes per task)

Are gloves worn with this task?

- none
- Nitrile
- Latex or Vinyl
- Don't Know

Do you remove soiled linen, trash, or containers contaminated with blood, vomit, urine, feces, or chemicals?

- No
- Yes
- Don't know

How many days per week?

- less than 1
- 1
- 2
- 3
- 4
- 5
- 6
- 7

How many times per day?

(number of times per day)

Duration of task - please estimate the approximate number of minutes to remove soiled linen, trash, or containers contaminated with blood, vomit, urine, feces, or chemicals.

(number of minutes per task)

Are gloves worn with this task?

- none
- Nitrile
- Latex or Vinyl
- Don't Know

Do you clean instruments such as scissors, stethoscopes, and thermometers?

- No
- Yes
- Don't know

How many days per week?

- less than 1
- 1
- 2
- 3
- 4
- 5
- 6
- 7

How many times per day?

(number of times per day)

Duration of task - please estimate the approximate number of minutes to clean instruments such as scissors, stethoscopes, and thermometers.

(number of minutes per task)

Are gloves worn with this task?

- none
- Nitrile
- Latex or Vinyl
- Don't Know

Do you clean equipment such as IV poles, carts, monitors and computers?

- No
- Yes
- Don't know

How many days per week?

- less than 1
- 1
- 2
- 3
- 4
- 5
- 6
- 7

How many times per day?

_____ (number of times per day)

Duration of task - please estimate the approximate number of minutes to clean equipment such as IV poles, carts, monitors and computers.

_____ (number of minutes per task)

Are gloves worn with this task?

- none
- Nitrile
- Latex or Vinyl
- Don't Know

Do you do terminal cleaning of patient rooms?

- No
- Yes
- Don't know

How many days per week?

- less than 1
- 1
- 2
- 3
- 4
- 5
- 6
- 7

How many times per day?

_____ (number of times per day)

Duration of task - please estimate the approximate number of minutes to clean rooms of terminally ill patients.

_____ (number of minutes per task)

Are gloves worn with this task?

- none
- Nitrile
- Latex or Vinyl
- Don't Know

Do you clean or disinfect rooms of patients with MRSA, VRE or other drug resistant bacteria in patient rooms?

- No
- Yes
- Don't know

How many days per week?

- less than 1
- 1
- 2
- 3
- 4
- 5
- 6
- 7

How many times per day?

_____ (number of times per day)

Duration of task - please estimate the approximate number of minutes to clean or disinfect for MRSA, VRE or other drug resistant bacteria in patient rooms.

_____ (number of minutes per task)

Are gloves worn with this task?

- none
 Nitrile
 Latex or Vinyl
 Don't Know

Do you do end of day cleaning of operating rooms, dialysis units or other patient care areas?

- No
 Yes
 Don't know

How many days per week?

- less than 1
 1
 2
 3
 4
 5
 6
 7

How many times per day?

_____ (number of times per day)

Duration of task - please estimate the approximate number of minutes to clean operating rooms, diaysis units or other patient care areas at the end of shift.

_____ (number of minutes per task)

Are gloves worn with this task?

- none
 Nitrile
 Latex or Vinyl
 Don't Know

Do you strip, wax and buff floors using strippers and waxes?

- Yes
 No

What tasks do you perform and tools do you use to strip, wax and buff floors? Please indicate how many days per week, times per week, duration of task and the type of gloves used when you perform this task.

Do you strip floors?

- No
 Yes
 Don't know

How many days per week?

- less than 1
 1
 2
 3
 4
 5
 6
 7

How many times per day?

_____ (number of times per day)

Duration of task - please estimate the approximate number of minutes to strip floors.

_____ (number of minutes per task)

Are gloves worn with this task?

- none
 Nitrile
 Latex or Vinyl
 Don't Know

Do you scrape floors?

- No
 Yes
 Don't know

How many days per week?

- less than 1
- 1
- 2
- 3
- 4
- 5
- 6
- 7

How many times per day?

_____ (number of times per day)

Duration of task - please estimate the approximate number of minutes to scrape floors.

_____ (number of minutes per task)

Are gloves worn with this task?

- none
- Nitrile
- Latex or Vinyl
- Don't Know

Do you buff floors?

- No
- Yes
- Don't know

How many days per week?

- less than 1
- 1
- 2
- 3
- 4
- 5
- 6
- 7

How many times per day?

_____ (number of times per day)

Duration of task - please estimate the approximate number of minutes to buff floors.

_____ (number of minutes per task)

Are gloves worn with this task?

- none
- Nitrile
- Latex or Vinyl
- Don't Know

Do you wax floors?

- No
- Yes
- Don't know

How many days per week?

- less than 1
- 1
- 2
- 3
- 4
- 5
- 6
- 7

How many times per day?

_____ (number of times per day)

Duration of task - please estimate the approximate number of minutes to wax floors.

_____ (number of minutes per task)

Are gloves worn with this task?

- none
- Nitrile
- Latex or Vinyl
- Don't Know

What special personal protective equipment do you use when stripping or waxing floors or cleaning surfaces?

Do you wear a chemical resistant apron? always
 mostly
 sometimes
 never

Do you wear a face shield? always
 mostly
 sometimes
 never

Do you wear a surgical mask? always
 mostly
 sometimes
 never

Do you wear a N95 respirator? always
 mostly
 sometimes
 never

Do you wear a respirator with particulate filter cartridges? always
 mostly
 sometimes
 never

Do you wear a respirator with chemical cartridges? always
 mostly
 sometimes
 never

Have you been trained in the use of personal protective equipment? no
 yes
 don't know

Are there any other exposure control measures when you clean surfaces?

Is the mixing system enclosed? No
 Yes
 N/A

Does the room where you clean surfaces have vents in the ceiling? No
 Yes
 N/A

Do you turn on the fan when you clean bathrooms? No
 Yes
 N/A

Exposure to Chemicals used in Medical/Clinical or Dental Laboratory, Radiology, or Pharmacy in Patient/Chemical Preparation Area (Current Job)

Do you use chemicals, medicines, solvents, developing solution or metals (such as xylenes, methylmethacrylates, mercury, beryllium) at work in the laboratory or in patient/chemical preparation areas? Yes
 No

Do you work in the Clinical, Histology, Microbiology, or Pathology laboratories? Yes
 No

Do you use formalin to fix grossed tissue and autopsy specimens. No
 Yes
 Don't know

How many days per week?

- less than 1
- 1
- 2
- 3
- 4
- 5
- 6
- 7

How many times per day?

_____ (number of times per day)

Duration of task - please estimate the approximate number of minutes to fix grossed tissue and autopsy specimens.

_____ (number of minutes per task)

Do you perform these tasks in a fume hood?

- No
- Yes
- Don't know

Do you perform these tasks using bench-top local exhaust ventilation?

- No
- Yes
- Don't Know

Do you use stains and dyes such as haematoxylin and eosin stain?

- No
- Yes
- Don't know

How many days per week?

- less than 1
- 1
- 2
- 3
- 4
- 5
- 6
- 7

How many times per day?

_____ (number of times per day)

Duration of task - please estimate the approximate number of minutes you use stains and dyes such as haematoxylin and eosin stain.

_____ (number of minutes per task)

Do you perform these tasks in a fume hood?

- No
- Yes
- Don't know

Do you perform these tasks using bench-top local exhaust ventilation?

- No
- Yes
- Don't Know

Do you use solvents such as xylene and toluene to fix tissue specimens and rinse stains?

- No
- Yes
- Don't know

How many days per week?

- less than 1
- 1
- 2
- 3
- 4
- 5
- 6
- 7

How many times per day?

_____ (number of times per day)

Duration of task - please estimate the approximate number of minutes you use solvents such as xylene and toluene to fix tissue specimens and rinse stains.

_____ (number of minutes per task)

Do you perform these tasks in a fume hood?

- No
 Yes
 Don't know

Do you perform these tasks using bench-top local exhaust ventilation?

- No
 Yes
 Don't Know

Do you work in the Dental Laboratories?

- Yes
 No

Do you mix plaster, acrylic pastes (methyl methacrylates) or glues for dentures?

- No
 Yes
 Don't know

How many days per week?

- less than 1
 1
 2
 3
 4
 5
 6
 7

How many times per day?

_____ (number of times per day)

Duration of task - please estimate the approximate number of minutes you mix plaster, acrylic pastes (methyl methacrylates) or glues for dentures.

_____ (number of minutes per task)

Do you perform these tasks in a fume hood?

- No
 Yes
 Don't know

Do you perform these tasks using bench-top local exhaust ventilation?

- No
 Yes
 Don't Know

Do you prepare, mix, pour resins, solutions, chemicals and solvents?

- No
 Yes
 Don't know

How many days per week?

- less than 1
 1
 2
 3
 4
 5
 6
 7

How many times per day?

_____ (number of times per day)

Duration of task - please estimate the approximate number of minutes you prepare, mix, pour resins, solutions, chemicals and solvents.

_____ (number of minutes per task)

Do you perform these tasks in a fume hood?

- No
 Yes
 Don't know

Do you perform these tasks using bench-top local exhaust ventilation?

- No
- Yes
- Don't Know

Do you cast metal dental frameworks using alloys such as BE, Cr, CO and NI?

- No
- Yes
- Don't know

How many days per week?

- less than 1
- 1
- 2
- 3
- 4
- 5
- 6
- 7

How many times per day?

_____ (number of times per day)

Duration of task - please estimate the approximate number of minutes you cast metal dental frameworks using alloys such as BE, Cr, CO and NI.

_____ (number of minutes per task)

Do you perform these tasks in a fume hood?

- No
- Yes
- Don't know

Do you perform these tasks using bench-top local exhaust ventilation?

- No
- Yes
- Don't Know

Do you prepare metal surfaces by cutting, grinding and sand blasting?

- No
- Yes
- Don't know

How many days per week?

- less than 1
- 1
- 2
- 3
- 4
- 5
- 6
- 7

How many times per day?

_____ (number of times per day)

Duration of task - please estimate the approximate number of minutes you prepare metal surfaces by cutting, grinding and sand blasting.

_____ (number of minutes per task)

Do you perform these tasks in a fume hood?

- No
- Yes
- Don't know

Do you perform these tasks using bench-top local exhaust ventilation?

- No
- Yes
- Don't Know

Do you apply porcelain layer and bake and grind?

- No
- Yes
- Don't know

How many days per week?

- less than 1
 1
 2
 3
 4
 5
 6
 7

How many times per day?

_____ (number of times per day)

Duration of task - please estimate the approximate number of minutes you apply porcelain layer and bake and grind.

_____ (number of minutes per task)

Do you perform these tasks in a fume hood?

- No
 Yes
 Don't know

Do you perform these tasks using bench-top local exhaust ventilation?

- No
 Yes
 Don't Know

Do you grind/polish dentures?

- No
 Yes
 Don't know

How many days per week?

- less than 1
 1
 2
 3
 4
 5
 6
 7

How many times per day?

_____ (number of times per day)

Duration of task - please estimate the approximate number of minutes you grind/polish dentures.

_____ (number of minutes per task)

Do you perform these tasks in a fume hood?

- No
 Yes
 Don't know

Do you perform these tasks using bench-top local exhaust ventilation?

- No
 Yes
 Don't Know

Do you work in Pharmacy?

- Yes
 No

Do you mix and compound antineoplastic and other cytotoxic drugs?

- No
 Yes
 Don't know

How many days per week?

- less than 1
 1
 2
 3
 4
 5
 6
 7

How many times per day?

_____ (number of times per day)

Duration of task - please estimate the approximate number of minutes you mix and compound antineoplastic and other cytotoxic drugs.

_____ (number of minutes per day)

Do you perform these tasks in a fume hood?

- No
 Yes
 Don't know

Do you perform these tasks using bench-top local exhaust ventilation?

- No
 Yes
 Don't Know

Do you work in the Radiology Department?

- Yes
 No

Do you handle film developing solutions?

- No
 Yes
 Don't know

How many days per week?

- less than 1
 1
 2
 3
 4
 5
 6
 7

How many times per day?

_____ (number of times per day)

Duration of task - please estimate the approximate number of minutes you handle film developing solutions.

_____ (number of minutes per task)

Do you perform these tasks in a fume hood?

- No
 Yes
 Don't know

Do you perform these tasks using bench-top local exhaust ventilation?

- No
 Yes
 Don't Know

What special personal protective equipment do you use when you handle or use materials in the Radiology Department or Laboratories mentioned above (Histology, Microbiology, Pathology, Dental, Pharmacy)?

Do you wear latex gloves?

- always
 mostly
 sometimes
 never

Do you wear chemical resistant gloves?

- always
 mostly
 sometimes
 never

Do you wear a chemical resistant apron?

- always
 mostly
 sometimes
 never

Do you wear a face shield?

- always
 mostly
 sometimes
 never

Do you wear a surgical mask?

always
 mostly
 sometimes
 never

Do you wear a N95 respirator?

always
 mostly
 sometimes
 never

Do you wear a respirator with particulate filter cartridges?

always
 mostly
 sometimes
 never

Do you wear a respirator with chemical cartridges?

always
 mostly
 sometimes
 never

Have you been trained in the use of personal protective equipment?

No
 Yes
 Don't Know

Exposure to Chemicals Used on Patients (Current Job)

Do you use chemicals, adhesives, antiseptics, alcohols or solvents such as iodine, hydrogen peroxide, super glue, bone cement, alcohols, alcohol preps, mineral spirits, toluene, solutions to remove adhesives at work on patients?

Yes
 No

What tasks do you perform when you apply or use chemicals, antiseptics, adhesives, alcohols, or solvents on patients during procedures? Please indicate how many days per week, times per day, duration of task and type of gloves used.

Do you use antiseptics such as alcohols, iodine, acetic acid to disinfect skin areas on patients prior to procedure using wipes, gauze or swabs?

No
 Yes
 Don't know

How many days per week?

less than 1
 1
 2
 3
 4
 5
 6
 7

How many times per day?

_____ (number of times per day)

Duration of task - please estimate the approximate number of minutes to use antiseptics such as alcohols, iodine, acetic acid to disinfect skin areas on patients prior to procedure using wipes, gauze or swabs.

_____ (number of minutes per task)

Are gloves worn with this task?

none
 Nitrile
 Latex or Vinyl
 Don't Know

Do you clean and disinfect wounds using antiseptics such as silver compounds, chlorhexidine, povidone iodine or cadexomer iodine?

No
 Yes
 Don't know

How many days per week?

- less than 1
 1
 2
 3
 4
 5
 6
 7

How many times per day?

(number of times per day)

Duration of task - please estimate the approximate number of minutes to clean and disinfect wounds using antiseptics such as silver compounds, chlorhexidine, povidone iodine or cadexomer iodine.

(number of minutes per task)

Are gloves worn with this task?

- none
 Nitrile
 Latex or Vinyl
 Don't Know

Do you apply wound dressing such as polyurethane based hydrogel, hydrocolloid, or hydrocellular foam?

- No
 Yes
 Don't know

How many days per week?

- less than 1
 1
 2
 3
 4
 5
 6
 7

How many times per day?

(number of times per day)

Duration of task - please estimate the approximate number of minutes to apply wound dressing such as polyurethane based hydrogel, hydrocolloid, or hydrocellular foam.

(number of minutes per task)

Are gloves worn with this task?

- none
 Nitrile
 Latex or Vinyl
 Don't Know

Do you use adhesive such as super glue, acrylates, bone cements, benzoin tincture such as 3M*, Steri-strip* for surgery, skin closure, bone repair, ostomy bags and other applications.

- No
 Yes
 Don't know

How many days per week?

- less than 1
 1
 2
 3
 4
 5
 6
 7

How many times per day?

(number of times per day)

Duration of task - please estimate the approximate number of minutes to use adhesive such as super glue, acrylates, bone cements, benzoin tincture such as 3M*, Steri-strip* for surgery, skin closure, bone repair, ostomy bags and other applications.

_____ (number of minutes per task)

Are gloves worn with this task?

- none
 Nitrile
 Latex or Vinyl
 Don't Know

Do you use adhesive removing solvents such as alcohols, acetone with wipes, gauze or swabs?

- No
 Yes
 Don't know

How many days per week?

- less than 1
 1
 2
 3
 4
 5
 6
 7

How many times per day?

_____ (number of times per day)

Duration of task - please estimate the approximate number of minutes to use adhesive removing solvents such as alcohols, acetone with wipes, gauze or swabs.

_____ (number of minutes per task)

Are gloves worn with this task?

- none
 Nitrile
 Latex or Vinyl
 Don't Know

Do you apply casting material containing isocyanates?

- No
 Yes
 Don't know

How many days per week?

- less than 1
 1
 2
 3
 4
 5
 6
 7

How many times per day?

_____ (number of times per day)

Duration of task - please estimate the approximate number of minutes to apply casting material containing isocyanates.

_____ (number of minutes per task)

Are gloves worn with this task?

- none
 Nitrile
 Latex or Vinyl
 Don't Know

Are you exposed to surgical smoke during laser surgery or electrosurgery?

- No
 Yes
 Don't know

How many days per week?

- less than 1
 1
 2
 3
 4
 5
 6
 7

How many times per day?

(number of times per day)

Duration of task - please estimate the approximate number of minutes you are exposed to surgical smoke during laser surgery or electrosurgery.

(number of minutes per task)

Are gloves worn with this task?

- none
 Nitrile
 Latex or Vinyl
 Don't Know

Are you exposed to anesthetic gases during surgical procedures?

- No
 Yes
 Don't know

How many days per week?

- less than 1
 1
 2
 3
 4
 5
 6
 7

How many times per day?

(number of times per day)

Duration of task - please estimate the approximate number of minutes you are exposed to anesthetic gases during surgical procedures

(number of minutes per task)

Are gloves worn with this task?

- none
 Nitrile
 Latex or Vinyl
 Don't Know

What special personal protective equipment do you use when you use chemicals/adhesives/alcohols/solvents with patients?

Do you wear a chemical resistant apron?

- always
 mostly
 sometimes
 never

Do you wear a face shield?

- always
 mostly
 sometimes
 never

Do you wear a surgical mask?

- always
 mostly
 sometimes
 never

Do you wear a N95 respirator?

- always
 mostly
 sometimes
 never

Do you wear a respirator with particulate filter cartridges?

- always
- mostly
- sometimes
- never

Do you wear a respirator with chemical cartridges?

- always
- mostly
- sometimes
- never

Have you been trained in the use of personal protective equipment?

- No
- Yes
- Don't Know

Exposure to Aerosolized Medicines Used with Patients (Current Job)

Do you administer aerosolized medications that might include antibiotics, such as Tobramycin, Amikacin, Colistin, pentamidine, ribavirin, bronchodilators, anesthetics, and antitrypsin, etc?

- Yes
- No

What tasks and tools do you use to administer aerosolized medications? Please indicate how many days per week, times per week, duration of task and the type of gloves used when you administer aerosolized medications.

Do you administer aerosolized medications with a small volume nebulizer (SVN)?

- No
- Yes
- Don't know

How many days per week?

- less than 1
- 1
- 2
- 3
- 4
- 5
- 6
- 7

How many times per day?

_____ (number of times per day)

Duration of task - please estimate the approximate number of minutes you administer aerosolized medications with a small volume nebulizer (SVN).

_____ (number of minutes per task)

Are gloves worn with this task?

- none
- Nitrile
- Latex or Vinyl
- Don't Know

Do you use continuous aerosol delivery system for bronchodilators and other medicines?

- No
- Yes
- Don't know

How many days per week?

- less than 1
- 1
- 2
- 3
- 4
- 5
- 6
- 7

How many times per day?

_____ (number of times per day)

Duration of task - please estimate the approximate number of minutes you use continuous aerosol delivery system for bronchodilators and other medicines.

_____ (number of minutes per task)

Are gloves worn with this task?

- none
 Nitrile
 Latex or Vinyl
 Don't Know

Do you administer aerosolized medications with a metered-dose inhaler (MDI)?

- No
 Yes
 Don't know

How many days per week?

- less than 1
 1
 2
 3
 4
 5
 6
 7

How many times per day?

(number of times per day)

Duration of task - please estimate the approximate number of minutes you administer aerosolized medications with a metered-dose inhaler (MDI).

(number of minutes per task)

Are gloves worn with this task?

- none
 Nitrile
 Latex or Vinyl
 Don't Know

Do you administer aerosolized medications with a dry powder inhaler (DPI)?

- No
 Yes
 Don't know

How many days per week?

- less than 1
 1
 2
 3
 4
 5
 6
 7

How many times per day?

(number of times per day)

Duration of task - please estimate the approximate number of minutes you administer aerosolized medications with a dry powder inhaler (DPI).

(number of minutes per task)

Are gloves worn with this task?

- none
 Nitrile
 Latex or Vinyl
 Don't Know

How do you apply or use these medicines with patients?

Do you handle medicines during preparation or cleanup?

- Yes
 No

Does the nebulizer have filters or scavengers to capture excess medicine?

- Yes
 No

Does the nebulizer have a ventilation system to capture excess medicine?

- Yes
 No

Is the nebulizing machine located in a negative pressure room?

- Yes
 No

What special personal protective equipment do you use when you administer aerosolized medicines?

Do you wear a chemical resistant apron?

- always
 mostly
 sometimes
 never

Do you wear a face shield?

- always
 mostly
 sometimes
 never

Do you wear a surgical mask?

- always
 mostly
 sometimes
 never

Do you wear a N95 respirator?

- always
 mostly
 sometimes
 never

Do you wear a respirator with particulate filter cartridges?

- always
 mostly
 sometimes
 never

Do you wear a respirator with chemical cartridges?

- always
 mostly
 sometimes
 never

Have you been trained in the use of personal protective equipment?

- No
 Yes
 Don't Know

Exposure to Chemicals used by Dental Assistants and Hygienists (Current Job)

Have you ever worked as a dental assistant or a hygienist?

- Yes
 No

What tasks do you do as a dental assistant or hygienist? Please indicate how many days per week, times per week, duration of task and the type of gloves used when you do these tasks.

Do you adjust, polish or repair dentures or use compounds such as methyl methacrylates, other acrylates and epoxys?

- No
 Yes
 Don't know

How many days per week?

- less than 1
 1
 2
 3
 4
 5
 6
 7

How many times per day?

_____ (number of times per day)

Duration of task - please estimate the approximate number of minutes you adjust, polish or repair dentures or use compounds such as methyl methacrylates, other acrylates and epoxys.

_____ (number of minutes per task)

Are gloves worn with this task?

- none
 Nitrile
 Latex or Vinyl
 Don't Know

Do you prepare amalgams such as Vertex SoftA*, Villacryl SoftA*, Molloplast BA* and MollosilA*?

- No
 Yes
 Don't know

How many days per week?

- less than 1
 1
 2
 3
 4
 5
 6
 7

How many times per day?

(number of times per day)

Duration of task - please estimate the approximate number of minutes you prepare amalgams such as Vertex SoftA*, Villacryl SoftA, Molloplast BA* and MollosilA.

(number of minutes per task)

Are gloves worn with this task?

- none
 Nitrile
 Latex or Vinyl
 Don't Know

Do you develop x-rays using film developing solutions?

- No
 Yes
 Don't know

How many days per week?

- less than 1
 1
 2
 3
 4
 5
 6
 7

How many times per day?

(number of times per day)

Duration of task - please estimate the approximate number of minutes you develop x-rays using film developing solutions.

(number of minutes per task)

Are gloves worn with this task?

- none
 Nitrile
 Latex or Vinyl
 Don't Know

Do you assist or demonstrate denture placement using adhesives?

- No
 Yes
 Don't know

How many days per week?

- less than 1
 1
 2
 3
 4
 5
 6
 7

How many times per day?

_____ (number of times per day)

Duration of task - please estimate the approximate number of minutes you assist or demonstrate denture placement using adhesives.

_____ (number of minutes per task)

Are gloves worn with this task?

- none
 Nitrile
 Latex or Vinyl
 Don't Know

What special personal protective equipment do you use when you handle or use these dental materials?

Do you wear a chemical resistant apron?

- always
 mostly
 sometimes
 never

Do you wear a face shield?

- always
 mostly
 sometimes
 never

Do you wear a surgical mask?

- always
 mostly
 sometimes
 never

Do you wear a N95 respirator?

- always
 mostly
 sometimes
 never

Do you wear a respirator with particulate filter cartridges?

- always
 mostly
 sometimes
 never

Do you wear a respirator with chemical cartridges?

- always
 mostly
 sometimes
 never

Have you been trained in the use of personal protective equipment?

- No
 Yes
 Don't Know

Exposure to Accidental Chemical Spill or Gas Release at Work

Have you been exposed directly or indirectly (nearby observer) to any accidental chemical spills or gas release in your workplace?

- Yes
 No

How many times in the past 10 years have you been exposed to any accidental chemical spills or gas release in your workplace?

In what month/year did the worst accidental chemical spill or gas release that you were exposed to occur?

_____ (month-2 digits/year-4 digits (e.g. 06/2006))

Did you have to receive medical attention because of the most recent accidental exposure?

- Yes
 No
 (name of chemical or gas)

What were you exposed to?

SECTION V: EXPOSURES AT HOME

Exposure to Mold, Moisture at Home

Have you observed any of the following in your house or apartment?

Water leakage or water damage indoors on walls, floors, carpets or ceilings?

In the past 2 years? Yes
 NoIn the past 6 months? Yes
 NoIn the past 4 weeks? Yes
 No

Roof leaks or plumbing leaks in kitchen or bathroom?

In the past 2 years? Yes
 NoIn the past 6 months? Yes
 NoIn the past 4 weeks? Yes
 No

Visible mold growth (not on food) indoors on walls, floors, or ceilings or in the basement?

In the past 2 years? Yes
 NoIn the past 6 months? Yes
 NoIn the past 4 weeks? Yes
 No

Visible mold growth in your bathroom on tiles, tub surround, ceiling, walls, shower curtain?

In the past 2 years? Yes
 NoIn the past 6 months? Yes
 NoIn the past 4 weeks? Yes
 No

Odor of mold or mildew or musty smell (not from food) in the house or in the basement?

In the past 2 years? Yes
 NoIn the past 6 months? Yes
 NoIn the past 4 weeks? Yes
 No

Construction at Home

Have there been any renovations or construction in your house or apartment?

In the past 2 years? Yes
 No

In the past 6 months? Yes
 No

In the past 4 weeks? Yes
 No

Was the renovation related to water damage or mold? Yes
 No

Painting walls and fixtures?

In the past 2 years? Yes
 No

In the past 6 months? Yes
 No

In the past 4 weeks? Yes
 No

Ripping out and replacing walls, woodwork, and partitions?

In the past 2 years? Yes
 No

In the past 6 months? Yes
 No

In the past 4 weeks? Yes
 No

Ripping out and replacing carpets and fixed furniture?

In the past 2 years? Yes
 No

In the past 6 months? Yes
 No

In the past 4 weeks? Yes
 No

Exposure to Chemicals and Cleaning Products at Home

How often do you personally clean your own home? Never
 less than 1
 1-2
 2-4
 greater than 4
(Number of days per week)

How many days a week do you use the following cleaning products in your own home?

Ammonia Never
 less than 1
 1-2
 2-4
 greater than 4
(Number of days per week)

Bleach

- Never
 - less than 1
 - 1-2
 - 2-4
 - greater than 4
- (Number of days per week)

Spray Cleaning Products

- Never
 - less than 1
 - 1-2
 - 2-4
 - greater than 4
- (Number of days per week)

Air Freshening Sprays (like Febreze, Glade)

- Never
 - less than 1
 - 1-2
 - 2-4
 - greater than 4
- (Number of days per week)

Additional Product 1 Name

Additional Product 1 Number of Days

- less than 1
 - 1-2
 - 2-4
 - greater than 4
- (Number of days per week)

Additional Product 2 Name

Additional Product 2 Number of Days

- less than 1
 - 1-2
 - 2-4
 - greater than 4
- (Number of days per week)

Additional Product 3 Name

Additional Product 3 Number of Days

- less than 1
 - 1-2
 - 2-4
 - greater than 4
- (Number of days per week)

Additional Product 4 Name

Additional Product 4 Number of Days

- less than 1
 - 1-2
 - 2-4
 - greater than 4
- (Number of days per week)

SECTION VI: JOB RELOCATION INFORMATION Work History Information (last 10 years)

Have you ever had to change your job, job duties, or job location because the job affected your breathing?

- Yes
- No

When was this change in job, job duties, or job location?

(month-2 digits/year-4 digits (e.g. 06/2006))

What was your job before the change?

After the change, what was different?

Job _____

Job duties _____

Location _____

Use of or exposure to:

- Medications
- Cleaning Products
- Other chemicals
- Other factors
(check all that apply)

With this change, did your breathing problems get better?

- Yes
- No

Use the lists below to identify the health care occupations you have had in the past 10 years.

Physician - Surgical

Physician - Anesthesiologist

Physician - Nonsurgical

Dentist

Podiatrist

Nurse - Anesthetist/Technician

Nurse - Operating Room

Nurse - Clinical (not Operating Room)

Nurse Practitioner or Physician Assistant

Nursing Assistant

Dental Assistant/Hygienist

Dental Lab Technician

Pharmacist/Clinical

Pharmacist/Lab Technician

Dialysis Technician

Medical Instruments Technician

Optometrist

Operating Room Technician
(Endoscopy/bronchoscopy)

Clinical Laboratory Worker

(Medical Tech./Pathology/Histology/Cytology)

Phlebotomist

Research Laboratory Worker

Respiratory Therapist

Occupational Therapist

Physical Therapist

Speech Therapist/Audiology

Radiology Technician
Biomedical Engineer/Tech
Patient Care Asst. (transport, etc)
Social Worker/Psychologist
Dietician
Food Services Worker
Administrator
Environmental Safety
Office/Medical Records Worker
Ward Clerk
Radiology File Clerk
Facility/Maintenance Worker
Housekeeper (EMS)
Material Handler/Shipping
Medical Supply Tech. (SPD)
Ambulatory Surgical Care
Healthcare/Medical Tech.
Other - please specify

Occupation

(you have had in the past 10 years)

What was your start date for this Occupation?

(month-2 digits/year-4 digits (e.g. 06/2006))

What was your end date for this Occupation?

(month-2 digits/year-4 digits (e.g. 06/2006))

Occupation

(you have had in the past 10 years)

What was your start date for this Occupation?

(month-2 digits/year-4 digits (e.g. 06/2006))

What was your end date for this Occupation?

(month-2 digits/year-4 digits (e.g. 06/2006))

Occupation

(you have had in the past 10 years)

What was your start date for this Occupation?

(month-2 digits/year-4 digits (e.g. 06/2006))

What was your end date for this Occupation?

(month-2 digits/year-4 digits (e.g. 06/2006))

Occupation

(you have had in the past 10 years)

What was your start date for this Occupation?

(month-2 digits/year-4 digits (e.g. 06/2006))

What was your end date for this Occupation?

(month-2 digits/year-4 digits (e.g. 06/2006))

Occupation

(you have had in the past 10 years)

What was your start date for this Occupation?

(month-2 digits/year-4 digits (e.g. 06/2006))

What was your end date for this Occupation?

(month-2 digits/year-4 digits (e.g. 06/2006))

Thank you for completing the questionnaire.